

Children's attachment

NICE quality standard

Draft for consultation

May 2016

Introduction

This quality standard covers the identification, assessment and treatment of attachment difficulties in children and young people up to age 18 who are adopted from care, in special guardianship, looked after by local authorities in foster homes (including kinship foster care), residential units and other accommodation, or on the edge of care (those considered to be at high risk of going into care). For more information see the [children's attachment topic overview](#).

Why this quality standard is needed

Attachment is a type of behaviour displayed by children to draw their primary caregiver towards them at moments of need or distress. Children whose caregivers respond sensitively to their needs at times of distress and fear in infancy and early childhood develop secure attachments to them. They have better outcomes than non-securely attached children in social and emotional development, educational achievement and mental health. Early attachment relations are thought to be crucial for later social relationships and for the development of capacities for emotional and stress regulation, self-control. Children and young people who have had insecure attachments are more likely to struggle in these areas and to have emotional and behavioural difficulties.

Attachment patterns and difficulties in children and young people are largely determined by the nature of the caregiving they receive. Attachment patterns can be adaptations to the caregiving that they receive from all primary caregivers, including birth parents, foster carers, kinship carers, special guardians and adoptive parents. Repeated changes of primary caregiver, or neglectful and maltreating behaviour

from primary caregivers who persistently disregard the child's attachment needs, are the main contributors to attachment difficulties.

Children and young people in the care system, or on the edge of care, are at particular risk of attachment difficulties. The number of children and young people in the care system has risen in recent years. On 31 March 2015, there were approximately 69,540 looked-after children and young people in England¹.

The assessment of patterns of attachment is complex. Attachment is assessed for its quality or pattern, not quantitatively for its intensity. There are also different ways of assessing attachment that are appropriate to different ages on the basis of observed behaviour, representation of attachment relationships and coherence of the child's account regarding their attachment relationships.

Attachment can also be assessed indirectly by examining the primary caregiver's sensitivity to the child, particularly in response to the child's distress or fear. A significant association has been found between maternal sensitivity and child security of attachment.

Attachment difficulties are typically assessed using structured interviews with carers, and may be supplemented by questionnaires and direct observation of the child or young person's behaviour.

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

- Children's social and emotional development
- Children's behavioural functioning
- Quality of parent or carer child relationship
- Wellbeing and quality of life for children and parents or carers
- Mental health problems in children and parents or carers
- Breakdown in fostering and adoption placements
- Youth offending rates
- Educational achievement, absences and school exclusions

¹ Department for Education: [Children looked after in England including adoption: 2014 to 2015.](#)

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measurable improvements in the 3 dimensions of quality – safety, experience and effectiveness of care – for a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 2 outcomes frameworks published by the Department of Health:

- [NHS Outcomes Framework 2015–16](#)
- [Public Health Outcomes Framework 2013–16.](#)

Tables 1 and 2 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

Table 1 [NHS Outcomes Framework 2015–16](#)

Domain	Overarching indicators and improvement areas
4 Ensuring that people have a positive experience of care	Improving experience of healthcare for people with mental illness <i>4.7 Patient experience of community mental health services</i>
Indicator in italics in development	

Table 2 [Public health outcomes framework for England, 2013–16](#)

Domain	Objectives and indicators
1 Improving the wider determinants of health	Objective Improvements against wider factors that affect health and wellbeing and health inequalities Indicators 1.2 School readiness 1.3 Pupil absence 1.4 First time entrants to the youth justice system 1.5 16–18 year olds not in education, employment or training
2 Health improvement	Objective People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities Indicators 2.5 Child development at 2–2½ years

	2.8 Emotional well-being of looked after children 2.23 Self-reported well-being
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Safety and people's experience of care

Ensuring that care is safe and that people have a positive experience of care is vital in a high-quality service. It is important to consider these factors when planning and delivering services relevant to children's attachment.

Coordinated services

The quality standard for children's attachment specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole children's attachment care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to children with attachment difficulties.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality.

Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality children's attachment service are listed in Related quality standards. [\[Link to section in web version\]](#)

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All health, public health and social care practitioners involved in assessing, caring for and treating children with attachment difficulties and their parents and carers should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development source on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

List of quality statements

[In final web version hyperlink each statement to the full statement below.]

Statement 1. Children and young people with attachment difficulties, and their parents or carers, have a comprehensive assessment before any referral to specialist services for an intervention.

Statement 2. Children and young people with attachment difficulties have an up-to-date education plan setting out how they will be supported in school.

Statement 3. Parents and carers of preschool age children with or at risk of attachment difficulties are offered a video feedback programme.

Statement 4. Carers of children and young people with attachment difficulties can access training and support programmes applicable to the age of the child.

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 have an example from practice of implementing the NICE guideline that underpins this quality standard? If so, please submit your example to the NICE local practice collection on the NICE website. Examples of using NICE quality standards can also be submitted.

Question 4 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 treatment. Please describe any potential cost savings or opportunities for disinvestment.

Questions about the individual quality statements

Question 5 For draft quality statement 1: Which services and practitioners currently carry out comprehensive assessments of children and young people with attachment difficulties?

Question 6 For draft quality statement 4: Is there currently national variation in access to training, education and support programmes for carers of children and young people in care with attachment difficulties provided by health and social care organisations? Are there any specific age groups where provision of this training, education and support for carers is lower than other groups, if so please provide details?

Quality statement 1: Comprehensive assessment

Quality statement

Children and young people with attachment difficulties, and their parents or carers, have a comprehensive assessment before any referral to specialist services for an intervention.

Rationale

A comprehensive assessment can review environmental, personal and parental factors which may be linked to the development of attachment difficulties in a child or young person. A comprehensive assessment will guide decisions for referral to a specialist service when an intervention is needed.

Quality measures

Structure

Evidence of local arrangements for children and young people with attachment difficulties, and their parents or carers, to have a comprehensive assessment before any referral to specialist services for an intervention.

Data source: Local data collection.

Process

Proportion of referrals of children and young people with attachment difficulties to specialist services for an intervention who have had a comprehensive assessment.

Numerator – the number in the denominator who have had a comprehensive assessment.

Denominator – the number of referrals of children and young people with attachment difficulties to specialist services for an intervention.

Data source: Local data collection.

Outcome

Parent or carer satisfaction with support provided.

Data source: Local data collection.

What the quality statement means for service providers, health, and social care practitioners, and commissioners

Service providers (health and social care providers) ensure that systems are in place for children and young people with attachment difficulties, and their parents or carers, to have a comprehensive assessment before any referral to specialist services for an intervention. Service providers ensure that health and social care practitioners are trained in the recognition and assessment of attachment difficulties, developmental trauma and parenting quality so they can identify families in need of assessment.

Health and social care practitioners (social care workers, paediatricians, personal advisors and health visitors) ensure they can recognise and identify suspected attachment difficulties and parenting quality in families they come into contact with. They should perform a comprehensive assessment of children and young people with attachment difficulties, and their parents or carers before referring them to specialist services for an intervention.

Commissioners (NHS England, clinical commissioning groups and local authorities) ensure that they commission services that can perform comprehensive assessments before referring onto specialist services for evidence-based interventions for children and young people with attachment difficulties, and their parents and carers.

What the quality statement means for children, young people and their parents and carers

Children and young people with attachment difficulties, and their parents and carers, have an assessment of the personal, parental and environmental circumstances relating to any attachment difficulties they may have before they are referred to a specialist service if an intervention is needed.

Source guidance

- [Children's attachment](#) (2015) NICE guideline NG26 recommendation 1.3.2.

Definitions of terms used in this quality statement

Comprehensive assessment

A comprehensive assessment includes an assessment of:

- personal factors, including the child or young person's attachment pattern and relationships
- factors associated with the child or young person's placement, such as history of placement changes, access to respite and trusted relationships within the care system or school
- the child or young person's educational experience and attainment
- parental sensitivity
- parental factors, including conflict between parents (such as domestic violence and abuse), parental drug and alcohol misuse or mental health problems, and parents' and carers' experiences of maltreatment and trauma in their own childhood
- the child or young person's experience of maltreatment or trauma
- the child or young person's physical health
- coexisting mental health problems and neurodevelopmental conditions commonly associated with attachment difficulties, including antisocial behaviour and conduct disorders, attention deficit hyperactivity disorder, autism, anxiety disorders (especially post-traumatic stress disorder), depression, alcohol misuse and emotional dysregulation.

[NICE clinical guideline NG26 [recommendation 1.3.2](#)]

Specialist services

A service with specialist expertise in attachment difficulties in children and young people and their parents and carers, such as child and adolescent mental health services (CAMHS), multi-agency specialist services or specialist paediatricians. Specialist services will work with other services such as mental health services and actively involve children and young people with attachment difficulties in staff training programmes.

[Adapted from NICE clinical guideline NG 26, [recommendation 1.3.8](#)]

Equality and diversity considerations

All children, young people with attachment difficulties and their parents or carers should have equal access to assessment regardless of whether they:

- are on the edge of care, accommodated under Section 20 of the Children Act 1989, subject to a care order, under special guardianship or adopted from care
- are placed with birth parents, foster carers (including kinship carers), special guardians or in residential care
- are from a minority ethnic group
- have a disability or a mental health problem
- are from the UK or overseas.

All children and young people with attachment difficulties who enter the UK as unaccompanied asylum-seeking children should be assessed once a stable placement has been found.

Question for consultation

Which services and practitioners currently carry out comprehensive assessments of children and young people with attachment difficulties?

Quality statement 2: Education plan

Quality statement

Children and young people with attachment difficulties have an education plan setting out how they will be supported in school.

Rationale

Children and young people with attachment difficulties can have stress, fears and insecurities that impact on their experience of school, peer relationships and learning. An education plan for these children and young people can help educational staff in the school understand and respond effectively to the child or young person. This can minimise disruption to their learning, ensure they feel supported when at school and make it less likely the child or young person will be excluded from school.

Quality measures

Structure

Evidence of local arrangements for all children and young people with attachment difficulties to have an education plan, setting out how they will be supported in school.

Data source: Local data collection.

Process

Proportion of children and young people with attachment difficulties who have an education plan setting out how they will be supported in school.

Numerator – the number in the denominator who have an education plan setting out how they will be supported in school.

Denominator – the number of children and young people with attachment difficulties.

Data source: Local data collection

Outcome

a) Children with attachment difficulties feeling supported in school.

Data source: Local data collection.

b) School attendance for children and young people with attachment difficulties.

Data source: Local data collection. National Audit Office (2014) [Children in care.](#)

c) School exclusions for children and young people with attachment difficulties.

Data source: Local data collection. Department for Education (2016) [Outcomes for children looked after by local authorities in England, 31 March 2015.](#)

What the quality statement means for education providers and local authorities

Education providers (schools and other settings such as early years providers) ensure that systems are in place for children and young people with attachment difficulties to have education plans setting out how they will be supported in school. Providers ensure staff involved in the design and development of education plans have had training in supporting children with attachment needs in schools.

Education staff (such as designated teachers, virtual school heads and other identified teachers) work with health and social care practitioners to develop and maintain education plans for children and young people with attachment difficulties.

Local authorities ensure that education providers have and maintain an education plan for children and young people with attachment difficulties that set out how they will be supported in school.

What the quality statement means for children, young people and their parents and carers

Children and young people with attachment difficulties have a plan that says how they will be supported in school.

Source guidance

- [Children's attachment](#) (2015) NICE guideline NG26 recommendation 1.2.5 and 1.2.7.

Definitions of terms used in this quality statement

Education plan

An up-to-date plan for children and young people with attachment difficulties may contain:

- details of how support in school will be provided
- contact details for the parents, carers and health and social care professionals for the child or young person
- details of a key person who can advocate for the child or young person and to whom the child or young person can go for support
- details of a safe place in school, for example a room where a child or young person can go if they are distressed

For children and young people in care this plan is known as a personal education plan (PEP).

[Adapted from NICE clinical guideline 26, [recommendation 1.2.5](#) and expert opinion]

Quality statement 3: Video feedback programme

Quality statement

Parents and carers of preschool age children with or at risk of attachment difficulties are offered a video feedback programme.

Rationale

A video feedback programme can help parents and carers of preschool aged children with or at risk of attachment difficulties in many ways. These include improving how they nurture their child, improving their understanding of what their child's behaviour means, how to respond positively to the child and how to behave in ways that are not frightening to the child. It can also improve how they respond to their own feelings when nurturing the child. Improving a carer's relationship with the child may ensure placement stability.

Quality measures

Structure

Evidence of local arrangements to ensure that parents and carers of preschool age children with or at risk of attachment difficulties are offered a video feedback programme.

Data source: Local data collection.

Process

a) Proportion of parents of preschool age children with or at risk of attachment difficulties who receive a video feedback programme.

Numerator – the number in the denominator who receive a video feedback programme.

Denominator – The number of parents of preschool age children with or at risk of attachment difficulties.

Data source: Local data collection.

b) Proportion of carers of preschool age children with or at risk of attachment difficulties who receive a video feedback programme.

Numerator – the number in the denominator who receive a video feedback programme.

Denominator – The number of carers of preschool age children with or at risk of attachment difficulties.

Data source: Local data collection.

Outcome

Breakdown in care placements for preschool aged children with or at risk of attachment difficulties.

Data source: Local data collection. National Audit Office (2014) [Children in care.](#)

What the quality statement means for service providers, health and social care practitioners, and commissioners

Service providers (health and social care providers) ensure that they have a video feedback programme available to offer the parents and carers of preschool aged children with or at risk of attachment difficulties.

Health and social care practitioners (such as mental health professionals in multi-agency services, health visitors and social workers) ensure that they offer a video feedback programme to parents and carers of preschool aged children with or at risk of attachment difficulties.

Commissioners (clinical commissioning groups, NHS England and local authorities) ensure that they commission services that can offer parents and carers of preschool aged children with or at risk of attachment difficulties a video feedback programme.

What the quality statement means for children and their parents and carers

Parents and carers of preschool aged children at risk with or at risk of attachment difficulties are recorded interacting together on video. This helps the

parent or carer see how they react and behave with the child or young person, and the social care professional can give help on how to change any behaviour that could cause problems.

Source guidance

- [Children's attachment](#) (2015) NICE guideline NG26 recommendation 1.4.1 and 1.5.1.

Definitions of terms used in this quality statement

Carers

Foster carers (including kinship carers), special guardians and adoptive parents.

Video feedback programmes

Ensure video feedback programmes are delivered in the parental or carers home by a trained health or social care worker who has experience of working with children and young people. The programme should:

- consist of 10 sessions (each lasting at least 60 minutes) over 3–4 months
- include filming the parents or carers interacting with the child for 10–20 minutes every session
- include the health or social care worker watching the video with the parents or carers to
- highlight parental or carer sensitivity, responsiveness and communication
- highlight parental or carer strengths
- acknowledge positive changes in the behaviour of the parents or carer and child.

[Adapted from NICE NG 26 [recommendation 1.4.2](#)]

Quality statement 4: Training and support for carers

Quality statement

Health and social care provider organisations provide training, education and support programmes for carers of primary and early secondary school aged children and young people with attachment difficulties

Rationale

Training and support for carers may lead to more stable placements and reduce the likelihood of placement breakdown. Unstable placements are associated with poorer mental health and behavioural problems in children and young people. The type of training and support programme provided should be guided by the age of the child or young person.

Quality measures

Structure

Evidence of local arrangements to ensure that carers of children and young people with attachment difficulties can access training, education and support programmes applicable to the age of the child.

Data source: Local data collection.

Process

a) Proportion of carer's of primary school aged children with attachment difficulties who had a training and support programme before the care placement began.

Numerator – the number in the denominator who had a training and support programme before the care placement began.

Denominator – the number of carers of children and young people with attachment difficulties.

Data source: Local data collection.

b) Proportion of carer's of primary school aged children with attachment difficulties who received a training and support programme for 9-12 months after the placement started.

Numerator – the number in the denominator who received a training and support programme for 9-12 months after the placement started.

Denominator – the number of carers of primary school aged children with attachment difficulties.

Data source: Local data collection.

c) Proportion of carers of late primary and early secondary school age children with attachment difficulties who received a training and education programme.

Numerator – the number in the denominator who received a training and education programme.

Denominator – the number of carers of late primary and early secondary school age children with attachment difficulties

Data source: Local data collection.

Outcome

a) Breakdown of care placements for children and young people with attachment difficulties.

Data source: Local data collection. National Audit Office (2014) [Children in care.](#)

b) Carers satisfaction with training, education and support programmes.

Data source: Local data collection.

c) School attendance for children and young people with attachment difficulties in care.

Data source: Local data collection. Department for Education (2016) [Outcomes for children looked after by local authorities in England, 31 March 2015.](#)

What the quality statement means for service providers, health, and social care practitioners, and commissioners

Service providers (health and social care providers) ensure that carers of children and young people with attachment difficulties can have training, education and support before and during a care placement. Service providers should offer a range of training and support programmes appropriate for different age groups of children.

Health and social care practitioners (CAMHS, specialist paediatricians, and social care practitioners) ensure that they provide carers of children and young people with attachment difficulties with training, education and support programmes applicable to the age of the child before and during a care placement.

Commissioners (NHS England and local authorities) ensure that they commission services that provide age applicable training and support programmes to carers of children and young people with attachment difficulties before and during a care placement.

What the quality statement means for children and their carers

Carers of children and young people with attachment difficulties have training and support before and after they provide a place for the child or young person within their care.

Source guidance

- [Children's attachment](#) (2015) NICE guideline NG26 recommendations 1.5.4 and 1.5.8

Definitions of terms used in this quality statement

Carers

A foster carer (including kinship carers), special guardian or adoptive parent.

[Adapted from [NICE clinical guideline NG26](#)]

Training, education and support programmes

The content and type of training, education and support programmes will vary according to the age of the child or young person. Examples include:

Intensive training

Intensive training for foster carers, special guardians and adoptive parents of primary school aged children includes:

- positive behavioural management methods
- help with peer and parent/carer relationships for the child
- support for schoolwork
- help to defuse conflict.

[NICE clinical guideline NG26, [recommendation 1.5.5](#)]

Intensive support

Ensure intensive support for foster carers, special guardians and adoptive parents of primary school aged children includes:

- supervision by daily telephone contact
- weekly support group meetings
- a 24-hour crisis intervention telephone line.

Support should be provided before the placement and for 9-12 months after the care placement has begun.

[Adapted from NICE clinical guideline NG26, [recommendation 1.5.5 and 1.5.6](#)]

Group-based training and education programmes for carers

Programmes for carers of late primary and early secondary school aged children and young people.

- consist of twice-weekly sessions (lasting 60–90 minutes) in a group for the first 3 weeks, then weekly sessions over the remaining school year
- are delivered by a trained facilitator
- have a behavioural reinforcement system to encourage adaptive behaviours across home, school and community settings

- provide weekly telephone support if needed
- give homework to practise applying new skills.

[Adapted from NICE clinical guideline NG26, [recommendation 1.5.9](#)]

Question for consultation

Is there currently national variation in access to training, education and support programmes for carers of children and young people in care with attachment difficulties provided by health and social care organisations? Are there any specific age groups where provision of this training, education and support for carers is lower than other groups, if so please provide details?

Status of this quality standard

This is the draft quality standard released for consultation from 23 May to 21 June 2016. It is not NICE's final quality standard on children's attachment. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 21 June 2016. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the [NICE website](#) from October 2016.

Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its [Indicators for Quality Improvement Programme](#). If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's [What makes up a NICE quality standard?](#) for further information, including advice on using quality measures.

Levels of achievement

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, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

NICE's [quality standard service improvement template](#) helps providers to make an initial assessment of their service compared with a selection of quality statements. It includes assessing current practice, recording an action plan and monitoring quality improvement. This tool is updated monthly to include new quality standards.

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in Development sources [\[Link to section in web version\]](#)

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and [equality assessments](#) are available.

Good communication between health, education, public health and social care practitioners and children and young people with attachment difficulties, and their parents or carers (if appropriate), is essential. Treatment, care and support, and the information given about it, should be both age-appropriate and culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Children and young people with attachment difficulties and their parents or carers (if appropriate) should have access to an interpreter or advocate if needed.

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.

Development sources

Further explanation of the methodology used can be found in the quality standards [Process guide](#).

Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- [Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care](#) (2015) NICE guideline NG26

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- Royal College of Paediatrics and Child Health (2015) [Looked after children: knowledge, skills and competences of health care staff](#)
- Local Government Association (2015) [Healthy beginnings: giving our children the best start in life](#)
- Department for Education (2015) [Promoting the health and wellbeing of looked-after children](#)
- Office for National Statistics (2015) [Measuring national well-being: insights into children's mental health and well-being](#)
- New Economics Foundation (2014) [Relationships for children in care](#)
- The Sutton Trust (2014) [Baby bonds: parenting, attachment and a secure base for children](#)
- The Child Protection All Party Parliamentary Group (2013) [Making care proceedings better for children](#)
- Department for Education (2011) [Children Act 1989: fostering services](#)
- Department for Education (2011) [Supporting looked-after children with communication needs](#)

- Centre for Excellence and Outcomes in Children and Young People's Services (2010) [Vulnerable children: knowledge review 1: Improving educational outcomes for looked after children and young people](#)
- Centre for Excellence and Outcomes in Children and Young People's Services (2010) [Vulnerable children: knowledge review 2: Improving the emotional and behavioural health of looked after children and young people](#)
- Centre for Excellence and Outcomes in Children and Young People's Services (2010) [Vulnerable children: knowledge review 3: Increasing the numbers of care leavers in 'safe, settled accommodation'](#)
- Department for Education (2010) [Children Act 1989: care planning, placement and case review](#)
- Her Majesty's Stationery Office (2002) [Adoption and Children Act 2002](#)
- Her Majesty's Stationery Office (2000) [Children \(Leaving Care\) Act 2000](#)

Definitions and data sources for the quality measures

- Department for Education (2016) [Outcomes for children looked after by LAs: 31 March 2015](#)
- Department for Education (2016) [Children in need census 2015 to 2016: COLLECT guide](#)
- Department for Education (2015) [Children looked after return: guide to submitting data](#)
- Department for Education (2015) [Early years foundation stage profile results: 2014 to 2015.](#)
- National Audit Office (2014) [Children in care](#)

Related NICE quality standards

Published

- [Looked-after children and young people](#) (2013) NICE quality standard QS31

In development

- [Early years: promoting health and wellbeing](#). Publication expected August 2016

Future quality standards

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Child abuse and neglect
- School-based interventions: health promotion and mental well-being
- Transition from children's to adult services

The full list of quality standard topics referred to NICE is available from the [quality standards topic library](#) on the NICE website.

Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 2. Membership of this committee is as follows:

Mr Ben Anderson

Consultant in Public Health, Public Health England

Mr Barry Attwood

Lay member

Professor Gillian Baird

Consultant Developmental Paediatrician, Guys and St Thomas NHS Foundation Trust, London

Dr Ashok Bohra

Consultant Surgeon, Royal Derby Hospital

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Freelance GP and Clinical Commissioning Lead for Learning Disability, North, East and West (NEW) Devon Clinical Commissioning Group

Mrs Julie Clatworthy

Governing Body Nurse, Gloucester Clinical Commissioning Group

Mr Michael Fairbairn

Quality Manager, NHS Trust Development Authority

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Mrs Jean Gaffin

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Dr Ulrike Harrower

Consultant in Public Health Medicine, NHS Somerset

Mr Gavin Lavery

Clinical Director, Public Health Agency

Dr Tessa Lewis

GP and Medical Adviser in Therapeutics, Aneurin Bevan University Health Board

Ms Robyn Noonan

Area Service Manager Learning Disability, Oxfordshire County Council

Dr Michael Rudolf (Chair)

Hon. Consultant Physician, London North West Healthcare NHS Trust

Dr Anita Sharma

GP and Clinical Director of Vascular and Medicine Optimisation, Oldham Clinical Commissioning Group

Dr Amanda Smith

Director of Therapies and Health Service, Powys Teaching Health Board

Ms Ruth Studley

Director of Strategy and Development, Healthcare Inspectorate Wales

The following specialist members joined the committee to develop this quality standard:

Mrs Joanne Alper

Director of Services, Adoptionplus,

Prof Jane Barlow

Professor of Public Health in the Early Years, University of Warwick

Mr Tony Clifford

Head of Virtual School for Children in Care and Care Leavers, Stoke on Trent City Council

Dr Kim Golding

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Professor of Child Psychiatry, University of Manchester

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Coordinator

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.

The methods and processes for developing NICE quality standards are described in the [quality standards process guide](#).

This quality standard has been incorporated into the NICE pathway on [children's attachment](#) **[link to pathway and add links to other pathways if the QS is included in multiple pathways]**.

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

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