NICE National Institute for Health and Care Excellence

NICE quality standard

Antisocial behaviour and conduct disorders in children and young people

Quality standard

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This standard is based on CG158.

This standard should be read in conjunction with QS39, QS51, QS31, QS88, QS107, QS101, QS154 and QS165.

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Quality statement 1: Early intervention

Quality statement

Children aged 3 to 7 years attending school classes where a high proportion of children are identified as at risk of developing a conduct disorder take part in a classroom-based emotional learning and problem-solving programme.

Rationale

A number of social factors increase the risk of a child developing a conduct disorder. Evidence suggests that early intervention can reduce this risk; classroom-based interventions for populations with a high proportion of children who are at risk of developing a conduct disorder have been shown to be effective in reducing antisocial behaviour in children. Given the variety of programmes available, it is important to deliver an evidence-based programme to ensure that this intervention is delivered effectively and appropriately.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

Structure

a) Evidence of locally agreed protocols for the identification of school classes where a high proportion of children are at risk of developing a conduct disorder, by individuals or groups with relevant expertise in antisocial behaviour and conduct disorders in children.

b) Evidence of local arrangements for health and social care practitioners, managers and commissioners to work with colleagues in the education sector to design local pathways that include provision of classroom-based interventions for children at risk of developing a conduct disorder.

c) Evidence of local arrangements to ensure that children aged 3 to 7 years in classroom populations that have a high proportion of children identified to be at risk of developing a conduct disorder are offered a classroom-based emotional learning and problem-solving programme.

Data source: Local data collection.

Process

Proportion of school classes (for children aged 3 to 7 years) where a high proportion of children are identified to be at risk of developing a conduct disorder that receive a classroom-based emotional learning and problem-solving programme.

Numerator – the number of school classes in the denominator that receive a classroom-based emotional learning and problem-solving programme.

Denominator – the number of school classes (for children aged 3 to 7 years) that have a high proportion of children identified as at risk of developing a conduct disorder.

Data source: Local data collection.

Outcome

Rates of antisocial behaviour within a classroom population.

Data source: Local data collection

What the quality statement means for different audiences

Service providers ensure that they work with partner organisations, including schools, to identify classroom populations where a high proportion of children are at risk of developing a conduct disorder, and deliver classroom-based, evidence-based emotional learning and problem-solving programmes.

Health, social care and education practitioners work in collaboration to identify classroom populations where a high proportion of children are at risk of developing a conduct

disorder, and deliver a classroom-based, evidence-based emotional learning and problem-solving programme.

Commissioners ensure that they work with partner organisations, including schools, to design local pathways that include identification of classroom populations where a high proportion of children are at risk of developing a conduct disorder, and deliver classroom-based, evidence-based emotional learning and problem-solving programmes.

Children in school classes that have a lot of children who are at risk of developing antisocial or aggressive behaviour are offered a programme of activities as part of the class that helps them to learn about managing their emotions and solving problems.

Source guidance

Antisocial behaviour and conduct disorders in children and young people: recognition and management. NICE guideline CG158 (2013, updated 2017), recommendation 1.2.1

Definitions of terms used in this quality statement

Children identified as at risk of developing a conduct disorder

The following factors have been associated with an increased risk of a child or young person developing a conduct disorder:

- low socioeconomic status
- low school achievement
- child abuse or parental conflict
- separated or divorced parents
- parental mental health or substance misuse problems
- parental contact with the criminal justice system.

[Adapted from NICE's guideline on antisocial behaviour and conduct disorders in children and young people, recommendation 1.2.1]

Classroom-based emotional learning and problem-solving programmes

These programmes should consist of interventions intended to:

- increase children's awareness of their own and others' emotions
- teach self-control of arousal and behaviour
- promote a positive self-concept and good peer relations
- develop children's problem-solving skills.

Typically, the programmes should consist of up to 30 classroom-based sessions over the course of 1 school year. [Adapted from NICE's guideline on antisocial behaviour and conduct disorders in children and young people, recommendation 1.2.2]

High proportion of children identified as being at risk of developing a conduct disorder

This should be defined locally by individuals and/or groups with relevant expertise in antisocial behaviour and conduct disorders in children, and knowledge of the risk factors associated with an increased risk of a child developing a conduct disorder. These individuals and groups may include:

- special educational needs coordinators (SENCO)
- teachers
- educational psychologists
- local education authority departments.
- Child and Adolescent Mental Health Services (CAMHS) departments
- community paediatric departments.

[Developed from expert consensus]

Equality and diversity considerations

It is important that schools have local protocols in place to ensure that parents and carers are made aware that their child will take part in a classroom-based emotional learning and problem-solving programme.

The workforce across agencies should, as far as possible, reflect the local community. Practitioners should have training to ensure that they have a good understanding of the culture of families with whom they are working. Interpreters should be provided if no practitioner is available who speaks a language in which the family members can converse fluently. Consideration should be given to the settings in which assessments are conducted to reflect cultural diversity.

Quality statement 2: Comprehensive assessment

Quality statement

Children and young people with a suspected conduct disorder and any significant complicating factors have a comprehensive assessment, including an assessment of the child or young person's parents or carers.

Rationale

A number of factors can contribute to a child or young person developing a conduct disorder and continuing to have problems. It is important to consider all these factors when looking at possible causes and appropriate interventions. Where significant complicating factors are identified as part of initial assessment, a comprehensive assessment should be conducted. This should take into account the home environment which can be a significant risk factor, as well as one of the best places to target an intervention through working with parents or carers. Therefore, conducting a comprehensive assessment with the child or young person and an assessment of their parents or carers is important to inform any appropriate interventions and support plans.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that children and young people with a suspected conduct disorder and any significant complicating factors have a comprehensive assessment, including an assessment of their parents or carers.

Data source: Local data collection.

Process

a) The proportion of children and young people with a suspected conduct disorder and any significant complicating factors who have a comprehensive assessment.

Numerator – the number of children and young people in the denominator who have a comprehensive assessment.

Denominator – the number of children and young people with a suspected conduct disorder and any significant complicating factors.

b) The proportion of parents or carers of children and young people with a suspected conduct disorder and any significant complicating factors who have a comprehensive assessment.

Numerator – the number of parents or carers in the denominator who have a comprehensive assessment.

Denominator – the number of parents or carers of children and young people with a suspected conduct disorder and any significant complicating factors.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers ensure that staff are trained and competent to carry out comprehensive assessments for children and young people with a suspected conduct disorder and significant complicating factors, and also to carry out and assessment of their parents or carers.

Health and social care practitioners ensure that they complete a comprehensive assessment for children and young people with a suspected conduct disorder and any significant complicating factors, and also carry out an assessment of their parents or carers.

Commissioners ensure that they commission services that have staff trained and

competent to carry out comprehensive assessments for children and young people with a suspected conduct disorder and any significant complicating factors, and also to carry out an assessment of their parents or carers.

Children and young people who are suspected to have a conduct disorder and who have other conditions (for example, problems with learning, communication or substance misuse, mental health problems, or conditions such as epilepsy and autism) have an assessment that looks at all the different parts of their life that can affect their behaviour, including their home and school environment and their parents.

Source guidance

Antisocial behaviour and conduct disorders in children and young people: recognition and management. NICE guideline CG158 (2013, updated 2017), recommendations 1.3.6, 1.3.8 and 1.3.15

Definitions of terms used in this quality statement

Comprehensive assessment of the child or young person

The standard components of a comprehensive assessment of conduct disorders should include, but is not restricted to, asking about and assessing the following:

- core conduct disorders symptoms, including:
  - patterns of negativistic, hostile or defiant behaviour in children aged under 11 years
  - aggression to people and animals, destruction of property, deceitfulness or theft and serious violations of rules in children aged over 11 years
- current functioning at home, at school or college and with peers
- parenting style
- history of any past or current mental or physical health problems
- the presence or risk of physical, sexual and emotional abuse in line with local protocols for the assessment and management of these problems.

The assessment should take into account and address possible coexisting conditions such as:

- learning difficulties or disabilities
- neurodevelopmental conditions such as attention deficit hyperactivity disorder (ADHD) and autism
- neurological disorders, including epilepsy and motor impairments
- other mental health problems (for example, depression, post-traumatic stress disorder and bipolar disorder)
- substance misuse
- communication disorders (for example, speech and language problems).

When diagnosing coexisting conditions, it may be appropriate to use formal assessment instruments, such as the Strengths and Difficulties Questionnaire, for all children or young people to aid the diagnosis. [Adapted from NICE's guideline on antisocial behaviour and conduct disorders in children and young people, recommendations 1.3.10 to 1.3.12, 1.3.14 and expert consensus]

Comprehensive assessment of the child or young person's parents or carers

A comprehensive assessment of the child or young person's parents or carers should cover:

- positive and negative aspects of parenting, in particular any use of coercive discipline
- the parent–child relationship
- positive and negative adult relationships within the child or young person's family, including domestic violence
- parental wellbeing, encompassing mental health, parental learning disability, substance misuse (including whether alcohol or drugs were used during pregnancy) and criminal behaviour.

This assessment should also include some assessment of parenting/care history, including

identification of care in the child or young person's past, such as the number of placements within or outside the family. [Adapted from NICE's guideline on antisocial behaviour and conduct disorders in children and young people, recommendation 1.3.15 and expert consensus]

Significant complicating factors

Significant complicating factors assessed as part of the initial assessment of children and young people with a possible conduct disorder include:

- a coexisting mental health problem (for example, depression, post-traumatic stress disorder)
- a neurodevelopmental condition (in particular ADHD and autism)
- a learning disability or difficulty
- substance misuse in young people.

[NICE's guideline on antisocial behaviour and conduct disorders in children and young people, recommendation 1.3.5]

Suspected conduct disorder

Children and young people are considered to have a suspected conduct disorder if their parents or carers, health or social care professionals, school or college, or peer group, raise concerns about persistent antisocial behaviour. [Adapted from NICE's guideline on antisocial behaviour and conduct disorders in children and young people, recommendation 1.3.2]

Equality and diversity considerations

Practitioners should support access to services and the uptake of interventions by children and young people, and their parents and carers, by being flexible in relation to settings and offering a range of support services. Recommendations 1.7.7 and 1.7.8 in NICE's guideline on antisocial behaviour and conduct disorders in children and young people provide examples of settings and support services.

The workforce across agencies should, as far as possible, reflect the local community.

Practitioners should have training to ensure that they have a good understanding of the culture of families with whom they are working. Interpreters should be provided if no practitioner is available who speaks a language in which the family members can converse fluently. Consideration should be given to the specific needs of:

- girls and young women with conduct disorders
- looked-after and adopted children and young people.

Quality statement 3: Improving access to services

Quality statement

Children and young people with a conduct disorder who have been referred for treatment and support have a key worker to oversee their care and facilitate engagement with services.

Rationale

Children and young people with a conduct disorder and their families who have been referred for treatment and support have high treatment dropout rates and can sometimes find it difficult to access and engage with services. The identification of a key worker from one of the services in contact with the child or young person and their family is intended to support coordination of services and facilitate engagement.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that children and young people with a conduct disorder who have been referred for treatment and support have a key worker to oversee their care and facilitate engagement with services.

Data source: Local data collection.

Process

Proportion of children and young people with a conduct disorder referred for treatment

and support who have a key worker.

Numerator – the number of children and young people in the denominator who have a key worker.

Denominator – the number of children and young people with a conduct disorder who have been referred for treatment and support.

Data source: Local data collection.

Outcome

a) Treatment uptake rates.

b) Treatment completion rates.

c) 'Did not attend' rates for children and young people with conduct disorders and their families.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers ensure that they have sufficient resources in place and agreements with local partner agencies for children and young people with a conduct disorder who have been referred for treatment and support to have a key worker who will oversee their care and facilitate engagement with services.

Health and social care practitioners ensure that children and young people with a conduct disorder who have been referred for treatment and support have a key worker identified to oversee their care and facilitate engagement with services.

Commissioners ensure that they commission services that can provide children and young people with a conduct disorder who have been referred for treatment and support with a key worker identified to oversee their care and facilitate engagement with services.

Children and young people with a conduct disorder who have been referred for treatment and support have a member of staff from one of the services they are in contact with to help coordinate their care and support them to access services.

Source guidance

Antisocial behaviour and conduct disorders in children and young people: recognition and management. NICE guideline CG158 (2013, updated 2017) recommendation 1.7.6

Definitions of terms used in this quality statement

Key worker

This can include a member of staff from Child and Adolescent Mental Health Services (CAMHS), or a member of staff from a relevant social care, education or healthcare setting. The decision about who is the most appropriate professional will depend on what service is best placed to meet the needs of the child or young person – based on the severity and nature of the disorder. [Adapted from NICE's guideline on antisocial behaviour and conduct disorders in children and young people, recommendation 1.7.6]

Oversee care and facilitate engagement

This includes working with children, young people and their families or carers to support engagement (for example, through following up with people if they do not attend initial appointments) and access to services by facilitating:

- assessment and interventions outside normal working hours
- assessment and interventions in the person's home or other residential settings
- specialist assessment and interventions in accessible community-based settings (for example, community centres, schools and colleges and social centres) and if appropriate, in conjunction with staff from those settings
- both generalist and specialist assessment and intervention services in primary care settings

- access to services that support engagement (for example, crèche facilities, assistance with travel, interpreters and advocacy services).

[Adapted from NICE's guideline on antisocial behaviour and conduct disorders in children and young people, recommendations 1.7.7 and 1.7.8]

Equality and diversity considerations

Practitioners should support access to services and the uptake of interventions by children and young people, and their parents and carers, by being flexible in relation to settings and offering a range of support services. Recommendations 1.7.7 and 1.7.8 in NICE's guideline on antisocial behaviour and conduct disorders in children and young people provide examples of settings and support services.

The workforce across agencies should, as far as possible, reflect the local community. Practitioners should have training to ensure that they have a good understanding of the culture of families with whom they are working. Interpreters should be provided if no practitioner is available who speaks a language in which the family members can converse fluently. Consideration should be given to the specific needs of:

- girls and young women with conduct disorders
- looked-after and adopted children and young people.

Quality statement 4: Parent or carer training

Quality statement

Parents or carers of children with a conduct disorder aged 3 to 11 years are offered a referral for group or individual parent or carer training programmes.

Rationale

Parent or carer training is an intervention to help people gain the skills needed to support children with a conduct disorder. Given the variety of training programmes available, it is important to offer this group an evidence-based programme to ensure that this intervention is delivered effectively and appropriately.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that parents or carers of children with a conduct disorder aged 3 to 11 years are offered a referral for group or individual parent or carer training programmes.

Data source: Local data collection.

Process

a) Proportion of parents or carers of children with a conduct disorder aged 3 to 11 years who are offered a referral for a group or individual parent or carer training programme.

Numerator – the number of parents or carers in the denominator who are offered a referral for a group or individual parent or carer training programme.

Denominator – the number of parents or carers of children with a conduct disorder aged 3 to 11 years.

b) Proportion of parents or carers of children with a conduct disorder aged 3 to 11 years who attend a group or individual parent or carer training programme.

Numerator – the number of parents or carers in the denominator who attend a group or individual parent or carer training programme.

Denominator – the number of parents or carers of children with a conduct disorder aged 3 to 11 years.

c) Proportion of parents or carers of children with a conduct disorder aged 3 to 11 years who complete a group or individual parent or carer training programme.

Numerator – the number of parents or carers in the denominator who complete a group or individual parent or carer training programme.

Denominator – the number of parents or carers of children with a conduct disorder aged 3 to 11 years.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers ensure that they provide group or individual parent or carer training programmes that adhere to an evidence-based model for any parents or carers of children with a conduct disorder aged 3 to 11 years.

Health and social care practitioners ensure that they offer parents or carers of children with a conduct disorder aged 3 to 11 years the opportunity to take part in group or individual parent or carer training programmes.

Commissioners ensure that they commission services that provide group or individual parent or carer training programmes that adhere to an evidence-based model for parents or carers of children with a conduct disorder aged 3 to 11 years.

Parents or carers of children with a conduct disorder aged 3 to 11 years are offered the opportunity to take part in a training programme (either on their own or as part of group) to help them develop skills to manage and improve their child's behaviour.

Source guidance

Antisocial behaviour and conduct disorders in children and young people: recognition and management. NICE guideline CG158 (2013, updated 2017), recommendations 1.5.1, 1.5.3, 1.5.5, 1.5.7 and 1.5.9

Definitions of terms used in this quality statement

Individual and group parent or carer training programmes

These interventions are suitable for the parents or carers of children and young people who have a conduct disorder, are in contact with the criminal justice system for antisocial behaviour, or have been identified as being at high risk of a conduct disorder using established rating scales of antisocial behaviour (for example, the Child Behavior Checklist and the Eyberg Child Behavior Inventory). Where possible, a group parent or carer training programme should be offered. However, parents of children with severe or complex problems should be referred for individual training programmes. These interventions should be evidence-based and adhere to a developer's manual to ensure that care is effective, person-centred and individualised.

Group parent training programme

Group parent training programmes should involve both parents if this is possible and in the best interests of the child or young person, and should:

- typically have between 10 and 12 parents in a group
- be based on a social learning model, using modelling, rehearsal and feedback to improve parenting skills

- typically consist of 10 to 16 meetings of 90 to 120 minutes' duration
- adhere to a developer's manual and employ all of the necessary materials to ensure consistent implementation of the programme.

[Adapted from NICE's guideline on antisocial behaviour and conduct disorders in children and young people, recommendation 1.5.2]

Individual parent training programmes

Individual parent training programmes should involve both parents if this is possible and in the best interests of the child or young person, and should:

- be based on a social learning model using modelling, rehearsal and feedback to improve parenting skills
- typically consist of 8 to 10 meetings of 60 to 90 minutes' duration
- adhere to a developer's manual and employ all of the necessary materials to ensure consistent implementation of the programme.

[Adapted from NICE's guideline on antisocial behaviour and conduct disorders in children and young people, recommendation 1.5.4]

Individual parent and child training programmes

Individual parent and child training programmes should involve both parents, foster carers or guardians if this is possible and in the best interests of the child or young person, and should:

- be based on a social learning model using modelling, rehearsal and feedback to improve parenting skills
- consist of up to 10 meetings of 60 minutes' duration
- adhere to a developer's manual and employ all of the necessary materials to ensure consistent implementation of the programme.

[Adapted from NICE's guideline on antisocial behaviour and conduct disorders in children and young people, recommendation 1.5.6]

Group foster carer/guardian training programmes

Group foster carer/guardian training programmes should involve both of the foster carers or guardians if this is possible and in the best interests of the child or young person, and should:

- modify the intervention to take account of the care setting in which the child is living
- typically have between 8 and 12 foster carers or guardians in a group
- be based on a social learning model using modelling, rehearsal and feedback to improve parenting skills
- typically consist of between 12 and 16 meetings of 90 to 120 minutes' duration
- adhere to a developer's manual and employ all of the necessary materials to ensure consistent implementation of the programme.

[Adapted from NICE's guideline on antisocial behaviour and conduct disorders in children and young people, recommendation 1.5.8]

Individual foster carer/guardian training programmes

Individual foster carer/guardian training programmes should involve both of the foster carers if this is possible and in the best interests of the child or young person, and should:

- modify the intervention to take account of the care setting in which the child is living
- be based on a social learning model using modelling, rehearsal and feedback to improve parenting skills
- consist of up to 10 meetings of 60 minutes' duration
- adhere to a developer's manual and employ all of the necessary materials to ensure consistent implementation of the programme.

[Adapted from NICE's guideline on antisocial behaviour and conduct disorders in children and young people, recommendation 1.5.10]

Equality and diversity considerations

Practitioners should support access to services and the uptake of interventions by children and young people, and their parents and carers, by being flexible in relation to settings and offering a range of support services. Recommendations 1.7.7 and 1.7.8 in NICE's guideline on antisocial behaviour and conduct disorders in children and young people provide examples of settings and support services.

Consideration will need to be given to representation of family units and recognising that family units can vary between cultures. Where possible, programme materials and the session, should be made available in different languages.

Quality statement 5: Multimodal interventions

Quality statement

Children and young people aged 11 to 17 years who have a conduct disorder are offered a referral for multimodal interventions, with the involvement of their parents or carers.

Rationale

Multimodal interventions have been shown to be effective in helping older children and young people with a conduct disorder to manage their behaviour in different social settings. Parental participation is an important part of the intervention because the focus is on changing the environment around the young person, which can then help to change the young person's behaviour. Given the variety of interventions available, it is important to offer evidence-based multimodal interventions to ensure that the intervention is delivered effectively and appropriately.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that children and young people aged 11 to 17 years who have a conduct disorder are referred for multimodal interventions, which involve their parents or carers.

Data source: Local data collection.

Process

a) Proportion of children and young people aged 11 to 17 years who have a conduct disorder who take part in multimodal interventions.

Numerator – the number of children and young people in the denominator who take part in multimodal interventions.

Denominator – the number of children and young people aged 11 to 17 years who have a conduct disorder.

b) Proportion of parents or carers of children and young people aged 11 to 17 years who have a conduct disorder who are involved in multimodal interventions.

Numerator – the number of parents or carers in the denominator who are involved in multimodal interventions.

Denominator – the number of parents or carers of children and young people aged 11 to 17 years who have a conduct disorder.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers ensure that they provide multimodal interventions that adhere to an evidence-based model and involve parents or carers for children and young people aged 11 to 17 years who have a conduct disorder.

Health and social care practitioners ensure that they offer multimodal interventions to children and young people aged 11 to 17 years who have a conduct disorder and involve their parents or carers in the intervention.

Commissioners ensure that they commission services that provide multimodal interventions that adhere to an evidence-based model and involve parents or carers for children and young people aged 11 to 17 years who have a conduct disorder.

Children and young people aged 11 to 17 yearswho have a conduct disorder take part in a programme of support, which involves their parents or carers and is focused on helping them to improve how they interact with their family, when they are at school and in other settings within their community.

Source guidance

Antisocial behaviour and conduct disorders in children and young people: recognition and management. NICE guideline CG158 (2013, updated 2017), recommendation 1.5.13 and 1.5.14

Definitions of terms used in this quality statement

Multimodal interventions

These interventions are suitable for children and young people who have a diagnosis of a conduct disorder, those in contact with the criminal justice system for antisocial behaviour, or those who have been identified as being at high risk of a conduct disorder using established rating scales of antisocial behaviour (for example, the Child Behavior Checklist and the Eyberg Child Behavior Inventory).

Multimodal interventions should involve the child or young person and their parents and carers and should:

- have an explicit and supportive family focus
- be based on a social learning model with interventions provided at individual, family, school, criminal justice and community levels
- be provided by specially trained case managers
- typically consist of 3 to 4 meetings per week over a 3- to 5-month period
- adhere to a developer's manual and employ all of the necessary materials to ensure consistent implementation of the programme.

[Adapted from NICE's guideline on antisocial behaviour and conduct disorders in children and young people, recommendation 1.5.14]

Equality and diversity considerations

Practitioners should support access to services and the uptake of interventions by children and young people, and their parents and carers, by being flexible in relation to settings and offering a range of support services. Recommendations 1.7.7 and 1.7.8 in NICE's guideline on antisocial behaviour and conduct disorders in children and young people provide examples of settings and support services.

Practitioners should have training to ensure that they have a good understanding of the culture of families with whom they are working. Interpreters should be provided if no practitioner is available who speaks a language in which the family members can converse fluently. Consideration should be given to the specific needs of:

- girls and young women with conduct disorders
- looked-after and adopted children and young people.

Quality statement 6: Monitoring adverse effects of pharmacological interventions

Quality statement

Children and young people with a conduct disorder and severely aggressive behaviour who have been prescribed risperidone have a baseline physical and metabolic investigation and are monitored for efficacy and adverse effects at regular intervals.

Rationale

Pharmacological interventions should not be offered for the routine management of behavioural problems in children and young people with a conduct disorder. Risperidone may be considered for the short-term management of severely aggressive behaviour in children and young people with a conduct disorder who have problems with explosive anger and severe emotional dysregulation and which has not responded to psychosocial interventions. This medication can have significant physical effects and, in some cases, significant adverse effects. Current practice information suggests that there is variation in the baseline investigations and monitoring carried out in children and young people taking risperidone.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that children and young people with a conduct disorder and severely aggressive behaviour who have been prescribed risperidone have a baseline physical and metabolic investigation and are monitored for efficacy and adverse effects at regular intervals.

Data source: Local data collection.

Process

a) The proportion of children and young people with a conduct disorder and severely aggressive behaviour who have been prescribed risperidone who have a baseline physical and metabolic investigation carried out and recorded before the start of treatment.

Numerator – the number of children and young people in the denominator who have a baseline physical and metabolic investigation carried out and recorded before the start of treatment.

Denominator – the number of children and young people with a conduct disorder and severely aggressive behaviour who have been prescribed risperidone.

b) The proportion of children and young people with a conduct disorder and severely aggressive behaviour who are taking risperidone who have physical and metabolic investigations repeated and recorded at regular intervals.

Numerator – the number of children and young people in the denominator who have physical and metabolic investigations repeated and recorded at regular intervals.

Denominator – the number of children and young people with a conduct disorder and severely aggressive behaviour who are taking risperidone.

c) The proportion of children and young people with a conduct disorder and severely aggressive behaviour who are taking risperidone who have changes in their symptoms and behaviour monitored and recorded at regular intervals.

Numerator – the number of children and young people in the denominator who have changes in their symptoms and behaviour monitored and recorded at regular intervals.

Denominator – the number of children and young people with a conduct disorder and severely aggressive behaviour who are taking risperidone.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers ensure that there are protocols in place for all children and young people with a conduct disorder and severely aggressive behaviour who have been prescribed risperidone to have a baseline physical and metabolic investigation and to be monitored for efficacy and adverse effects at regular intervals.

Healthcare professionals ensure that children and young people with a conduct disorder and severely aggressive behaviour who have been prescribed risperidone have a baseline physical and metabolic investigation and are monitored for efficacy and adverse effects at regular intervals.

Commissioners ensure that they commission services that have protocols in place for all children and young people with a conduct disorder and severely aggressive behaviour that have been prescribed risperidone to have a baseline physical and metabolic investigation and be monitored for efficacy and adverse effects at regular intervals.

Children and young people who are taking risperidone to help treat their conduct disorder and aggressive behaviour have a number of physical checks carried out before they start treatment, and are regularly monitored to check whether the treatment is working and whether there are any unwanted side effects.

Source guidance

Antisocial behaviour and conduct disorders in children and young people: recognition and management. NICE guideline CG158 (2013, updated 2017), recommendations 1.6.5 and 1.6.6

Definitions of terms used in this quality statement

Baseline physical and metabolic investigation

At the start of treatment, a suitably qualified healthcare professional with expertise in prescribing antipsychotics in children and young people for a range of conditions including conduct disorders, should undertake and record the following baseline investigations:

- weight and height (both plotted on a growth chart)
- waist and hip measurements
- pulse and blood pressure
- fasting blood glucose or glycosylated haemoglobin (HbA1c), blood lipid and prolactin levels
- assessment of any movement disorders
- assessment of nutritional status, diet and level of physical activity.

[Adapted from NICE's guideline on antisocial behaviour and conduct disorders in children and young people, recommendation 1.6.5 and expert consensus]

Regular intervals

Advice on the frequency of monitoring is provided in table 1 of NICE's guideline on psychosis and schizophrenia in children and young people and should be read in conjunction with the British national formulary (BNF), British national formulary for children (BNFC) and summary of product characteristics.

Severely aggressive behaviour

This refers to the behaviour of children and young people with a conduct disorder who have problems with explosive anger and severe emotional dysregulation. [Adapted from NICE's guideline on antisocial behaviour and conduct disorders in children and young people, recommendation 1.6.3]

Update information

Minor changes since publication

February 2022: The definition of baseline physical and metabolic investigation in statement 6 was amended to be clear that either fasting blood glucose or glycosylated haemoglobin (HbA1c) can be used to assess for diabetes, in line with NICE's 2021 exceptional surveillance of testing for diabetes.

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 our webpage on quality standards advisory committees for details of standing committee members who advised on this quality standard. Information about the topic experts invited to join the standing members is available from the webpage for this quality standard.

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 guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to 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. Organisations are encouraged to use the resource impact products for the source guidance to help estimate local costs.

Diversity, equality and language

Equality issues were considered during development and equality assessments for this quality standard 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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Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- College of Mental Health Pharmacy
- Royal College of Occupational Therapists (RCOT)
- Royal College of Psychiatrists (RCPsych)
- Royal College of General Practitioners (RCGP)
- Royal College of Paediatrics and Child Health