

**NATIONAL INSTITUTE FOR HEALTH AND CARE  
EXCELLENCE**

**Child abuse and neglect**

**NICE quality standard**

**Draft for consultation**

September 2018

**This quality standard covers** recognising, assessing and responding to abuse and neglect of children and young people under 18. It describes high-quality care in priority areas for improvement. It does not cover areas of national policy, such as legislative changes and statutory requirements.

**It is for** commissioners, service providers, health, public health and social care practitioners, and the public.

This is the draft quality standard for consultation (from 10 September to 8 October 2018). The final quality standard is expected to publish in February 2019.

## Quality statements

[Statement 1](#) Children and young people who display marked changes in behaviour or emotional state are asked about anything that may be causing those changes in a private conversation.

[Statement 2](#) Children and young people talking to practitioners about abuse or neglect have their experiences recorded in their own words.

[Statement 3](#) Children and young people talking to practitioners about abuse or neglect agree with them how they will communicate with each other.

[Statement 4](#) Children and young people who have experienced abuse or neglect receive support from a consistent group of practitioners.

[Statement 5](#) Children and young people who have experienced abuse or neglect are offered a choice of therapeutic interventions based on a detailed assessment.

Other quality standards that should be considered when commissioning or providing services to children and young people affected by abuse and neglect include:

- [Looked-after children and young people](#) (2013) NICE quality standard 31
- [Children's attachment](#) (2016) NICE quality standard 133
- [Antenatal and postnatal mental health](#) (2016) NICE quality standard 115.

A full list of NICE quality standards is available from the [quality standards topic library](#).

## **Questions for consultation**

### ***Questions about the quality standard***

**Question 1** Does this draft quality standard accurately reflect the key areas for quality improvement?

**Question 2** Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?

**Question 3** Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement.

### ***Local practice case studies***

**Question 4** Do you have an example from practice of implementing the NICE guideline that underpins this quality standard? If so, please submit your example to [NICE local practice case studies](#) on the NICE website. Examples of using NICE quality standards can also be submitted.

# Quality statement 1: Alerting features

## ***Quality statement***

Children and young people who display marked changes in behaviour or emotional state are asked about anything that may be causing those changes in a private conversation.

## ***Rationale***

Children and young people can find it difficult to tell someone that they are being abused or neglected but they may communicate their experiences indirectly through their behaviour. Marked changes in children and young people's behaviour or emotional state can be an indication of abuse or neglect. Practitioners who work with children and young people are in a position to consider whether changes in a child or young person's behaviour or emotional state should be a prompt to explore concerns about possible abuse or neglect.

## ***Quality measures***

### **Structure**

Evidence of local arrangements to ensure that people whose work brings them into contact with children, can recognise and respond to child abuse and neglect in line with child safeguarding procedures.

**Data source:** Local data collection, for example, audit of organisational safeguarding policies and training records.

### **Process**

Proportion of children and young people referred to local authority children's social care because of concerns about abuse and neglect who had a conversation with a practitioner about changes in behaviour or emotional state before referral.

Numerator – the number in the denominator who had a conversation with a practitioner about changes in behaviour or emotional state before referral.

Denominator – the number of children and young people referred to local authority children’s social care because of concerns about abuse or neglect.

**Data source:** Local data collection, for example, children’s school records.

### **Outcome**

a) Incidence of child abuse and neglect.

**Data source:** [Police recorded crimes and outcomes open data tables](#), Home Office.

b) Referrals to social services.

**Data source:** [Children in need and child protection](#), Department for Education.

c) Re-referrals to social services.

**Data source:** [Children in need and child protection](#), Department for Education.

### ***What the quality statement means for different audiences***

**Organisations providing services and activities for children and young people** (such as nurseries, schools, after school clubs, community centres, sports clubs and health settings) have clear safeguarding policies, systems, protocols and staff training in place to ensure that staff have the awareness and skills to safeguard children and young people. They also ensure that these arrangements include staff asking children and young people who display marked changes in behaviour or emotional state about anything that may be causing those.

**Practitioners whose work brings them into contact with children and young people** (such as those who work in early years, social care, health, education, police, the voluntary and community sector, youth justice services and adult services) are aware of their responsibilities in safeguarding children and young people and ensure that they take action as soon as they recognise risk factors or spot signs of abuse or neglect. They stay alert to changes in behaviour or emotional state in the children and young people they work with and ask them about anything that may be causing those /the reasons for those .

**Commissioners** (such as national and regional schools commissioners, clinical commissioning groups and local authorities) commission services in which all practitioners can recognise and respond to child abuse and neglect and in which agencies work together and share information to ensure child abuse and neglect are recognised and addressed at the earliest opportunity.

**Children and young people who show a clear change in their behaviour that causes concern** are asked about their feelings, friends, family and home life and whether they want to talk about anything bad that has happened to them. Children and young people are aware that someone is concerned about them and that they can come back to that person at any time and talk to them about anything they wish.

### ***Source guidance***

[Child abuse and neglect](#) (2017) NICE guideline NG76, recommendations 1.3.5, 1.3.12

### ***Definitions of terms used in this quality statement***

#### **Marked changes in behaviour or emotional state**

A departure from what would be expected for their age and developmental stage, which is not fully explained by a known stressful situation that is not part of child abuse and neglect (for example, bereavement or parental separation) or medical cause. Examples include:

- recurrent nightmares containing similar themes
- extreme distress
- markedly oppositional behaviour
- withdrawal of communication
- becoming withdrawn.

[NICE's guideline on [child abuse and neglect](#), recommendation 1.3.12]

### ***Equality and diversity considerations***

Children and young people who are displaying a marked change in behaviour or emotional state may have problems with communication, for example because they

are very young or because of disability, speech or language problems. They should be supported to communicate in a way that meets their individual needs.

## Quality statement 2: Accurate records

### ***Quality statement***

Children and young people talking to practitioners about abuse or neglect have their experiences recorded in their own words.

### ***Rationale***

During conversations about abuse or neglect, children and young people need to be confident that their voices are heard and their experiences truly captured. The conversations they have with practitioners need to be appropriate to their age, developmental stage and language abilities. Records of these conversations should reflect children and young peoples' exact words and be agreed between them and the practitioner whenever possible.

### ***Quality measures***

#### **Structure**

- a) Evidence of local arrangements to ensure that children and young people talking to practitioners about abuse or neglect have their experiences recorded in their own words.

**Data source:** Local data collection, for example, audit of service specification or protocols.

- b) Evidence of local arrangements to ensure that when appropriate, children and young people are asked to sign the record of their conversations about abuse or neglect.

**Data source:** Local data collection, for example, audit of service specification or protocols.

#### **Process**

- a) Proportion of children and young people talking to practitioners about abuse or neglect who have their experiences recorded in their own words.

Numerator – the number in the denominator who have their experiences recorded in their own words.

Denominator – the number of children and young people talking to practitioners about their experiences of abuse or neglect.

**Data source:** Local data collection, for example, audit of individual case records.

b) Proportion of children and young people talking to practitioners about abuse or neglect who signed the written record of conversations about their experiences.

Numerator – the number in the denominator who signed the written record of conversations about their experiences.

Denominator – the number of children and young people talking to practitioners about abuse or neglect who have a written record of conversations about their experiences.

**Data source:** Local data collection, for example, audit of individual case records or surveys carried out with children and young people.

### **Outcome**

a) Engagement with services among children and young people who have experienced abuse or neglect.

**Data source:** Local data collection, for example, surveys carried out with children and young people.

b) Health and wellbeing of children and young people who have experienced abuse or neglect.

**Data source:** Local data collection, for example, surveys carried out with children and young people.

### ***What the quality statement means for different audiences***

**Organisations providing services and activities for children and young people** (such as nurseries, schools, after school clubs, community centres, sports clubs and health settings) ensure that their safeguarding policies and local protocols include

recording conversations with children and young people who experienced abuse or neglect. The conversations and the records should be appropriate to age, developmental stage and language abilities. The organisations also ensure that the words of the child or young person are recorded accurately and that they are asked to sign the record and indicate if they disagree with anything.

**Practitioners whose work brings them into contact with children and young people** (such as those who work in early years, social care, health, education, the police, the voluntary and community sector, youth justice services and adult services) ensure that all conversations with children and young people who experienced abuse or neglect are appropriate to age, developmental stage and language abilities. They ensure all conversations are recorded and where possible written down as the exact words used by the child or young person. Where appropriate, they can also ask children and young people to check the record, indicate if they disagree with anything and sign it.

**Commissioners** (such as national and regional schools commissioners, clinical commissioning groups and local authorities) commission services in which practitioners record accurately any conversations they have with children and young people who experienced abuse or neglect. They also ensure that these practitioners write down the exact words used by children and young people and ask them to check the record and indicate if they disagree with anything.

**Children and young people** who talk to people such as social workers or healthcare staff about their experiences of abuse or neglect are asked to read what the person has recorded as their words. They sign it if it is accurate, or say if they disagree with anything.

### ***Source guidance***

[Child abuse and neglect](#) (2017) NICE guideline NG76, recommendation 1.1.6

### ***Equality and diversity considerations***

Children and young people who have experienced abuse or neglect may have problems with communication, for example because they are very young or because

of disability, speech or language problems. They should be supported to communicate in a way that meets their individual needs.

## Quality statement 3: Communication

### ***Quality statement***

Children and young people talking to practitioners about abuse or neglect agree with them how they will communicate with each other.

### ***Rationale***

Children and young people may be living in circumstances where someone who may be abusing or neglecting them has access to their phone or email which could pose a safety risk and mean they would not be able to respond when practitioners try to contact them. Agreeing safe and effective arrangements to stay in touch is essential to ensure that children and young people are not put at additional risk. It will also help them to access and fully engage with the services supporting them.

### ***Quality measures***

#### **Structure**

Evidence of local arrangements to ensure that practitioners agree with children and young people, talking to them about abuse or neglect, how they will communicate with each other.

**Data source:** Local data collection, for example, audit of service specification or protocols.

#### **Process**

Proportion of child abuse or neglect case files that contain a record of agreed methods of communication between children and young people and the practitioners.

Numerator – the number in the denominator which contains a record of agreed methods of communication between children and young people and the practitioners.

Denominator – the number of child abuse or neglect case files.

**Data source:** Local data collection, for example, audit of individual case records

## **Outcome**

- a) Engagement with services among children and young people who have experienced abuse or neglect.

**Data source:** Local data collection, for example, surveys carried out with children and young people.

- b) Health and wellbeing of children and young people who have experienced abuse or neglect.

**Data source:** Local data collection, for example, surveys carried out with children and young people.

## ***What the quality statement means for different audiences***

**Service providers** (such social services, sexual health services, drug and alcohol services, child and adolescent mental health services, youth offending services and primary and secondary care services) ensure that their safeguarding policies and local protocols include agreeing with children and young people where there are concerns about abuse or neglect safe and effective ways of communicating.

**Practitioners** (such as social workers, mental health professionals, specialist drug services professionals, health visitors, GPs, community nurses, youth workers, police and probation officers) ensure that they agree with children and young people, who talked to them about abuse or neglect, safe and effective ways of communicating.

**Commissioners** (such as NHS England, clinical commissioning groups and local authorities) commission services in which children and young people, who talk to practitioners about abuse or neglect, agree with those practitioners safe and effective ways of communicating.

**Children and young people** who talk to people such as social workers or healthcare staff about abuse or neglect are given details about how to contact their practitioners when they need support, including out of hours, and agree with them a safe way for their practitioners to contact them.

## **Source guidance**

[Child abuse and neglect](#) (2017) NICE guideline NG76, recommendation 1.1.9

## ***Equality and diversity considerations***

Children and young people who want to talk practitioners about abuse or neglect may have problems with communication, for example because they are very young or because of disability, speech or language problems. They should be supported to communicate in a way that meets their individual needs.

## Quality statement 4: Continuity

### ***Quality statement***

Children and young people who have experienced abuse or neglect receive support from a consistent group of practitioners

### ***Rationale***

Working with the same practitioners over time enables children and young people who have experienced abuse or neglect to build better relationships and protects them from being re-traumatised by having to re-tell their experiences. Practitioners get to know the broader family context and any other agencies that work with that family. This helps practitioners from different agencies to work more effectively and protect children and young people from further harm.

### ***Quality measures***

#### **Structure**

- a) Evidence of local arrangements to ensure that children and young people who have experienced abuse or neglect receive support from a consistent group of practitioners.

**Data source:** Local data collection, for example, audit of service specification or protocols.

- b) Evidence of local arrangements to ensure that practitioners supporting children and young people who have experienced abuse or neglect have arrangements in place to work closely with other agencies involved in supporting the children, young people and their family.

**Data source:** Local data collection, for example, audit of service specification or protocols.

## **Process**

- a) Proportion of children and young people supported by social workers because of their experience of abuse or neglect who had a change of social worker in the past 12 months.

Numerator – the number in the denominator who had a change of social worker in the last 12 months.

Denominator – the number of children and young people supported by social workers because of their experience of abuse or neglect.

**Data source:** Local data collection, for example, audit of children’s social care records; National Audit Office is currently piloting [Stability Index for Children in Care](#) which requires data submission by the local authorities on changes to social worker.

- b) Proportion of children and young people supported by a therapist because of their experience of abuse or neglect who had a change of therapist in the past 12 months.

Numerator – the number in the denominator who had a change of a therapist in the past 12 months.

Denominator – the number of children and young people supported by a therapist because of their experience of abuse or neglect.

**Data source:** Local data collection, for example, audit of CAMHS records.

## **Outcome**

Experience of care and support received by children and young people who have experienced abuse or neglect.

**Data source:** Local data collection, for example, surveys carried out with children and young people.

## ***What the quality statement means for different audiences***

**Service providers** (such social services, sexual health services, drug and alcohol services, child and adolescent mental health services, youth offending services and

primary and secondary care services) ensure that staff turnover and use of agency workers is minimised and that staff have an opportunity to build meaningful relationships by working with the same children and young people over time. They also ensure they have arrangements with other agencies involved with the children, young people and their families so that they can provide holistic support.

**Practitioners** (such as social workers, mental health professionals, specialist drug services professionals, health visitors, GPs, community nurses, youth workers, police and probation officers) ensure that they build meaningful relationships with children and young people. They also ensure they share information and build relationships with other practitioners working with that family and organise handovers if new staff members from their agency become involved.

**Commissioners** (such as NHS England, clinical commissioning groups and local authorities) commission services in which children and young people enjoy stability of the services and practitioners who support them. They also ensure that they make arrangements to work with other practitioners and partners locally, to safeguard and promote the welfare of all children in their area.

**Children and young people who have experienced abuse or neglect** have opportunities to build stable, trusting relationships with practitioners who get to know them and their needs well.

### ***Source guidance***

[Child abuse and neglect](#) (2017) NICE guideline NG76, recommendations 1.6.1 and 1.8.1

### ***Definitions of terms used in this quality statement***

**Children and young people who have experienced abuse or neglect** includes every child or young person who has been abused or neglected, including those assessed as 'in need', likely to suffer significant harm or suffering significant harm.

[NICE's guideline on [child abuse and neglect](#), section 1.6]

### ***Equality and diversity considerations***

Children and young people who have experienced abuse or neglect may find building relationships with practitioners difficult as a result of communication difficulties due to very young age, disability or speech or language problems. Also, children and young people who are in temporary accommodation and move between placements are likely to experience less stability as a result. Ensuring continuity among practitioners supporting children and young people with additional needs should be prioritised by commissioners and service providers.

## Quality statement 5: Therapeutic interventions

### ***Quality statement***

Children and young people who have experienced abuse or neglect are offered a choice of therapeutic interventions based on a detailed assessment.

### ***Rationale***

Children and young people are affected by abuse and neglect in different ways. To help practitioners offer effective therapeutic interventions, they need to identify each child or young person's individual needs using a detailed assessment. They can then discuss with children, young people, parents and carers which therapeutic interventions are likely to be appropriate and effective to help them choose what is suitable or acceptable to them.

### ***Quality measures***

#### **Structure**

- a) Evidence of local arrangements to ensure that a choice of therapeutic interventions is provided by local services.

**Data source:** Local data collection, for example, audit of service specification or protocols.

- b) Evidence of local arrangements to ensure that children and young people who have experienced abuse or neglect are offered a choice of therapeutic interventions based on a detailed assessment.

**Data source:** Local data collection, for example, audit of service specification or protocols.

#### **Process**

- a) Proportion of children and young people who have experienced abuse or neglect who had a detailed assessment.

Numerator – the number in the denominator who had a detailed assessment.

Denominator - the number of children and young people who have experienced abuse or neglect.

**Data source:** [Children in need and child protection](#), Department for Education and local data collection, for example, audit of individual case records.

- b) Proportion of children and young people who have experienced abuse or neglect who were offered a choice of therapeutic interventions based on needs identified in a detailed assessment

Numerator – the number in the denominator offered a choice of therapeutic interventions based on needs identified in a detailed assessment

Denominator – the number of children and young people who have experienced abuse or neglect who had a detailed assessment.

**Data source:** [Children in need and child protection](#), Department for Education and local data collection, for example, audit of individual case records.

- c) Proportion of children and young people who have experienced abuse or neglect and received therapeutic interventions who had a review of how effective the therapeutic intervention was.

Numerator – the number in the denominator who had a review of how effective the therapeutic intervention was.

Denominator – the number of children and young people who have experienced abuse or neglect and received therapeutic interventions.

## **Outcome**

- a) Acceptability of interventions offered to children and young people who experienced abuse and neglect.

**Data source:** Local data collection, for example, surveys carried out with children and young people.

- b) Acceptability of therapeutic interventions offered to parents and carers of children and young people who experienced abuse or neglect.

**Data source:** Local data collection, for example, surveys carried out with parents and carers of children and young people who suffered abuse and neglect.

c) Health and wellbeing of children and young people who experienced abuse or neglect.

**Data source:** Local data collection, for example, surveys carried out with children and young people.

### ***What the quality statement means for different audiences***

**Service providers** (such social services, sexual health services, drug and alcohol services, child and adolescent mental health services, youth offending services and primary and secondary care services) ensure that members of staff who support children and young people who have experienced abuse or neglect are trained to carry out an effective detailed assessment, to establish the most appropriate interventions, to deliver these interventions, and to evaluate their effectiveness.

**Practitioners** (such as social workers, mental health professionals, specialist drug services professionals, health visitors, GPs, community nurses, youth workers and probation officers) ensure they offer the most appropriate therapeutic interventions to children and young people who have experienced abuse or neglect based on a detailed assessment of their needs and wishes. They also ensure that they evaluate the effectiveness of the interventions provided.

**Commissioners** (such as NHS England, clinical commissioning groups and local authorities) commission services in which children and young people who have experienced abuse or neglect have access to the most suitable and effective therapeutic interventions.

**Children and young people who have experienced abuse or neglect** are offered a choice of interventions and an explanation from their practitioner about how each one might help and what they involve so that they can decide which one would work best for them.

## **Source guidance**

[Child abuse and neglect](#) (2017) NICE guideline NG76, recommendations 1.7.1, 1.7.2 and 1.7.3.

## **Definitions of terms used in this quality statement**

**Children and young people who have experienced abuse or neglect** includes every child or young person who has been abused or neglected, including those assessed as 'in need', likely to suffer significant harm or suffering significant harm.

[NICE's guideline on [child abuse and neglect](#), section 1.6]

## **Equality and diversity considerations**

Children and young people who have experienced abuse and neglect may have problems with communication, for example because they are very young or because of disability or speech or language problems. They should be supported to communicate in a way that meets their individual needs.

## About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See [quality standard advisory committees](#) on the website for details of standing committee 1 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available on the [quality standard's webpage](#).

This quality standard has been included in the NICE Pathway on [child abuse and neglect](#), which brings together everything we have said on a topic in an interactive flowchart.

NICE has produced a [quality standard service improvement template](#) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and

Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

### ***Improving outcomes***

This quality standard is expected to contribute to improvements in the following outcomes:

- Incidence of abuse and neglect.
- Children and young people's health and wellbeing.
- Experience and views of children, young people and their families.
- Service outcomes, including:
  - appropriate referrals to health and social care
  - timely and appropriate referral to additional support services
  - reducing repeated referrals.

It is also expected to support delivery of the Department of Health and Social Care outcome frameworks:

- [Adult social care outcomes framework](#)
- [NHS outcomes framework](#)
- [Public health outcomes framework for England](#).

### ***Resource impact***

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance.

### ***Diversity, equality and language***

During the development of this quality standard, equality issues were considered and [equality assessments](#) are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate

unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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