

## **Do you agree with the proposal for a partial update/not to update the guideline?**

No. The guideline has serious errors in its analysis and interpretation of the research evidence often overstating the need for 'suspicion' of abuse.

This is exemplified by recent research which has criticised the guideline's recommendations regarding bruising in premobile infants (Bilson, 2018). This paper concluded that:

'The NICE pathway has shortcomings in respect of bruising in premobile infants. It lacks a definition of "not independently mobile" despite using this as a category for suspicion. It does not provide an assessment of the "epidemiology, incidence, prevalence and natural history" (Public Health England, 2015) of physical child abuse in premobile children. Among other things, this means that the evidence of the association between a bruise and the likelihood of physical abuse is not robust. The small number of research papers on bruises in premobile children, their limitations, and the inconsistency of their results is not sufficiently acknowledged in the guidance, and it is particularly concerning that the guidance has not been updated to take account of Kemp et al.'s (2015) research.'

This latter research, led by Kemp the Clinical Advisor to the Guideline Development Group, is cited by herself and colleagues to indicate that bruising in pre-mobile infants is 'very uncommon' despite it showing that 1 in 15 pre-mobile infants had an accidental bruise on any day and 27% had one over an average of 7 to 8 weekly observations – a finding that Clifford (2015), a consultant paediatrician, responding in a letter to Kemp et al.'s article pointed out was "[l]ost in the text of the results section" and was not reported in the abstract or summary of results. This research thus shows that bruises caused by accidents are common, affecting a large proportion of all premobile babies at some time during this stage of development. In contrast, non-accidental physical injuries amounting to significant harm are thankfully rare - out of just under a million individuals who were aged under six months at some time during the 2016-17 financial year, 410 were found to be physically abused and placed on a child protection plan, including some who did not suffer bruises (Source: Freedom of Information request response by the Department for Education and annual birth rate statistics for England). The very high probability that bruises in children who are not independently mobile are likely to be accidental thus shows the error in the evidence statement that they are "suggestive of physical child abuse" (Guidance page 26) and thus form a basis for 'suspicion'.

Similar issues can be seen in other criteria where the false logic that an indicator is more common in maltreated children is taken to mean that it provides an indication of a need for concern. For example, the evidence base for including the presence of petechiae seems sparse and worthy of further consideration. The cited evidence in the paper by Nayak et al. (2005) is very weak as the paper used assessments by paediatricians to determine whether a child was abused in a study designed to measure whether unexplained petechiae can be used as a diagnostic instrument. This is despite the paper acknowledging that "clinical anecdote suggests that petechiae with or without other bruising may indicate an increased likelihood of non-accidental injury" and there was no attempt made to ensure that petechiae were not being used as an indication that the child was abused thus negating the methods used. In addition, two studies of the presence of petechiae in the general population of children aged under one-year-old are not cited in the evidence for the guidelines and these found that it was common for all babies to have a small number of petechiae (10% of all children under-one-year-old Soheilifar et al., 2012; and 25% Downes, et al., 2002). This again exemplifies the lack of a critical appraisal of the quality of research evidence.

The document does not conform to the high standards that are expected of NICE Guidelines including those concerning conflicts of interest. It is concerning that the Clinical Advisor to the Guideline Development Group did not declare any interests despite receiving funding from the National Society for Prevention of Cruelty to Children a group committed to “influencing legislation, policy, practice, attitudes and behaviours ... through a combination of service provision, lobbying, campaigning and public education.” Some of her research, which formed a major part of the evidence for the guidelines, was directly supported by the NSPCC. It is not suggested that Professor Kemp was attempting to hide this involvement which is well known, but not seeing this as an interest needing to be declared demonstrates a potential for bias towards an organisation that campaigns on child protection issues and has been criticised for exaggerating the level of child abuse (e.g. <https://www.independent.co.uk/news/uk/home-news/nspcc-accused-of-risking-its-reputation-and-whipping-up-moral-panic-with-child-porn-addiction-study-10171195.html> and <https://www.thirdsector.co.uk/charities-exaggerate-raise-money-claims-tory-peer/communications/article/1494820> )

Bilson, A. (2018). Policies on bruises in premobile children: Why we need improved standards for policymaking. *Child & Family Social Work*.

Clifford, R.G. (2015). Cross-sectional presentation of longitudinal data. *Archives of Disease in Childhood*

Downes, A. J., Crossland, D. S., & Mellon, A. F. (2002). Prevalence and distribution of petechiae in well babies. *Archives of disease in childhood*, 86(4), 291-292.

Kemp, A. M., Dunstan, F., Nuttall, D., Hamilton, M., Collins, P., & Maguire, S. (2015). Patterns of bruising in preschool children—a longitudinal study. *Archives of disease in childhood*, archdischild-2014.

Nayak, K., Spencer, N., Shenoy, M., Rubithon, J., Coad, N., & Logan, S. (2006). How useful is the presence of petechiae in distinguishing non-accidental from accidental injury?. *Child abuse & neglect*, 30(5), 549-555.

Soheilifar, J., Ahmadi, M., Ahmadi, M., & Mobaien, A. R. (2010). Prevalence and location of petechial spots in well infants. *Archives of disease in childhood*, 95(7), 518-520.

## **Do you have any comments on areas excluded from the scope of the guideline?**

Yes. The guideline has no measures of sensitivity or specificity of the proposed criteria for suspecting abuse; does not consider the impact of false positives or negatives; and does not consider whether the proposed intervention will reduce harm, or whether it is the best approach to reduce maltreatment.

The guideline aims to cover “the signs of possible child maltreatment in children and young people aged under 18 years.” It can thus be seen as screening which has been defined by UK National Screening Committee as:

“The systematic application of a test, or inquiry, to identify individuals at sufficient risk of a specific disorder to warrant further investigation or direct preventive action, amongst persons who have not sought medical attention on account of symptoms of that disorder.”

Unlike decisions about screening, the guideline provides no measures of sensitivity or specificity of the criteria being proposed and thus there is no consideration of the level of false positives and false negatives that may occur due to the proposed criteria or of the harm that may be done by over diagnosis or false reassurance. Being suspected of abusing your child significantly harms families and

children (Davies, 2011) causing shame and stigma (Gibson, 2016; Smithson & Gibson, 2017) and, where this is false suspicion, it rarely leads to help being offered or accepted even where a child is in need (Thorpe, Denman, & Regan, 2011).

To ethically justify a screening programme, especially one being carried out across the population of all children, it is essential that there is strong evidence that there is a treatment for the condition being screened for and that all appropriate preventive measures are in place. However, preventive programmes have been decimated in recent years (Clements, Ellison, Hutchinson, Moss, & Renton, 2017). There is also little evidence to show that, at the population level, child protection activity of the type used in England either reduces harm to children or promotes well-being. Gilbert et al. (2012 p.758) in a study across six countries including England considering neglect and physical maltreatment in children younger than eleven found “no clear evidence for an overall decrease in child maltreatment despite decades of policies designed to achieve such reductions”. If the investigative responses used in the UK are effective in protecting children or preventing future harm we would expect to have seen a reduction in investigations and findings of abuse over time, but there has been an increasing rate of both for the last fifteen years in England. It is sad to note that despite the considerable rise in investigations, the number of child deaths recorded by the Child Death Overview Panels as being due to deliberately inflicted injury, abuse or neglect have changed little since 2010, fluctuating between a low of 30 in 2010 and a high of 62 in 2014 (DfE, 2017). This is despite one in every five children being referred to children’s services before their fifth birthday in 2016-17 and an increase of 30% in the rate of children being investigated in five years to one in every 16 children being investigated under section 47 of the 1989 Children and Young Persons Act before their fifth birthday in 2016-17 (Bilson and Munro, 2019).

Bilson, A., & Munro, E. H. (2019). Adoption and child protection trends for children aged under five in England: Increasing investigations and hidden separation of children from their parents. *Children and Youth Services Review*, 96, 204-211.

Clements, K., Ellison, R., Hutchinson, D., Moss, D., & Renton, Z. (2017). No Good Options: Report of the Inquiry into Children’s Social Care in England.

Davies, P. (2011). The impact of a child protection investigation: A personal reflective account. *Child & Family Social Work*, 16(2), 201-209.

Department for Education (2017). Statistics: child death reviews. available from <https://www.gov.uk/government/collections/statistics-child-death-reviews>.

Gibson, M. (2016). Constructing pride, shame, and humiliation as a mechanism of control: A case study of an English local authority child protection service. *Children and youth services review*, 70, 120-128.

Gilbert, R., Fluke, J., O'Donnell, M., Gonzalez-Izquierdo, A., Brownell, M., Gulliver, P., ... & Sidebotham, P. (2012). Child maltreatment: variation in trends and policies in six developed countries. *The Lancet*, 379(9817), 758-772.

Smithson, R., & Gibson, M. (2017). Less than human: A qualitative study into the experience of parents involved in the child protection system. *Child & Family Social Work*, 22(2), 565-574.

Thorpe, D., Denman, G., & Regan, S. (2011). RIEP and ACDS Funded Safeguarding and Promoting Welfare Research Project. *Yorkshire: Yorkshire and Humber DCS*.

## **Do you have any comments on equalities issues?**

Despite evidence of a strong relationship between deprivation and intervention rates and large inequalities between ethnic categories (e.g. Bywaters et al 2017) these issues are not addressed in the guideline.

Bywaters, P., Brady, G., Bunting, L., Daniel, B., Featherstone, B., Jones, C., ... & Webb, C. (2018). Inequalities in English child protection practice under austerity: A universal challenge?. *Child & Family Social Work*, 23(1), 53-61.