



Children's attachment

Quality standard

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This standard is based on NG26.

This standard should be read in conjunction with QS31, QS128 and QS179.

Quality statements

Statement 1 Children and young people who may have attachment difficulties, and their parents or carers, have a comprehensive assessment before any intervention programme.

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

Quality statement 1: Comprehensive assessment

Quality statement

Children and young people who may have attachment difficulties, and their parents or carers, have a comprehensive assessment before any intervention programme.

Rationale

A comprehensive assessment can identify environmental, personal and parental factors linked to the development of attachment difficulties. This can help confirm risk or presence of attachment difficulties, guide decisions on appropriate programmes and minimise harm from unnecessary intervention.

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 undertake comprehensive assessment before any intervention programme for attachment difficulties.

Data source: Local data collection.

Process

Proportion of intervention programmes commencing for attachment difficulties in children and young people that included a comprehensive assessment before the interventions began.

Numerator – the number in the denominator that included a comprehensive assessment before the interventions began.

Denominator – the number of intervention programmes commencing for attachment difficulties in children and young people.

Data source: Local data collection.

Outcome

a) Social and emotional development and behavioural functioning of children at risk of or with confirmed attachment difficulties.

Data source: Local data collection.

b) Sensitivity and responsiveness in parents of children with attachment difficulties on the edge of care.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (providers of attachment interventions) ensure that systems are in place so that children and young people who may have attachment difficulties, and their parents or carers have a comprehensive assessment before any intervention programme.

Health and social care practitioners (groups delivering attachment interventions) ensure they undertake comprehensive assessments for children and young people who may have attachment difficulties before any intervention programmes commence.

Commissioners (local authorities) ensure that services providing intervention programmes for attachment difficulties undertake comprehensive assessments on children and young people who may have attachment difficulties before initiation of a programme.

Children and young people who may have attachment difficulties, and their parents and carers, have an assessment of their personal, parental and environmental circumstances

before any intervention programme. This will help ensure any future support related to attachment difficulties is appropriate.

Source guidance

Children's attachment. NICE guideline NG26 (2015), recommendation 1.3.2

Definitions of terms used in this quality statement

Comprehensive assessment

A comprehensive assessment can include 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's guideline on children's attachment, recommendation 1.3.2]

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. [[NICE's guideline on children's attachment](#)]

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 understand and respond effectively to the child or young person. This can minimise disruption to their learning, ensure they are supported when at school and make it less likely the child or young person will be absent or excluded from school.

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 develop education plans for all children and young people with attachment difficulties that set 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) School attendance rates for children and young people with attachment difficulties.

Data source: Local data collection. See the [National Audit Office's children in care \(2014\)](#).

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

Data source: Local data collection. See the [Department for Education's outcomes for children looked after by local authorities in England \(2015\)](#).

What the quality statement means for different audiences

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 difficulties.

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. Teachers, through the [government framework of core content for initial teacher training \(ITT\)](#) should have an awareness of the importance of emotional development such as attachment issues and mental health on pupils' performance.

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.

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

Source guidance

Children's attachment. NICE guideline NG26 (2015), recommendations 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.

It should take into account the child or young person's preferences, needs and abilities when it is developed.

For children and young people in care this plan is known as a personal education plan (PEP). [Adapted from NICE's guideline on children's attachment, recommendations 1.2.4 and 1.2.5, and expert opinion]

Quality statement 3: Video feedback programmes

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 nurture their child, understand their child's behaviour, respond positively and behave in ways that are not frightening. It can also improve how parents and carers respond to their own feelings when nurturing the child. Improving a carer's relationship with a child may ensure placement stability.

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 and carers of preschool-age children identified to have or be at risk of attachment difficulties are offered a video feedback programme.

Data source: Local data collection.

Process

Proportion of preschool-age children with or at risk of attachment difficulties whose parents or carers receive a video feedback programme.

Numerator – the number in the denominator whose parents or carers receive a video feedback programme.

Denominator – the number of preschool-age children with or at risk of attachment difficulties.

Data source: Local data collection.

Outcome

a) Sensitivity and responsiveness in parents of children with attachment difficulties on the edge of care.

Data source: Local data collection.

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

Data source: Local data collection. [Department for Education's looked after children return](#) collects return to care after or during previous permanent arrangement. See also [National Audit Office's children in care \(2014\)](#).

What the quality statement means for different audiences

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 (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.

Parents and carers of preschool aged children identified to have or be 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 give help on how to change any behaviour that could cause problems.

Source guidance

Children's attachment. NICE guideline NG26 (2015), recommendations 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. [Adapted from NICE's guideline on children's attachment]

Video feedback programmes

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 to 4 months
- include filming the parents or carers interacting with the child for 10 to 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's guideline on children's attachment, 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 school aged children and young people with attachment difficulties.

Rationale

Carers can benefit from training and support to improve the stability of placements and reduce the likelihood of placement breakdown. Unstable placements are associated with poorer mental health and behavioural problems in children and young people.

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 local arrangements to provide training, education and support programmes for carers of children and young people with attachment difficulties.

Data source: Local data collection.

b) Evidence that training, education and support programmes for carers of children and young people with attachment difficulties are appropriate to the age of the child.

Data source: Local data collection.

Outcome

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

Data source: Local data collection. [Department for Education's looked after children return](#), collects return to care after or during previous permanent arrangement. See also [National Audit Office's children in care \(2014\)](#).

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

Data source: Local data collection. See the [Department for Education's outcomes for children looked after by local authorities in England \(2015\)](#).

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

Data source: Local data collection. See the [Department for Education's outcomes for children looked after by local authorities in England \(2015\)](#).

What the quality statement means for different audiences

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

Health and social care practitioners (Child and Adolescent Mental Health Services [CAMHS], specialist paediatricians, and social care practitioners) ensure that they consider training, education and support programmes for carers of school aged children and young people with attachment difficulties before and during a placement.

Commissioners (local authorities) ensure they commission training and support programmes for carers of school aged children and young people with attachment difficulties before and during placements. Programmes should be appropriate to different age groups.

Carers of school aged children and young people with attachment difficulties have training and support before and after they provide a place within their care.

Source guidance

Children's attachment. NICE guideline NG26 (2015), 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's guideline on children's attachment]

Training, education and support programmes

The content and type of training, education and support programmes can vary according to the age of the child or young person and their individual circumstances. Examples of training and support programmes that could be provided can be found in section 1.5 of NICE's guideline on children's attachment.

Update information

October 2016: Terminology in the introduction changed, from 'residential unit' to 'residential setting', and a reference to the 2015 Department of Education guide to the Children's Homes Regulations and quality standards added to the policy context section.

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 about our standing committees. 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.

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.

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.

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Endorsing organisation

This quality standard has been endorsed by Department of Health and Social Care, 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.

- [Association of Child Psychotherapists](#)
- [Royal College of General Practitioners \(RCGP\)](#)
- [Royal College of Paediatrics and Child Health](#)