National Institute for Health and Care Excellence

Health and wellbeing of looked-after Children and Young People
Quality Standard Consultation Comments Table
16th August – 16th October 2012

Stakeholder	Section	Comment	Response
Association for Family Therapy and Systemic Practice (AFT)	General	In the context of budget and workforce cuts, it seems particularly important to state strongly that for the aims of the quality standard to be translated into useful practice developments requires services to be adequately funded. It also requires those key to the health and wellbeing of looked after children and young people – carers, family members, social workers, key workers, teachers and others they value in their lives – to be sufficiently supported by high quality training, supervision and consultation ,and by clear referral routes to specialist services. Without these, the quality standard risks remaining a quality statement of good intent with little possibility of delivery. AFT believes the quality standard could more robustly address the need for higher quality trainings for 'frontline' and other professionals, including those working with children in residential local authority homes, and for 'key workers' in supported housing for young people aged 16-18. It is extremely important that those working with looked after children and young people are properly trained to understand the ways in which adverse early experiences may affect children's lives and behaviours, and how to support them in developing individual and relational resilience.	Thank you for your comments. NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on the best available guidance. Cost effectiveness is considered by the Topic Expert Group during development of quality standards and a supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers, however, the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk. We hope this will help to address your concerns. The quality standard should be read in the context of national and local guidelines on training and competencies. Implementation of this quality standard is based on all professionals involved in the health and wellbeing of looked-after children and young people having sufficient and appropriate training, and competence to deliver the actions and interventions described in the quality standard. A quality statement has been added on warm, nurturing care. This is underpinned by quality measures on core and specialist training and support for carers.

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Association for Family Therapy and Systemic Practice (AFT)	General Q2	AFT requests the quality standard also clearly considers the particular developmental needs and complexities of providing care for infants and children under 5.	Thank you for your comment. The quality standard covers the health and wellbeing of looked-after children and young people from birth to 18 years and care leavers in line with the scope. The needs of babies and young children should be considered within quality statements relevant to all looked-after children and young people. A quality statement has been added on warm, nurturing care, which considers specific training and support needs of carers caring for babies and young children
Association for Family Therapy and Systemic Practice (AFT)	General	AFT strongly supports the cited SCIE aim to: 'Put the voices of children, young people and their families at the heart of service design and delivery'. AFT would also support aims to further include the voices of children, young people and their families and carers at the heart of research, through developments in research methodology and outcome measures that reflect the complexities of people's individual, relational and societal experiences, resources and needs.	Thank you. We agree that it is important to consider a range of voices in the development of our products. The NICE Quality Standards programme cannot make recommendations for research, although we note that the Public Involvement Programme at NICE is looking at ways to better involve and include children in the process of developing guidance. The topic expert group prioritised the areas of care they felt were most important for looked-after children and young people, based on the development sources listed.
Association for Family Therapy and Systemic Practice (AFT)	General	AFT strongly supports the cited SCIE principle of encouraging: 'warm and caring relationships between child and carer that nurture attachment and create a sense of belonging so that the child or young person feels safe, valued and protected'. AFT would add that children and young people entering care, in care and leaving care need consistency in their carers, social workers and other key professionals. They should not be allocated according to their "category" but according to their need for on-going relationships with professionals whom they have time to	Thank you for your comment. A quality statement has been added on 'warm, nurturing care' to support development of warm and caring relationships between the child or young person and their carer. Consistency of key professionals is also recognised as important, and this is highlighted within particular quality statements.

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		get to know and trust. Only if children and young people feel that someone knows and understands them and has a committed relationship with them, can the laudable aims of this draft quality standard make sense and make a real difference to their lives.	
Association for Family Therapy and Systemic Practice (AFT)	Quality statement 1	AFT welcomes the development of consultancy services to support collaboration on complex casework. The development of such services may be supported by an additional outcome –feedback from relevant multi-disciplinary professionals that they feel supported by the consultancy service in collaborative working on complex cases AFT welcomes the definition of team around the child as: 'a collaborative team of key professionals and frontline staff to support a child or young person. Topic expert group consensus was that carers should be included as part of the team.' AFT would add that regular skilled supports for team around the child are necessary to contribute to the needs of the child AND THOSE CARING FOR THE CHILD being met.	Thank you for your comment. The consultancy team input has been retained and an outcome measure has been included as suggested which involves a quality measure of the team working with the child feeling that they had all of the information they required. A quality measure has been added to this quality statement that carers are included in the team working with the child to strengthen carer involvement. Ongoing high quality core and specialist training and support for carers is included in quality statement 1 on providing warm, nurturing care for looked-after children and young people.
Association for Family Therapy and Systemic Practice (AFT)	Quality statement 2	AFT requests amendment of the measure as follows: 'Evidence that feedback is collected from looked-after children and young people, and young people covered by leaving care arrangements, AND FROM THEIR CARERS about the design and delivery of services and that systems are in place to review, act upon and respond to this feedback.	Thank you for your comment. Following review of feedback from consultation and field testing the topic expert group decided to prioritise involvement in care planning. This is now a quality measure within quality statement 3 on quality and stability of placements. A quality measure has been included in quality statement 2 that the carer is involved in the team working with the child or young person.

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			The quality standard should be read in the context of existing legislation and other guidance. The quality standard does not replace the underpinning NICE public health guidance 28 / SCIE guide 40 development source, which covers involvement in the design and delivery of services.
Association for Family Therapy and Systemic Practice (AFT)	Quality statement 2	AFT notes that: NICE public health guidance 28/SCIE guide 40 recommends that unaccompanied asylum-seeking children and young people, and black and minority ethnic looked-after children and young people should have access to interpreters if their knowledge of English is limited, so they can explain their situation and make their needs known.' These children and young people need not only access to interpreters, but to practitioners sufficiently trained to work with interpreters, and to support children and young people using interpreters to express their experiences and needs.	Thank you for your comment. The importance of effective communication is recognised. Work with interpreters is highlighted in the equality and diversity considerations section of the quality statement. The quality standard should be read in the context of national and local guidelines on training and competencies. All professionals involved in caring for and supporting looked-after children and young people should be sufficiently and appropriately trained and competent to deliver the actions and interventions described in the quality standard. It remains important that other evidence based guidance recommendations are implemented.
Association for Family Therapy and Systemic Practice (AFT)	Quality statement 3	Rather than children and young people being offered 'a choice of placements' AFT suggests they be 'offered a range of placements'. Choice needs to be appropriate to development. In our view it is rarely appropriate to offer a 4 year old a 'choice', as this could place too much burden of responsibility on a child if interpreted by them that they have absolute choice in relation to placements. The wording 'range' is used later in the measure section – this is preferable.	Thank you for your comment. The quality statement on placements has been amended following feedback from consultation and field testing to focus on quality and stability of placements that take account of the needs and preferences of looked-after children and young people. This includes commissioning a range of placements and involving looked-after children and young people in decisions about placement changes. The definition of involvement, and considerations

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			highlighted in the equality and diversity considerations section of the quality statement have been updated following a review of consultation and field testing comments.
Association for Family Therapy and Systemic Practice (AFT)	Quality statement 5	This states: 'Looked-after children and young people, and young people who are covered by leaving care arrangements, are offered on-going opportunities to help them explore and make sense of their personal identity and relationships.' In our view, looked after children and young people need the support of professionals able to make relationships with them if they are to understand how to make relationships themselves. To explore and make sense of their personal identity and relationships, children and young people and those they value in their lives may need specialist systemic supports among the 'on-going opportunities' to help them find ways forward in their lives and relationships. They should have access to supports from professionals who can help them think about their identity in many complex ways.	Thank you for your comment. The topic expert group prioritised the areas of care they felt were most important for looked-after children and young people, based on NICE public health guidance 28 / SCIE guide 40. The definitions section of quality statement 4 on identity and relationships now sets out more clearly what life history encompasses.
Association for Family Therapy and Systemic Practice (AFT)	Quality statement 6	This states: 'Evidence of local arrangements to ensure that all frontline practitioners have access to specialist services including dedicated child and adolescent mental health service teams, and that there are local arrangements for referral.' As well as local arrangements for referral, frontline practitioners need sufficient trainings and supervision to be confident in *when* to refer.	Thank you for your comment. This quality statement has been further developed following feedback from consultation and field testing. The quality standard should be read in the context of national and local guidelines on training and competencies. Implementation of this quality standard is based on all professionals involved in the care of looked-after children and young people having sufficient and appropriate training, and competence to deliver the actions described in the quality standard.
Association for Family Therapy	Quality statement 7	This measure is extremely important for children and young people accessing services. They are not well	Thank you for your comment.

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and Systemic Practice (AFT)		served if they have to tell and re-tell their story to several professionals.	Following consultation and field testing feedback this quality statement is now focused on continuity of care for looked-after children and young people placed out of the local authority or health boundary. Quality statement 2 focuses on collaborative working and includes an outcome measure that looked-after children and young people do not have to re-tell their life history.
Association for Family Therapy and Systemic Practice (AFT)	Quality statement 9	As it stands this draft quality statement seems unhelpfully vague. What kinds of services will help with 'independent living? How will they help? AFT notes that the list of definitions does not include a description of what 'independent living' means for looked after young people. Is it generally different from the 'independent living' and transitions to 'independent living' experienced by young people of similar age not 'looked after'? How might the particular experiences and needs of looked after children and young people be better understood and supported?	Thank you for your comment. NICE quality standards define what high quality care should look like, The topic expert group prioritised areas of care where practice is variable, or where implementation could have a significant impact on care and improved outcomes, and where there is potential to generate measurable indicators. The quality statement on moving to independence has been further refined based on feedback from consultation and field testing. The term independent living has been removed. The quality measure on pathway planning has been strengthened to stipulate that pathway planning is responsive to the needs of young people and equips them with the skills they require to live independently. The quality statement includes outcome measures that capture the views of care leavers.
Association for Family Therapy and Systemic Practice (AFT)	General Q1	Statement 5 should enhance work currently done to help children and young people understand their identity and history. It is important this is framed as an on-going process that can be usefully undertaken in many different ways.	Thank you. This statement has been worded to reflect that opportunities for looked after children and young people to make sense of their identity and relationships should be ongoing. Life history (or life story) work is now more clearly defined to set out the different types of activities

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			that this could involve.
Association for Family Therapy and Systemic Practice (AFT)	General Q2	Greater emphasis on (1) consistency in carers, social workers and other key professionals, (2) on those supporting the child or young person being supported themselves through high quality training and supervision and (3) the particular and complex needs of children under 5 and those caring for them.	Thank you for your comment. Consistency of key carers, social workers and professionals is recognised as important. Quality statement 4 on identity and relationships includes a quality measure on continued contact with key people that looked-after children and young people value. A quality measure on continued contact with key professionals has also been included in quality statement 6 on continuity of services for looked-after children and young people moving across local authority or health boundaries. Following a review of consultation comments and field testing responses, a quality statement has been added on warm, nurturing care. This includes measures about ongoing high-quality core and specialist training and support for carers. It includes the specific training and support needs of carers caring for babies and young children. Babies and very young children are also recognised as a group with particular needs within the equality and diversity considerations section of quality statement 5 on access to specialist and dedicated services. This statement is intended to ensure the needs of all looked-after children and young people are met.
Association for Family Therapy and Systemic Practice (AFT)	General Q5	Number 3 – (see comment, above)	Thank you for your comment.
Association for Family Therapy	General Q8	Yes, there should be a quality statement acknowledging that looked after children and young people may have	Thank you for your comment.

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and Systemic Practice (AFT)		been harmed by their biological families but that when they leave the care system, the only place where many feel they can belong is with their biological families. This can be so even when they understand that this may not be best for them. These young people will need professionals to help them consider their relationships with their birth families, and to provide some systemic work with young people and families to help them move into the adult world with resources to manage these relationships.	Although children and young people looked after in the past is outside the scope of this quality standard, the topic expert group recognised the importance of preparing young people for leaving care. There is a quality statement dedicated to care leavers moving to independence at their own pace.
Association for Family Therapy and Systemic Practice (AFT)	Specific Q9	A separate statement may be helpful. Staff need training and on-going supervision in listening to the children and young people they are working with, and in listening to one another.	Thank you for your comment. Following a review of feedback from consultation and field testing, a quality statement on collaborative working has been retained as a separate quality statement and is underpinned by measures around effective information sharing. It is recognised that collaboration is embedded throughout the quality standard as a whole. The quality standard should be read in the context of national and local guidelines on training and competencies. All professionals involved in caring for and supporting looked-after children and young people should be sufficiently and appropriately trained and competent to deliver the actions and interventions described in the quality standard.
Association for Improvements in the Maternity Services (AIMS)	General Q2	Although the scope said that this would cover Looked After children from birth to 18, it seems entirely directed at those who are of an age (a) able to express their views (b) to have those views taken seriously, which in practice probably means those aged 12 and over. In 2012: 21% of children entering care were under 1 year 20% of children entering care were aged 1-4	Thank you for your comments. The scope of the quality standard covers looked-after children and young people, from birth to 18 and those covered by leaving care arrangements. The aspiration is that quality statements will apply to all groups where possible. Children and young people previously looked-after are outside the scope of this particular quality

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		17% of children entering care were aged 5-9. Only 42% of those entering care are 10 or over. The percentage of under 10s entering care has increased, and is increasing. Yet despite our detailed submission on this subject, specific needs of infants and pre-school children are not mentioned.' Does this document assume that younger children are invariably headed for swift adoption, so their stay in care will be so brief as not to require special attention? As we know from our feedback from children themselves, even 12 and older children sometimes do not have very strong views respected, and for 8 or younger, they have little hope in practice, as we have been most forcibly told by some of them. Discontinuity and frequent changes of social worker are common, so that even if they were good at communicating with children (a skill found greatly wanting by the House of Commons Select Committee on Children, Schools and Families in their report on Social Work Training, which endorsed the evidence we gave) it is going to be difficult for children to build a rapport, or for social workers to notice changes in body language and behaviour which are crucial in watching welfare of younger age groups and, indeed, for older children. Despite the reference to "putting the voices of children, young people and their families at the heart of service design, families are mentioned nowhere else – except in obtaining the Red Book from birth parents to ensure the child has a continuous health history. As we have already pointed out, the Red Book belongs to the parents; it is their only official record, and sometimes is important in disproving unfounded allegations which are made against them. It is	standard. NICE has now been asked to develop a quality standard on children's attachment. Following a review of consultation comments and field testing responses, the topic expert group have developed a separate quality statement on warm, nurturing care for looked-after children and young people; this includes specialist training for carers of babies and young children, which is now fully detailed in the definitions section. Core training and support for carers covers a range of issues to support looked-after children and young people, including understanding how transitions and stability affect a child or young person and support to prevent placement breakdown. The topic expert group recognise the importance of respecting the views of children and young people. The definition of involvement in quality statement 3 on quality and stability of placements now has more detail and states that children and young people should be made fully aware of their right to access advocacy services when a review decision is likely to overrule their wishes and feelings. The child or young person should also have enough notice of any planned change to arrange for an advocate to support them in their review meeting. The equality and diversity considerations section highlights that very young children may have additional communication needs. It highlights that services need to be aware of different communication needs among looked-after children and young people and should consider a variety of means of involvement and communication. Consider creative techniques to gather and understand views.

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		perfectly possible to provide copies for later carers. Although mental health needs are mentioned, young children separated from birth parents temporarily or permanently after being securely bonded, may have ongoing problems which will surface in foster care and under care of adoptive parents. For the many birth parents whose children are returned many are now so distrustful after the interventions they have experienced, that they are reluctant to seek further professional help, and even if they did so, fear that resulting problems will be thought their fault, providing yet further excuse for intervention or removal. So far we have been unable to locate therapists with understanding of the kind of whole family trauma which now exists. There is no reference to access to breast milk for infants, or indeed for promoting family and kinfolk links where desired by the child and not thought harmful. Yet the existence of such positive links may be important for children leaving care. FINAL COMMENT The omissions are so many, so important, and affect such a high percentage of children in care; this is not a NICE document which we would be happy to endorse.	Continuity of contact with key people, including social workers is recognised as important. Quality statement 4 on identity and personal relationships includes a specific measure of continued contact with people the looked-after children and young people value, where this is felt to be in their best interests and desired by the child. Quality statement 6 on continuity of care for placements outside the local authority or health boundary includes a quality measure on continued contact with key professionals. Following feedback from you and other stakeholders, reference to and quality measures relating to the red book have been removed. Quality statement 5 focuses on access to specialist and dedicated within agreed timescales, which includes mental health services. Regarding your comment on access to breast milk, we agree that this is an important issue and have flagged this to the team developing the quality standard on postnatal care for further consideration.
Association for Improvements in the Maternity Services (AIMS)	General Q2	Children aged 5 years and under, particularly infants.	Thank you for your comment. The quality statement applies to children and young people from birth to 18 years and care leavers. A quality statement has been added on warm, nurturing care which covers specific training and support for carers working with babies and young children, including development of secure attachments.
Association for	General Q8	Infants, pre-school age, and all children not of an age	Thank you for your comment.

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Improvements in the Maternity Services (AIMS)		where their views are likely to be taken seriously or interviewers may not have the skills, or continuous long term contact, to communicate and gain their trust – certainly 10 and under	The quality standard covers looked-after children and young people from birth to 18 years and care leavers. The topic expert group considered equality issues throughout development of the quality standard. An equality impact assessment has been published alongside the final quality standard. The quality standard also contains an equality and diversity considerations section for specific statements. Within quality statement 3 on placements this highlights the importance of a range of communication methods, including methods to enable young children to be involved in decisions.
Break	General	A great aspiration but dependent on individual workers and agencies working together and obliging statutory expectations. When it works well it benefits the young person greatly. When it doesn't, as a provider, it feels like we are left to our own devices. As a provider we have developed our own 'Moving On' team to ensure care leavers(including those with disabilities) are better served for as long as is necessary-sometimes well into their 20's. Leaving care services have been cut back over the last 2 years and without legislation and resources will continue to be neglected.	Thank you for your comment. NICE quality standards define what high quality care should look like in the NHS and social care. Quality statements presented in the quality standard are intended to be aspirational to drive up quality. NICE recognises the challenges of achieving the quality standard and produces supporting documentation to help commissioners and providers achieve the quality standard.
Break	General Q1	Aspirations are very good but in practice, with local authority cutbacks, delivering has become more dependent on providers-not necessarily with funding to do so Reference to and an improvement to the attitude of 'residential care is the last/worst option'. Residential care in the UK fares very poorly in comparison to Scandinavian	NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on the best available guidance. Cost effectiveness is considered by the Topic Expert Group during development of quality standards and a supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and

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		countries where residential care is highly regarded and all staff educated to degree level.	service providers, however, the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk. We hope this will help to address your concerns.
Break	General Q2	Where are disabled children in this? Some suggestion of their existence in no.6 but they need and deserve more specific input/consideration	Thank you for your comment. The aspiration of the quality standard is to improve quality of care for all looked-after children and young people. However it is recognised that some may have particular needs. The equality and diversity considerations for a number of statements (including those on warm, nurturing care, quality and stability of placements and support to move to independence) now state that certain groups of people may require additional support, for example, young people with physical or learning disabilities, children with special education needs and children with speech, language and communication difficulties. The statement on support from dedicated and specialist services also states that 'specialist needs' may include any physical, emotional, behavioural, and educational or health needs and that services should be available to meet the diverse needs of looked after children and young people. This includes young people with physical or learning disabilities, children with special education needs and children with speech, language and communication difficulties.
Break	General Q3	Fine as guidance but without legislative 'clout' we will continue to not serve young people as best as we should	Thank you for your comment. It is anticipated that the quality standard would be read in the context of relevant legislation and governance.

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			We have mapped out where the quality standard is mutually supportive of statutory and other guidance, and have worked with other agencies on this.
Break	General Q4	It is difficult to rank them-they are all very important	Thank you for your comment.
Break	General Q5	No. High aspirations which we should all sign up to. Again delivering them will be a major challenge Choice of placements (QS 3)-how realistic is this? Local authorities rarely have this option. In particular more specialised needs e.g. mental health, eating disorders are very, very limited if at all. Young people leaving care are faced with little choice and research shows the high numbers who find themselves with dependency, housing and offending problems (QS5) Where do the resources come from? Provider is being asked to take on more responsibilities, without extra resources. (QS6)Young people who do not meet disability criteria but have special needs are even more vulnerable (QS9) Due to life traumas young people are rarely ready to leave care at 18. Local authorities want people moved on by reference to age, not their readiness. Ofsted do allow young people to stay on after 18. We are letting young people, some of our most vulnerable citizens, down-big time.	Thank you for your comment. Further work has been carried out to refine the quality standard, taking account of feedback from consultation and field testing. The quality statement on placements has been refocused to focus on quality and stability of placements that take account of the needs and preferences of looked-after children and young people. Commissioning of a range of placements is included as a quality measure to enable matching. Leaving care at a young person's own pace has been retained as a standalone quality statement, which includes responsive pathway planning. This quality statement includes self-reported outcome measures from care leavers. Quality statement 5 focuses on access to specialist and dedicated within agreed timescales. The reference to complex needs has been removed, as it is recognised that all looked-after children and young people have particular needs. The equality and diversity considerations section highlights children and young people who may have additional needs. NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on

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			the best available guidance. Cost effectiveness is considered by the Topic Expert Group during development of quality standards and a supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers, however, the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk.
Break	General Q6	All of them appear to be measurable. The recording of such data will be the challenge- the placing authority e.g. social workers or the provider to complete? It will come down to resources/contractual expectations	Thank you for your comment. We recognise the challenges of data collection. Following feedback from consultation and field testing, the topic expert group have integrated certain quality statements and refocused others to ensure that there is a set of clear, focused and measurable quality statements. Definitions have also been provided and refined where possible to help in measurability.
Break	General Q7	Quality measures are appropriate	Thank you for your comment.
Break	General Q8	Specific measure(s) regarding disabled children	Thank you for your comment. It is intended that the quality standard will promote equality for all looked-after children and young people. It is recognised that certain looked-after children and young people and care leaver may have particular needs. The equality and diversity considerations sections highlight key considerations relating to particular statements.
Break	Specific Q9	Couldn't agree more. Each local authority and providers should sign up to a measurable statement (which could be formally inspected) similar to the 'Every Child Matters, Every Disabled Child Matters pledges.	Thank you for your comment. Following a review of feedback from consultation and field testing, a quality statement on collaborative working has been retained as a separate quality statement and is underpinned by measures around effective information sharing.

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			We envisage that inclusion of measures in the quality standard will ensure that they are measured at a local level, and may in time influence any national data collections.
British Association for Adoption and Fostering	General	Please note that we are using 'child' to include all children and young people who are looked after.	Thank you for your comment.
British Association for Adoption and Fostering	General	There are 12 quality statements that say "should" but the standard does not fully address the "how", and in many instances there will need to be new data collection mechanisms put in place, with significant resource implications which have not been addressed.	Thank you for your comment. Following feedback, further work has been carried out to refine the quality statements and measures. Examples of existing national data collection which may be relevant, in part at least, to the quality measures are referenced where appropriate. It is expected that local data sources and audits where appropriate will be considered in order to measure the quality statements in full.
British Association for Adoption and Fostering	General	There is much rhetoric about meeting needs of all LAC. However, locally defined targets rather than national targets are not really helpful and risk worsening the well-recognised 'post code lottery'.	Thank you for your comment. We envisage that inclusion of these measures in the quality standard will ensure that they are measured at a local level, and may in time influence any national data collections.
British Association for Adoption and Fostering	Quality statement 1 – structure A and outcomes B and C	While we support appropriate sharing of health information between professionals and agencies, this should be on a 'need to know' basis. Confidentiality of young people must be protected, as it is not always appropriate for the health details of young people to be available to social workers and foster carers. Cases should be viewed on an individual basis.	Thank you for your comment. There is a quality measure on effective information-sharing protocols, which should set out what / how information is shared. Quality standards should be read in the context of existing legislation and guidance.

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		It would be helpful to have a streamlined and confidential process for sharing agreed information between agencies.	There is a quality measure of whether looked-after children and young people feel information was shared about them appropriately.
British Association for Adoption and Fostering	Quality statement 3	While we welcome recognition that a choice of placements is required, this is at present highly aspirational. However, a stable placement which meets the child's needs is essential to improving outcomes. Children/YP frequently move school and hence are destabilised by losing friends and relationships with teachers/mentors etc. work should be done to promote placement stability and less frequent moves. Placement stability would also improve access to specialist psychological services which often insist on a degree of permanence before therapeutic services can start. In theory this is fine but in practice behaviour problems lead to break down of placement and so the cycle continues.	Thank you for your comment. The quality statement on placements has been amended following feedback from consultation and field testing to focus on quality and stability of placements that match the needs and preferences of looked-after children and young people.
British Association for Adoption and Fostering	Quality statement 3	None of the measures described adequately measures how well placements meet individual needs.	Thank you for your comment. We have considered all suggestions for suitable outcome measures. The topic expert group prioritised measures they considered most important for measuring the quality statements. The quality measures aim to improve the structures and processes of care that are considered to be linked to outcomes, as well as specifying outcomes directly where the topic expert group felt able to define these. Quality measures have been further refined following a review of feedback from consultation and field testing.

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British Association for Adoption and Fostering	Quality statement 4	We very much welcome recognition that obtaining the child's complete health history is important for all LAC, but are concerned that the focus appears to be on the child having access to it. In fact comprehensive child and family health information needs to be used to guide investigations, interventions, health promotion and care planning, and shared with the child on an on-going basis when relevant and as age appropriate. There are significant commissioning issues involved in obtaining complete health history for all LAC and this should be recognised.	Thank you for your comment. Following a review of feedback from consultation and field testing, access to appropriate health history is now included in quality statement 4 on support to explore and make sense of identity and relationships, as part of life-history work. There is a clearer definition on what life story work should encompass.
British Association for Adoption and Fostering	Quality statement 4 – measure A	It is not clear in a) what is meant by 'health record'. Does this mean the comprehensive LAC health record, or the 'red book'?	Thank you for your comment. Following feedback from consultation reference to the health record has been removed. Access to health history is now included in the quality statement on support to explore and make sense of identity and relationships.
British Association for Adoption and Fostering	Quality statement 4 - structures A and B	While we welcome explicit inclusion of these two measures which are often lacking from LAC health records, particularly for older children, they alone are insufficient to ensure comprehensive health and developmental information is obtained. It may also be necessary to access GP, hospital and consultant records as well as school and social care records, and these should be specified here as well. The measures should specify that robust local arrangements are made to engage with parents to obtain this information at entry to care. Parents often disengage when the children are taken into care and / or oppose plans for adoption and important health information is not passed on. In these instances it is particularly important to obtain consent early on to access child and family health	Thank you for your comment. This quality statement has now been removed and access to health history is included in the quality statement on personal identity and understanding relationships as part of personal identity. The definition highlights the importance of gaining consent and of ensuring health history is up to date. Following feedback from consultation and field testing and further refining of the quality standard these structure measures have been removed.

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		information, before parents become even less available.	
British Association for Adoption and Fostering	Quality statement 4 - structure D	Encouraging and assisting children to become responsible about their own health is an on-going process and should be built into LAC health assessments as age appropriate, and this should include sharing of relevant health information. It is not usual for anyone to have sight of their full health record. We agree that young people should have access to a summary of their health history, but believe that safeguards need to be in place to ensure sensitive sharing, and provide additional support if needed. Measures should be in place to allow sharing/discussion with an appropriate health professional when the young person is ready and not restricted to a certain age. Young people are often psychologically immature well into their 20's and should have only supervised access to their own health records. Health records for LAC should be retained by the Health Authority until the child is 30-35 years old before they are destroyed, and not the current age of 25 years. Additionally, young people should be notified in advance that their health records are to be destroyed, to ensure access. Consideration should be given to making a care leavers' summary available on their GP records, with their consent.	Thank you for your comment. The topic expert group prioritised the areas of care that they felt were most important for looked-after children and young people based on the development sources listed. Following a review of feedback from consultation and field testing this quality statement has now been removed and access to health history is included in the quality statement on personal identity and understanding relationships as part of personal identity. Definitions include support to understand health history as part of overall personal identity by relevant professionals. This will be relevant to the developmental stage of the looked-after children and young people or care leaver. Arrangements regarding health care records and access to GP records should be determined locally.
British Association for Adoption and Fostering	Quality statement 4 – processes A and B	All LAC should have a health record. Why is the denominator different for a) and b)? The denominator for both should be the number of LAC entering care. There needs to be a set standard for measuring the numerator, and a clear format for gathering data, along with training in its use and interpretation.	Thank you for your comment. This quality statement has now been removed and access to health history is included in the quality statement on personal identity and understanding relationships as part of personal identity. Following feedback from consultation and field testing and further refining of the quality standard these process

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			measures have been removed.
British Association for Adoption and Fostering	Quality statement 4 – process C	The Red Book is often retained by the birth parent. For this reason many LAs use the BAAF Carer Held Record Book for LAC instead of the 'red book' and this should be used here alongside the 'red book'.	Thank you for your comment. References to the red book have been removed following feedback from consultation and field testing.
British Association for Adoption and Fostering	Quality statement 4 - audience descriptors	There needs to be recognition of the significant commissioning requirements in order to **obtain** complete health history for all LAC, as this must first be in place so that access is available when appropriate for the child.	Thank you for your comment. Following a review of feedback from consultation and field testing access to 'appropriate' health history is now included in quality statement 4 on support to explore and make sense of identity and relationships, as part of life-history work. NICE has produced a support document to help commissioners and others consider the commissioning implications and potential resource impact of this quality standard, available from www.nice.org.uk
British Association for Adoption and Fostering	Quality statement 4 - definitions	'on-going access' should be defined at a much earlier point, and should acknowledge that judgement will be required to consider what can be safely shared with the young person, and when this should occur, and include the qualification that direct access may not be appropriate.	Thank you for your comment. Access to health history is now included in quality statement 4 on support to explore and make sense of identity and relationships. This now refers to sharing' appropriate' health history as part of life history work. There is a clearer definition about what this activity should encompass.
British Association for Adoption and Fostering	Quality statement 5 - structure B	The issue of contact with family members is very complex and requires sensitive consultation with the child and significant judgement as to whether contact is in their best interests. This should be acknowledged here.	Thank you for your comment. The quality measure on contact with people that the child or young person values includes the stipulation that contact should be coordinated when it is desired by the child or young person and in their best interests. The definitions section provides further detail about acknowledging the significance of losing former

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			attachment figures and relationships where ongoing contact is not possible.
British Association for Adoption and Fostering	Quality statement 6	There should be an additional and earlier standard dealing with assessment. QS6 talks about complex emotional and physical needs, but there is no standard addressing the assessment process which determines that these needs are present. Yet this appears to be included in the definition of comprehensive assessment and complex needs - it would be helpful if definitions were placed at the beginning of the QS. QS6 should be placed earlier in the standards as QS 4 and 5 follow on from it. We very much welcome this standard, which is central to improving outcomes. At present many areas will fall short of this and will only be able to aspire to achieve this. We are again concerned about inconsistent provision locally and the effects of the post code lottery.	Thank you for your comment. The quality standard has been further refined following feedback from consultation and field testing. The number of quality statements has been reduced from 12 to 8 and the statements reordered. The quality standard will not be published as a document but as a set of web pages. Definitions therefore need to be kept with each statement. The topic expert group prioritised the areas of care they felt were most important for looked-after children and young people, based on evidence-based recommendations from NICE public health guidance 28 / SCIE guide 40. It remains important that other evidence-based guidance recommendations continue to be implemented. Quality statement 5 in the final quality standard covers access to all specialist and dedicated services that looked-after children and young people need to meet their needs, including emotional, physical, behavioural and educational needs. The definitions section has now been updated. The quality standard as a whole aims to describe high quality care. It is expected to improve care for all looked-after children and young people. It should be read in the context of existing legislation and governance.
British Association for	Quality statement 6	In practice there are significant difficulties with provision of LAC health assessments for children placed outside the	Thank you for your comment.

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Adoption and Fostering	– process C	local authority, and this also needs to be addressed. Additionally the QS should address timeliness of access to all services as delays are very common.	Quality statement 6 is now focused on continuity of care for looked-after children and young people placed across local authority or health boundaries. A quality measure has been included on local arrangements to ensure that an assessment of health needs has been carried out before a child or young person is placed across a local authority or health boundary. It also includes a quality measure on ensuring that there is agreement between placing and receiving teams about schooling and healthcare arrangements before a child or young person is placed across a local authority or health boundary.
British Association for Adoption and Fostering	Quality statement 6 - audience descriptors	We welcome the statements highlighting the needs of children placed outside the local authority, but it should also be explicitly stated that commissioners need to address the needs of these children.	Thank you for your comment. The topic expert group recognise the importance of continuity of care for looked-after children and young people placed across local authority or health boundaries. Quality statement 6 is now focused on this area. This includes a quality measure on ensuring that there is agreement between placing and receiving teams about schooling and healthcare arrangements before a child or young person is placed across a local authority or health boundary The audience descriptors set what the quality statement means for commissioners.
British Association for Adoption and Fostering	Quality statement 7	Timeliness of provision and actions should be addressed throughout	Thank you for your comment. As part of further development of the quality standard this quality statement is now focused on continuity of care for looked-after children and young people placed out of the local authority or health boundary. It includes a quality measure to ensure the placing authority shares relevant information before a child or young person is placed

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			across a local authority or health boundary. It also includes quality measures for transfer of relevant information, and agreement between placing and receiving teams about schooling and healthcare arrangements before a child or young person is placed across a local authority or health boundary.
British Association for Adoption and Fostering	Quality statement 7 -structures C and D	We welcome inclusion of children placed in secure accommodation whose needs have historically been poorly addressed. Areas with secure units may need to make special provisions for these children.	Thank you for your comment. The quality standard is intended to apply to looked-after children from birth to 18 years, and young people covered by leaving care arrangements in all settings. As part of further development of the quality standard this quality statement is now focused on continuity of care for looked-after children and young people placed out of the local authority or health boundary. This, and statement 5 on access to specialist and dedicated services are intended to support continued access to services for all looked-after children and young people to ensure needs are met.
British Association for Adoption and Fostering	Quality statement 11	We welcome this standard acknowledging training needs of carers in this crucial role with LAC. Training also needs to facilitate development of skills, strategies and personal qualities to assist children to become empowered in taking responsibility for their own health including accessing health promotion at appropriate ages.	Thank you for your comment. Following consultation and field testing feedback, a quality statement has been added on warm, nurturing care, which is underpinned by quality measures on ongoing core and specialist training and support. Definitions of what the training and support should cover, including training on heath promotion are included. These are taken from the development source for the quality standard, public health guidance 28/ SCIE guide 40.
British Association for	Quality statement	We also welcome this standard as the stability of the placement, quality of care provided and the relationship	Thank you for your comment.

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Adoption and Fostering	12	between the carer and the child are absolutely central to all outcomes for the child.	Following a review of feedback from consultation and field testing, quality statement 3 is now focused on quality and stability of care to take account of the needs and preferences of looked-after children and young people. There is also an additional quality statement on providing warm, nurturing care. This recognises the importance of the relationship between the carer and the child.
British Association for Adoption and Fostering	General Q1	The standard specifies what should be done and sets some aspirations for agencies.	Thank you for your comment.
British Association for Adoption and Fostering	General Q2	The health assessment process is not adequately addressed and should be clarified as per earlier comments. The resource implications are significant and this is not addressed, but needs to be if standards are to be achieved.	Thank you for your comments. Quality measures are intended to form the basis for audit criteria developed and used locally to improve the quality of health and social care. NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on the best available guidance. Cost effectiveness is considered by the Topic Expert Group during development of quality standards and a supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers, however, the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk. We hope this will help to address your concerns.
British Association for Adoption and	General Q5	As noted in comments about 'on-going access' to health history, we have some concerns.	Thank you for your comment. Understanding health history has been integrated as a

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Fostering			quality measure within quality statement 4 on personal identity.
British Association for Adoption and Fostering	General Q6	While the collection of much of the data should be quite straightforward, significant resources will be needed to set up systems of collection, audit, analysis and reporting.	Thank you for your comment. Examples of existing national data collection which may be relevant, in part at least, to the quality measure are referenced where appropriate. It is expected that local data sources and audits where appropriate will be considered in order to measure the quality statements in full. A supporting document has been published alongside the standard reviewing the potential implications for commissioners and service providers. Supporting documents are available from www.nice.org.uk.
British Association for Adoption and Fostering	General Q8	Health assessments	Thank you for your comment. The topic expert group prioritised the areas of care they felt were most important for looked-after children and young people, based on the development sources listed. All suggestions for additional statements were discussed by the topic expert group who considered they were inappropriate for inclusion (for example, outside the scope of the quality standard), or already covered by existing statements. Quality statement 5 on access to dedicated and specialist services includes a quality measure about monitoring of health plans. A quality measure on assessment of health needs has also been added within quality statement 6 on continuity of care for looked-after children and young people placed outside their local authority or health boundary.

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			It remains important that other evidence-based guidance recommendations continue to be implemented. The quality standard should also be read in the context of existing legislation.
British Association for Adoption and Fostering	Specific Q9	Both should occur. Collaborative working should be an overarching theme and a separate statement on collaborative working makes it explicit. The teams aim to work collaboratively but this is not always possible with current separate systems, and this needs to be addressed through commissioning.	Thank you for your comment. Following a review of feedback from consultation and field testing, a quality statement on collaborative working has been retained as a separate quality statement and is underpinned by measures around effective information sharing. Collaborative working is also threaded throughout the quality standard as a whole. The topic expert group recognise that different agencies will need to work closely together across health, social care and educational services to achieve the level of care set out in the quality standard. A supporting document has been published alongside the standard reviewing the potential implications for commissioners and service providers. Supporting documents are available from www.nice.org.uk.
Buckinghamshire Healthcare Trust	Quality statement 1	Health services for Young People Leaving care not currently commissioned therefore no automatic health professional in place for these young people to access with the exception of the GP, providing they are fully registered.	Thank you for your comment. NICE quality standards define what high quality care should look like in the NHS and social care. However, the configuration of services should be determined locally. A supporting document has been published alongside the standard reviewing the potential cost impact and

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			implications for commissioners and service providers, however, the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk. We hope this will help to address your concerns.
Buckinghamshire Healthcare Trust	Quality statement 1 - structure A	Information Sharing protocols are in place but they may not cover timeliness of sharing information	Thank you for your comment. The quality statement has been further refined to include effectiveness of information sharing protocols.
Buckinghamshire Healthcare Trust	Quality statement 1 - structure C	Unsure what a consultancy service to support collaboration on complex casework is	Thank you for your comment. A full definition of the consultancy service is covered in the definition section of the quality statement.
Buckinghamshire Healthcare Trust	Quality statement 1 - outcome A	Leaving Care arrangements – nothing in place for young people after 18 years of age, should they have a final leaving care health assessment? Be given a summary?	Thank you for your comment. NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on the best available guidance. A supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers, however, the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk. We hope this will help to address your concerns.
Buckinghamshire Healthcare Trust	Quality statement 1 - outcome B	How will this be evidenced, again young people leaving care have no service commissioned	Thank you for your comment. The topic expert group have prioritised the quality measures that they felt were most relevant for measuring the quality statement. However, the exact mechanism of measurement should be determined locally. NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on

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			the best available guidance. A supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers, however, the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk. We hope this will help to address your concerns.
Buckinghamshire Healthcare Trust	Quality statement 1 - outcome C	Assume that this would be via young people focus group, service user questionnaire etc.	Thank you for your comment. Outcome measure 'c' has been removed following feedback from consultation and field testing, as this is captured in the outcome measure that children and young people feel that their information was shared appropriately.
Buckinghamshire Healthcare Trust	Quality statement 1 - outcome D	How will this be evidenced? main record is GP record – nothing to do with Provider Services	Thank you for your comment. Outcome measure 'd' has been removed following feedback from consultation and field testing.
Buckinghamshire Healthcare Trust	Quality statement 2 structures A – E	Nothing in provider health service commissioned for Care Leavers How will this be evidenced? Health Care Plan should feed into Care Plan – how will this be evidenced?	Thank you for your comment. Quality statement 2 is no longer a standalone statement within the final quality standard. A quality measure on involvement has been included in quality statement 3 about quality and stability of placements. NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on the best available guidance. Cost effectiveness is considered by the topic expert group during development of quality standards and a supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers, however, the configuration of services

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			will be determined locally. Supporting documents are available from www.nice.org.uk. We hope this will help to address your concerns. Following a review of feedback from consultation and field testing, quality measures are now included in a number of quality statements that relate to monitoring of care plans, health plans and education plans. It is expected that quality statements and measures will be used and adapted locally.
Buckinghamshire Healthcare Trust	Quality statement 3	No input from health provider, social care decisions	Thank you for your comment. The topic expert group included representatives from both health and social care. Registered stakeholders across a number of sectors including health and social care were invited to comment on the provisional quality statements in the draft quality standard via the NICE website.
Buckinghamshire Healthcare Trust	Quality statement 4 - process E	Health services for Young People Leaving care not currently commissioned therefore no automatic health professional in place for these young people to access with the exception of the GP providing they are fully registered.	Thank you for your comment. The topic expert group have further refined the quality standard, taking account of feedback from consultation and feedback. Structure measure 'e' has been removed. NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on the best available guidance. Cost effectiveness is considered by the topic expert group during development of quality standards and a supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers, however, the configuration of services will be determined locally. Supporting documents are

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			available from www.nice.org.uk. We hope this will help to address your concerns.
Buckinghamshire Healthcare Trust	Quality statement 4 - structure A	Currently this only happens in the case of adoption (providing parents comply)	Thank you for your comment. This quality statement has now been removed and access to health history is included in the quality statement on personal identity and understanding relationships as part of personal identity. Following feedback from consultation and field testing and further refining of the quality standard structure measure a) has been removed.
Buckinghamshire Healthcare Trust	Quality statement 4 - structure B	BAAF forms MB and PH only required in the case of Adoption, PH requires parents to comply, difficult in contentious cases.	Thank you for your comment. This quality statement has now been removed and access to health history is included in the quality statement on personal identity and understanding relationships as part of personal identity. Following feedback from consultation and field testing and further refining of the quality standard structure measure b) has been removed.
Buckinghamshire Healthcare Trust	Quality statement 4 - structure C	Red Book only covers children up to 5 years of age, how will compliance of moving book with child be monitored?	Thank you for your comment. Following feedback measures on the red book have been removed.
Buckinghamshire Healthcare Trust	Quality statement 4 - structure D	Could provide young people leaving care with some basic health information if it was commissioned, however main record is the GP record. How will this be shared? How will sharing be evidenced?	Thank you for your comment. This quality statement has now been removed and access to health history is included in the quality statement on personal identity and understanding relationships as part of personal identity.

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			Following feedback from consultation and field testing and further refining of the quality standard, structure measure d) has been removed.
Buckinghamshire Healthcare Trust	Quality statement 4 - structure E	Generally this will be GP providing the young person has registered. How will this be evidenced?	Thank you for your comment. This quality statement has now been removed and access to health history is included in the quality statement on personal identity and understanding relationships as part of personal identity. Following feedback from consultation and field testing and further refining of the quality standard structure measure e) has been removed.
Buckinghamshire Healthcare Trust	Quality statement 4 - process A	This is not currently requested and would need resourcing	Thank you for your comment. Following a review of feedback from consultation and field testing access to health history is now included in quality statement 4 on support to explore and make sense of identity and relationships. Process measure a) has been removed based on feedback about measurement.
Buckinghamshire Healthcare Trust	Quality statement 4 - process A	Is this referring to the Red Book? Are other documents acceptable? How will all of this be evidenced?	Thank you for your comment. Following a review of feedback from consultation and field testing access to health history is now included in quality statement 4 on support to explore and make sense of identity and relationships. Measures relating to the red book have been removed.
Buckinghamshire Healthcare Trust	Quality statement 4 - process B	Currently this only happens in the case of Adoption, additional work would need resourcing.	Thank you for your comment. Following a review of feedback from consultation and field testing access to health history is now included in quality statement 4 on support to explore and make sense of identity and relationships. Process measure b) has been

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			removed as part of further development of the quality standard.
Buckinghamshire Healthcare Trust	Quality statement 4 – process B	How will this be evidenced?	Thank you for your comment. Following a review of feedback from consultation and field testing access to health history is now included in quality statement 4 on support to explore and make sense of identity and relationships. Process measure b) has been removed.
Buckinghamshire Healthcare Trust	Quality statement 4 - process C	How will this be evidenced? What about areas who use alternative health records?	Thank you for your comment. References to the red book have been removed following feedback from consultation and field testing.
Buckinghamshire Healthcare Trust	Quality statement 4 - process D	Main record is the GP record; the GP record is only complete providing the young person has been fully registered and continues to be registered. Is NICE expecting/anticipating that GP will spend time sharing health information? This would need resourcing and also some training.	Thank you for your comment. This quality statement has now been removed and access to health history is included in the quality statement on personal identity and understanding relationships as part of personal identity. Following feedback from consultation and field testing and further refining of the quality standard process measure d) has been removed.
Buckinghamshire Healthcare Trust	Quality statement 4 - process E	Health services for Young People Leaving care not currently commissioned therefore no automatic or logical health professional in place for these young people to access with the exception of the GP providing they are fully registered. There is no health professional that will track and monitor the health needs of these young people as with Designated Professionals for children in care for example.	Thank you for your comment. The topic expert group have further refined the quality standard, taking account of feedback from consultation and field testing. Access to health history is now part of quality statement 4 on identity and relationships. Process measure ‘e’ has been removed. NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on

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			the best available guidance.
Buckinghamshire Healthcare Trust	Quality statement 4 – process E	Is NICE expecting the GP to spend time explaining these young people's health history – this would need resourcing and additional training.	Thank you for your comment. This quality statement has now been removed and access to health history is included in the quality statement on personal identity and understanding relationships as part of personal identity. Following feedback from consultation and field testing and further refining of the quality standard process measure e) has been removed.
Buckinghamshire Healthcare Trust	Quality statement 4 - outcome A	How will this be monitored?	Thank you for your comment. Following a review of feedback from consultation and field testing access to health history is now included in quality statement 4 on support to explore and make sense of identity and relationships. Outcome measure a) has been removed based on feedback about measurement.
Buckinghamshire Healthcare Trust	Quality statement 4 - outcome B	Many areas have no records with the exception of electronic records, who do NICE think these should be accessible to?	Thank you for your comment. Following a review of feedback from consultation and field testing access to health history is now included in quality statement 4 on support to explore and make sense of identity and relationships. Outcome measure b) has been removed based on feedback about measurement.
Buckinghamshire Healthcare Trust	Quality statement 4 - outcome C	Mis-placed records, how will this be monitored and evidenced?	Thank you for your comment. Following a review of feedback from consultation and field testing access to health history is now included in quality statement 4 on support to explore and make sense of identity and relationships. Outcome measure c) has been removed based on feedback about measurement.
Buckinghamshire	Quality	How will this be evidenced?	Thank you for your comment.

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Healthcare Trust	statement 4 - outcome D		Following a review of feedback from consultation and field testing access to health history is now included in quality statement 4 on support to explore and make sense of identity and relationships. Outcome measure d) has been removed based on feedback about measurement.
Buckinghamshire Healthcare Trust	Quality statement 4 - outcome E	This would be done by focus group or consultation – how would this be evidenced?	Thank you for your comment. Following a review of feedback from consultation and field testing access to health history is now included in quality statement 4 on support to explore and make sense of identity and relationships. Outcome measure e) has been removed as part of further development of the quality standard.
Buckinghamshire Healthcare Trust	Quality statement 5	Health services for Young People Leaving care not currently commissioned therefore no automatic health professional in place for these young people to access with the exception of the GP providing they are fully registered. THIS WOULD BE WITHIN SOCIAL CARE REMIT	Thank you for your comment, NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on the best available guidance. Cost effectiveness is considered by the Topic Expert Group during development of quality standards and a supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers, however, the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk. It is envisaged that health, social care and education services will need to work collaboratively to drive the quality improvements the quality standard is intended to achieve.
Buckinghamshire Healthcare Trust	Quality statement 6	Health services for Young People Leaving care not currently commissioned therefore no automatic health	Thank you for your comment.

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		professional in place for these young people to access with the exception of the GP providing they are fully registered.	NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on the best available guidance. Cost effectiveness is considered by the Topic Expert Group during development of quality standards and a supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers, however, the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk. We hope this will help to address your concerns.
Buckinghamshire Healthcare Trust	Quality statement 6 - structure A	With the exception of young people leaving care, children and young people should be seen for IHA within 28 days of coming into care providing the notification and receipt of paperwork/consents is timely (Statement 1 a) SDQ could be used to assess emotional/mental health needs but pathway for this needs commissioning	Thank you for your comment. During further development of the quality standard this quality measure has been removed from quality statement 5 on access to specialist and dedicated services. Following feedback from consultation and field testing the topic expert group added an outcome measure on feedback from recognised assessment tools that the child, young person or care leaver's needs are being met through access to specialist and dedicated within agreed timescales.
Buckinghamshire Healthcare Trust	Quality statement 6 - structure B	This depends on the thresholds of CAMHS – how will this be monitored/evidenced?	Thank you for your comment. This quality measure has now been removed. The revised quality statement focuses on access to a range of specialist and dedicated services.
Buckinghamshire Healthcare Trust	Quality statement 6 - structure C	How will this be evidenced?	Thank you for your comment. This is no longer a quality measure, but it is recognised as a key issue and is included in the equality and diversity considerations section of the statement.

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Buckinghamshire Healthcare Trust	Quality statement 6 - structure D	How will this be evidenced?	Thank you for your comment. This quality measure has now been removed. Following a review of feedback from consultation and field testing, a quality statement has been developed on continuity of care for looked-after children and young people placed out of the local authority or health boundary.
Buckinghamshire Healthcare Trust	Quality statement 6 – process measures	How will all these processes be evidenced?	Thank you for your comment. Examples of existing national data collection which may be relevant, in part at least, to the quality measure are referenced where appropriate. It is expected that local data sources and audits where appropriate will be considered in order to measure the quality statements in full.
Buckinghamshire Healthcare Trust	Quality statement 7	Health services for Young People Leaving care not currently commissioned therefore no automatic health professional in place for these young people to access with the exception of the GP providing they are fully registered.	Thank you for your comment. NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on the best available guidance. Cost effectiveness is considered by the Topic Expert Group during development of quality standards and a supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers, however, the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk. We hope this will help to address your concerns.
Buckinghamshire Healthcare Trust	Quality statement 7 – measure A	When children and young people are placed out of area the placing health providers have no control over arrangements made/offered by the new provider. When children are placed into county by other local authority the providers can only offer universal services on	Thank you for your comment. As part of further development of the quality standard this quality statement is now focused on continuity of care for looked-after children and young people placed out of the

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		top of that which is commissioned.	local authority or health boundary. This includes a quality measure to ensure the placing authority shares relevant information before a child or young person is placed across a local authority or health boundary. It also includes a quality measure that there is agreement between placing and receiving teams about schooling and healthcare arrangements before a child or young person is placed across a local authority or health boundary.
Buckinghamshire Healthcare Trust	Quality statement 9	Health services for Young People Leaving care not currently commissioned therefore no automatic health professional in place for these young people to access with the exception of the GP providing they are fully registered.	Thank you for your comment. NICE quality standards define what high quality care should look like in the NHS and social care.
Buckinghamshire Healthcare Trust	Quality statement 10	Social Care	Thank you for your comment. Collaborative working is important to achieve the level of care set out in the quality standard.
Buckinghamshire Healthcare Trust	Quality statement 11	Social Care	Thank you for your comment. Collaborative working is important to achieve the level of care set out in the quality standard.
Buckinghamshire Healthcare Trust	Quality statement 12	Social Care	Thank you for your comment. Collaborative working is important to achieve the level of care set out in the quality standard.
Buckinghamshire Healthcare Trust	General Q1	Services need to be commissioned fully before any improvements can and will be made. In particular there is no health provider service for young people leaving care commissioned in this area.	Thank you for your comment. Support for commissioners and others using the quality standard will be published alongside the quality standard. NICE quality standards define what high quality care should look like in the NHS and social care.

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Buckinghamshire Healthcare Trust	General Q2	Timeliness of notifications, paperwork and consents from Social Care would help.	Thank you for your comment. The topic expert group considered all suggestions for quality measures. They prioritised measures they considered most important for measuring the quality statements. The quality measures aim to improve the structures and processes of care that are considered to be linked to outcomes, as well as specifying outcomes directly where the Topic expert group felt able to define these.
Buckinghamshire Healthcare Trust	General Q3	Providing adequate commissioning arrangements are made the quality statements are useful but more thought needs to be given as to how they will be monitored and evidenced.	Thank you for your comment. The Department of Health and NICE have published a position statement on where the NICE quality standards fit within the care system. NICE quality standards are not mandatory and are available as tools for quality improvement by a range of users.
Buckinghamshire Healthcare Trust	General Q6	Very difficult to measure particularly if dependent on the GP. We also need some clarity as to who will be collecting data and measuring the statements.	Thank you for your comment. Examples of existing national data collection which may be relevant, in part at least, to the quality measure are referenced where appropriate. It is expected that local data sources and audits where appropriate will be considered in order to measure the quality statements in full.
Buckinghamshire Healthcare Trust	Specific Q9	It should be an overarching theme but in many areas, including this one, Social Care does not generally appear to work collaboratively with providers of health care. Much time is wasted in chasing up paperwork etc. Also, Social Care place children out of area away from home with no plans as to how health needs will be assessed and addressed – joint planning would help immensely	Thank you for your comment. Following a review of feedback from consultation and field testing, a quality statement on collaborative working has been retained as a separate quality statement and is underpinned by measures around effective information sharing. However, the topic expert group recognise that different agencies will need to work closely together across health, social care and educational services to achieve the level of care set out in the quality standard as

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			a whole and collaborative working is threaded throughout. Proactive planning for out of area placements is recognised as a key area for quality improvement. Continuity of care for looked-after children and young people living in placements outside out their local authority or health boundary is now the focus of the quality statement on continuity of care.
Cambridgeshire County Council	General Q1	The draft quality standard consists of 'good practice' statements and should help maintain and improve the quality of care. It has been drawn from a large number of sources as cited in appendix 1. Is this draft quality standard going to replace and have in one place the raft of other standards and performance measures we already have to meet as it cross-references a number of other standards and regulations? In respect of it cross referencing and linking a huge number of other documents it is a useful but only if it replaces rather than adds to what we already have. If not, this is a very long document to read and a shorter list of streamlined 'essential' standards with outcome measures would be more helpful.	Thank you for your comment. The Department of Health and NICE have published a position statement on where the NICE quality standards fit within the care system. NICE quality standards are not mandatory and are available as tools for quality improvement by a range of users. It is expected the quality standard would be read in the context of relevant legislation and governance. We have developed a context section which shows links to relevant statutory guidance and National Minimum Standards for looked-after children.
Cambridgeshire County Council	General Q2	All important areas appear to have been covered	Thank you for your comment.
Cambridgeshire County Council	General Q3	The statements are 'good practice' but duplicate or overlap with other guidance and regulations as cited in the long list in appendix 1. Development of a diversity profile (statement 3: quality and choice of placements) would be useful for commissioning appropriate placements and services where possible in the authority.	Thank you for your comments. Following feedback from consultation, we have mapped the quality statements to relevant statutory and other guidance to highlight where they are mutually supportive. The topic expert group have used consultation and field testing responses to refine the quality statements. The

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			quality statement on placements has been refocused on to quality and stability of placements to take account of the needs and preferences of looked-after children and young people; this includes commissioning a range of placements.
Cambridgeshire County Council	General Q4	Personal identity and relationships is key to young people being able to make sense of their lives and develop positive relationships and having appropriate and accessible psychological/mental health services is essential. Continuity of services between authorities and responsible commissioner arrangements. Statements relating to those children and young people particularly those with disabilities who are placed out of authority as these are often the most vulnerable.	Thank you for your comment. Support to explore and make sense of personal identity and relationships has been retained as a standalone quality statement. Access to specialist and dedicated within agreed timescales has been retained as a separate quality statement. The equality and diversity considerations section highlights that some looked-after children and young people may have particular needs, including children and young people with disabilities. The quality statement on continuity of care is now focused on continuity of care for looked-after children and young people living in placements outside their local authority or health boundary, as it is recognised as a key area; this includes ensuring there is agreement between placing and receiving teams about schooling and healthcare arrangements before a child or young person is placed across a local authority or health boundary. This is intended to improve quality for all looked-after children and young people.
Cambridgeshire County Council	General Q5	All are appropriate	Thank you for your comment.
Cambridgeshire County Council	General Q6	Some of the outcomes are quantatively measurable but others are qualitative measures and more complicated to collect, store and analyse. The latter require systems and	Thank you for your comment. Following a review of feedback from consultation and field

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		people which can perform these tasks and there are a lot of them. E.g. how will “availability of records” or “misplaced records” (statement 4 access to personal information) and rates of engagement in activities (statement 10 activities to promote health and wellbeing) be recorded and measured and by whom?	testing the quality measures have been further refined to improve clarity. Certain measures, such as misplaced records and rates of engagement in activities have been removed.
Cambridgeshire County Council	General Q7	None of them are inappropriate.	Thank you for your comment.
Cambridgeshire County Council	General Q8	No	Thank you for your comment.
Cambridgeshire County Council	Specific Q9	This should be threaded through as an overarching theme	Thank you for your comment. Following a review of feedback from consultation and field testing, a quality statement on collaborative working has been retained as a separate quality statement. Collaboration is also embedded throughout the quality standard as a whole. Different agencies and professionals will need to work closely together to achieve the level of care set out in the quality standard.
Care Quality Commission	General	The draft standard is appropriate and adequately covers the key areas and activities that are essential to ensuring the health and wellbeing of looked after children and young people. The standard helpfully applies to all services and professionals providing help and support to children and young people who are looked after and this is essential in ensuring that all services with a role to play work together to achieve better outcomes for these children. We particularly support the inclusion of the draft quality statement 1 and feel it is essential to have a specific statement on professionals’ and services’ collaboration and joint working with children who are looked after.	Thank you for your comment. A separate quality statement has been retained on services and professionals working collaboratively. The quality standard recognises that involvement of looked-after children and young people is central to providing effective care. This is reflected throughout the quality statements and particularly in quality statement 3 which includes a quality measure on looked-after children and young people’s involvement in care planning.

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Care Quality Commission	General	We are currently working with Ofsted to develop a new joint inspection programme of services for children looked after which will begin in April 2013. The inspections will explore the overall effectiveness of these arrangements, the experiences and progress of, and outcomes for looked after children and care leavers, the quality of practice, how local authorities and their partners work to achieve permanence and the effectiveness of their leadership and governance. There are many overlaps with the proposed quality statements within this standard and what we will look at during our inspections so if local authorities and their partners use this standard they will be well prepared for the inspections.	Thank you for your comment. The Department of Health and NICE have published a position statement on where the NICE quality standards fit within the care system. NICE quality standards are not mandatory and are available as tools for quality improvement by a range of users. A context section has been developed for this quality standard which makes links with statutory guidance and National Minimum Standards for looked-after children. Definitions within the quality standard have been aligned to statutory guidance.
Care Quality Commission	General Q1	Local areas will be able to use the quality standard to improve the extent to which they work together to ensure the health and wellbeing of children and young people who are looked after. By applying to all agencies with a role to play in improving the health and wellbeing of looked after children it will help ensure that all services fulfil their responsibilities to ensure better outcomes for children and young people who are looked after.	Thank you for your comment.
Care Quality Commission	General Q2	Looked after children are often at a higher risk of abuse and can be more vulnerable than their peers to self-harm and suicide for example. The standard could be more explicit about safeguarding and protecting these children. The standard could be explicit about the requirement for a single assessment and education, health and care plan for those with SEN and disabilities. The standard could refer to the need to ensure that those children who leave care to return home have effective plans to support their family.	Thank you for your comment. The topic expert group have considered safeguarding throughout development of the quality standard. It is intended that a focus on improving quality of care will promote safety for looked-after children and young people. The quality standard should be read in the context of existing legislation, including safeguarding. A range of relevant documents are set out in Appendix 1 of the standard. The topic expert group prioritised the areas of care they

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			felt were most important for looked-after children and young people, based on the development sources listed. Looked-after children and young people with special educational needs and disabilities are highlighted as a group with particular needs in the equality impact assessment and within the equality and diversity considerations sections of relevant quality statements. All suggestions for additional statements were discussed by the topic expert group in further developing the quality standard. Statements that were outside the scope of the quality standard were not included. Please note that NICE will be developing guidance and a quality standard on child maltreatment which may cover some of the issues you have raised. Please refer to the following web page.
Care Quality Commission	General Q3	The quality statements are generally very useful and accurately describe how services should best be provided to looked after children. We have a number of comments to make on some of these statements: Draft quality statement 1: Draft quality measure: Structure: b) Evidence of local arrangements to ensure health information is incorporated into relevant assessments and shared with healthcare professionals, as appropriate. This statement could be amended to cover the effectiveness of such arrangements rather than just the existence of the arrangements. Draft quality measure: Outcome: b) and c) it may be	Thank you for your comment. The quality statement on collaborative working has been further developed by the topic expert group to strengthen the focus on effectiveness of collaboration. This includes outcomes linked to effectiveness. The topic expert group felt it was important to retain measures that capture the perceptions of looked-after children and young people and it is envisaged that further exploratory work could be carried out locally to further understand data gathered though these measures if required. Measure 'd' on completeness of records has now been removed following further review. Following feedback from consultation and field testing, the

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		difficult for looked after children and young people to be able to answer this. How will they know that information is shared appropriately and how will they know whether their information is treated confidentially. d) 'Completeness of records' needs further details in order to be able to measure this. Draft quality statement 6: Support to meet complex emotional and physical needs. The statement itself needs to be stronger about the effectiveness of services. Access is important but the services provided also need to be effective in meeting children and young peoples' emotional and physical needs. Draft quality measure: Structure: This section talks about their needing to be evidence of assessments of children's needs but there is no reference to the provision of help once their needs are assessed or the on-going monitoring of the support they receive. Whilst health assessments are able to identify health needs that may otherwise not have been recognised, there is known to be variation in the extent to which recommendations from these assessments are followed. Definitions: More detail should be added to the definition of 'placements outside the local area'. Responsibility for the health of children placed out of area is more complex than described here. The health organisations within the receiving local authority area are responsible for the provision of primary care whereas the placing health organisations (currently the Primary Care Trust) retain the responsibility for specialist or secondary care, such as CAMHs.	quality statement on access to specialist services focuses more on ongoing monitoring of need and ensuring that needs are met through access to specialist services that meet emotional, physical, behavioural and educational needs. The outcome measures consider the effectiveness of services in meeting needs. The definition of placements outside the local authority or health boundary is intended to explain what is meant by the term. It is not intended to detail the responsibilities for provision of services to the child or young person. The quality standard should be read in the context of relevant legislation. The quality measure on planning of transitions to adult mental services is now included in this quality statement.

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		Within this statement there is no mention of the need for there to be planning for the transition with adult health services (such as mental health services). This is referenced in relation to mental health services in statement 7 but it would be useful to also have this referenced here: during our inspections of services for looked after children we have identified this as a key gap.	
Care Quality Commission	General Q4	All of the quality statements are important.	Thank you for your comment.
Care Quality Commission	General Q5	None of the proposed quality statements are inappropriate.	Thank you for your comment.
Care Quality Commission	General Q6	Most of the proposed quality statements are measurable. We have suggested some amendments to some of these above which may make some of them more so.	Thank you for your comment.
Care Quality Commission	General Q7	None of the proposed quality measures are inappropriate	Thank you for your comment.
Care Quality Commission	General Q8	It may be helpful to consider a quality statement on the monitoring and evaluation of a child's situation once they are in care. To ensure that they are in the right care and that they are fulfilling their potential and not experiencing any harm. It may be that this aspect can be strengthened in each of the other quality statements or that it needs a separate quality statement.	Thank you for your comment. The importance of monitoring and evaluation is recognised and this has been strengthened during further development of quality measures. For example, there is greater emphasis placed on monitoring of care plans to ensure needs are being met. Outcome measures are included across the quality statements that gather feedback from looked-after children and young people. This is intended to support services to monitor whether care meets the needs and preferences of looked-after children and young people.
Care Quality Commission	Specific Q9	We support the inclusion of a separate quality statement on working collaboratively. Our experience of inspecting services for looked after children demonstrates that it is	Thank you for your comment. Following a review of feedback from consultation and field

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		absolutely essential that services and professionals work collaboratively to ensure that looked after children receive the good quality services they need. Due to the large number of services and agencies that need to work with these children and young people working collaboratively and jointly is essential. The statement should be amended to include 'professionals' working together as well as services to emphasis the personal responsibility of professionals working with these children as well as the services.	testing, a quality statement on collaborative working has been retained as a separate quality statement. This quality statement has been amended to include professionals and services.
Department for Education & Department of Health	General	The coverage of this draft QS is appropriate and the proposed quality statements look good. However, it is critically important that it is entitled clearly as a JOINT health and social care QS - which is what DH Ministers gave approval for. If, nevertheless it is badged, as in the draft, as for social care only, there is an obvious danger that health organisations will not engage with it as they need to. We have discussed this with NICE colleagues and the DH sponsor team. Can the title be changed please, and relevant text in the introduction and elsewhere be amended accordingly? (AB-DH) The title of the Quality Standard should be 'health and social care'. As colleagues in the Department of Health have indicated this will be critical to engaging health professionals as well as social care. This also needs to be reflected in the introduction to emphasise that the health and well being of looked after children and care leavers is everyone's business. There needs in the introduction to be a quality statement that tells people how these standards relate to the primary	Thank you for your comment. We agree that the quality standard is aimed across health and social care. We have amended the title to reflect this. The introduction also highlights that the needs of looked-after children and young people vary, but are often complex, and can be met only by a range of services operating collaboratively across different settings. The Department of Health and NICE have published a position statement on where the NICE quality standards fit within the care system. NICE quality standards are not mandatory and are available as tools for quality improvement by a range of users. The NICE quality standards team, with input from the Department for Education have mapped the quality statements to relevant statutory guidance and National Minimum Standards for looked-after children. The definitions have been aligned to statutory guidance. Definitions within the quality standard are now aligned to definitions within statutory guidance where appropriate.

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		legislation, care planning regulations and statutory guidance that underpins the whole of care planning as well as the National Minimum Standards. Everyone must understand what the law requires of them by way of care planning in terms of must do, should do and could do. In some places, for example page 25, there is a sentence that reads 'Topic expert group consensus was that "comprehensive and sensitive assessments" should include assessment of physical, emotional, social, intellectual and psychological needs'. This could be read to imply discretion where there is none because the care planning regulations actually require comprehensive health assessments to be done. Looking at some of the descriptions under the headings 'Structure' and 'Outcomes' we think that it will be very difficult to measure them Evidence of something happening or the fact that feedback is provided does not get at the quality of evidence or who we are expecting to receive feedback from, what the quality of that feedback is and how then it is acted upon. Coverage across the 12 Quality Statements is comprehensive, though it does make for a rather long document. Is there scope for shortening it? For instance, standard 2 and 12 appear rather similar. Is there scope for combining these? Similarly 8 and 10 might be usefully combined. How confident is NICE that the data sources for measuring structures and outcomes will be readily available and accessible? (MA-DfE)	We have reflected on consultation comments and further work has been carried out to refine the quality statements and measures. The number of statements has been reduced from 12 to 8. The TEG prioritised measures they considered most important for measuring the quality statements. The quality measures aim to improve the structures and processes of care that are considered to be linked to outcomes, as well as specifying outcomes directly where the TEG felt able to define these. Examples of existing national data collection which may be relevant, in part at least, to the quality measure are referenced where appropriate. It is expected that local data sources and audits where appropriate will be considered in order to measure the quality statements in full.
Department for Education &	General/introduction	Clarify links with the proposed single assessment and Education, Health and Care Plan for children with SEN	Thank you for your comment.

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Department of Health		and disability. (AB-DH) Clarify links to young person's care plan or pathway plan and that in the context of health and social care this is all underpinned by the framework for assessment and care and pathway planning: care planning regs etc. (MA-DfE)	The topic expert group considered all suggestions for statements received through consultation and field testing and prioritised the areas of care they felt were most important for looked-after children and young people, based on the development sources listed. The quality standard is based on evidence based recommendations from NICE public health guidance 28 / SCIE guide 40. Looked-after children and young people with special educational needs and disabilities are highlighted as a group that may have particular needs in the equality impact assessment and within the equality and diversity considerations sections of relevant quality statements. Following a review of consultation and field testing feedback, there is now greater emphasis on care planning, including health and educational plans, while the measure on pathway plans in the quality statement on moving to independence has been retained. Definitions have been provided from the care planning regulations. The quality standard should be read in the context of existing legislation and guidance.
Department for Education & Department of Health	Quality statement 1	The statutory guidance (section 11.5) requires a lead health professional to be in place: evidence of this should be added as a structure measure. (AB-DH)	Thank you for your comment. Structure measure a) now states that a named lead social worker takes the lead professional role to manage the multidisciplinary care plan. Within the quality statement on access to specialist and dedicated services there is a structure measure relating to monitoring of health plans which sets out lead roles.
Department for Education &	Quality statement 1	The draft standard is about sharing information across agencies. Suggest Professional collaboration and multi-	Thank you for your comment. The quality statement on collaborative working has been

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Department of Health	- outcomes	agency working around information sharing. It might be helpful for the statement about confidence in knowing what information can be shared and the effectiveness with which it is shared. In the measure how will people know what is meant by 'evidence'? On outcomes it should be clear who the 'feedback' needs to be from. (MA-DfE)	retained as a separate quality statement and is underpinned by measures around effective information sharing. There is a quality measure on effective information-sharing protocols, which should set out what / how information is shared. It is expected the quality standard would be read in the context of relevant legislation and governance. Appendix 1 to the quality standard lists documents considered by the topic expert group during development to be most relevant to the scope of the quality standard. Effectiveness of information sharing is measured through outcome measures on the team working with the child having all of the information they need and looked-after children and young people feeling information is shared appropriately. The feedback measures stipulate more clearly now who the feedback should be from.
Department for Education & Department of Health	Quality statement 2	The definition source of care plan should be the primary source: that is the Children Act 1989 and the Care Planning, Placement and Review Regulations 2010 rather than in NICE public health guidance 28/SCIE. 'Actively involved' It would be helpful to include a reference to Children in Care Councils. Equality etc.) Children with special educational needs and disabilities should be referenced. (MA-DfE)	Thank you for your comment. The definition of a care plan has been updated to reflect your comment. Quality statement 2 has been removed, and involvement of children and young people threaded throughout the quality standard. Involvement in care planning has been added as a quality measure in quality statement 3 on placements. Potential additional needs of children and young people

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			with special educational needs and disabilities have been recorded as a consideration in the equality impact assessment. This is also highlighted in the equality and diversity considerations sections of relevant quality statements.
Department for Education & Department of Health	Quality statement 4 – audience descriptors	There should be a reference to foster carers and residential care staff as well as, where appropriate, birth parents. These groups may apply in respect of the audience for other standards too. (MA-DfE)	Thank you for your comment. 'Carers' includes foster and residential carers. The quality standard is based on evidence-based recommendations from NICE accredited guidance, i.e. NICE public health 28/SCIE guide 40. Quality standards do not seek to reassess or redefine the evidence base. Please refer to the full guidance for a detailed summary of the underpinning evidence base for the recommendations on which the quality standard is based.
Department for Education & Department of Health	Quality statement 5	Many of the things here go to the heart of the care planning cycle of assessment, planning, implementation and review. How can what is here be aligned more explicitly to that cyclical and iterative process and the outcomes. Would it be possible to think about whether the standard could be around the quality of the process of care planning, including the health plan, and what that process should feel like for the child, carers and parents? (MA-DfE)	Thank you for your comment. The importance of care planning and monitoring is recognised. Quality statement 2 on collaborative working includes a quality measure on care planning. Quality statement 5 on access to specialist and dedicated services includes a quality measure on monitoring of health plans to ensure that the child or young person's needs are continually met. Outcome measures that capture the child or young person's perspective / experiences are included across the quality standard. The topic expert group prioritised the areas of care they felt were most important for looked-after children and young people, based on the development sources listed. The topic expert group have considered all suggestions for suitable outcome measures and prioritised those that they

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			considered most important for measuring the quality statements. The quality measures aim to improve the structures and processes of care that are considered to be linked to outcomes, as well as specifying outcomes directly where the topic expert group felt able to define these. Outcome measures to gather feedback from looked-after children and young people, care leavers and carers are included.
Department for Education & Department of Health	Quality statement 6	Why does this talk of "complex" needs? Should it not be about support to meet (all) emotional and physical needs? (AB-DH) We agree with DH colleagues that this should be about meeting all emotional and physical needs, not just complex ones. It would be very helpful to include as a quality measure the how effective local authorities and looked after nurses and doctors are at making sure that the Strength and Difficulties Questionnaire (SDQ) for each looked after child is completed and then how that data is used a) to refer children with high total scores on for further assessment and b) how the SDQ information in totality is used by LAs to inform their analysis of needs and then their commissioning. (MA-DfE)	Thank you for your comment. Following a review of feedback from consultation and field testing 'complex' has been removed from the quality statement, which now focuses on access to specialist and dedicated services. We have considered all suggestions for suitable outcome measures. The topic expert group prioritised measures they considered most important for measuring the quality statements. An outcome measure has been included on feedback from recognised assessment tools that the child, young person or care leaver's needs are being met through access to specialist and dedicated within agreed timescales. The quality statement includes a quality measure on monitoring and updating of health plans to ensure needs are continually met.
Department for Education & Department of Health	Quality statement 7	Some of this appears to focus only on mental health services, whereas it should be about all (health and other) services. An additional structure measure should be evidence of a process to check that health needs can be met before a	Thank you for your comment. As part of further development of the quality standard this quality statement is now focused on continuity of care for looked-after children and young people placed out of the local authority or health boundary.

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		child is placed out of area. (AB-DH) With regard to structure measure (e), the placing authority should also be notifying both the receiving PCT and the PCT for the area which the child is leaving (see the statutory guidance, section 9.4) – for which, read CCGs from April 2013. (AB-DH) This should be about all health and other services and not just those that relate to mental health. It would be good to add a process measure to check that an assessment of health needs had been done before a child is placed out of authority in order to ensure that the child's needs will be met. It would also be useful to include a quality measure to say that 100% of notifications to all those set out in the care planning regulations completed. PCT, LA where placed and educational institution etc. (MA-DfE)	This includes a quality measure to ensure that the placing authority shares relevant information before a child or young person is placed across a local authority or health boundary. It also includes quality measures for transfer of relevant information, and local arrangements to ensure there is agreement between placing and receiving teams about schooling and healthcare arrangements before a child or young person is placed across a local authority or health boundary. A quality measure has also been added on local arrangements to ensure that an assessment of health needs has been carried out before a child or young person is placed across a local authority or health boundary. Quality standards should be read in the context of existing legislation and governance. The topic expert group prioritised measures they considered most important for measuring the quality statements. The quality measures aim to improve the structures and processes of care that are considered to be linked to outcomes, as well as specifying outcomes directly where the topic expert group felt able to define these.
Department for Education & Department of Health	Quality statement 9 – structure B	Structure measure (b) should refer to "healthy independent living": care leavers say that they are often not aware of how to live healthily, or how to access health care. (AB-DH)	Thank you for your comment. The topic expert group prioritised the areas of care they felt were most important for looked-after children and young people, based on the development sources listed. Quality statement 8 focuses on young people moving to independence at their own pace and the importance of pathway planning that responds to their needs.

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Department for Education & Department of Health	Quality statement 10 – audience descriptors	The first descriptor should refer to “opportunities to be engaged in… activities of their choice, to promote…”. (AB-DH)	Thank you for your comment. This quality statement is now included as a quality measure within quality statement 7 on fulfilling potential.
Department for Education & Department of Health	Quality statement 11	Should this not be recast in terms of the outcome (ie the competence of carers) rather than simply being about the provision of training, support and supervision? The same point applies to the fourth audience descriptor: systems should be in place to assess carers’ competence. (AB-DH) I agree with DH colleagues here about the need for this to be about the competence of carers rather than just training and supervision. How well are carers able to care for children with a range of, sometimes complex, physical and emotional health needs. (MA-DfE)	Thank you for your comment. Following consultation and field testing feedback, a quality statement has been developed on warm, nurturing care. It is intended that this will support measurement of effectiveness of core and specialist training and support for carers. The quality statement includes outcome measures of looked-after children and young people’s views of their care, looked-after children and young people's self-reported overall wellbeing and self-esteem, and carer satisfaction with training and support. The equality and diversity considerations section highlights additional needs that some looked-after children and young people and carers may have.
Department for Education & Department of Health	Quality statement 12	Add a structure measure requiring evidence of carers being given appropriate information when a child is placed. An additional type of assessment that could be referred to is (subject to legislation) the proposed SEN and disability single assessment and Education, Health and Care Plan. (AB-DH)	Thank you for your comment. The topic expert group prioritised the areas of care they felt were most important for looked-after children and young people, based on the development sources listed. The topic expert group considered these suggestions during further development of the quality standard. Quality statement 3 on quality and stability of placements includes a quality measure that the child or young person gets to know their new carers and placement through prior visits and, where possible, overnight stays before they move to the placement. It also includes an outcome measure of

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			carer satisfaction with the decision made to place the child in their care. This could be explored further locally. Quality statement 2 on collaborative working includes a quality measure of carers being involved in the team around the child, which includes having all of the information they need to meet the needs of the child.
Department for Education & Department of Health	Appendices	A reference should also be included to: Royal College of Nursing (2012) "Looked after children: Knowledge, skills and competences of health care staff – Intercollegiate Role Framework" [on RCN website at: https://www.rcn.org.uk/__data/assets/pdf_file/0019/451342/RCN_and_RCPCH_LAC_competences_v1.0_WEB_Final.pdf] (AB-DH) The statement 'It is important that the quality standard is considered alongside current policy documents' could give a misleading impression of what the status of the documents listed under the heading 'Policy context' is. A number of these documents are Children Act 1989 statutory guidance documents and are ones that LAs must act under unless they have a good reason not to do so. We suggest that all of the statutory guidance documents (of which there are 5 volumes) are grouped together under a general heading that could be, for example, 'Children Act 1989 Statutory Guidance'. The National Minimum Standards should come under a separate heading of that name. These are not themselves statutory but they are underpinned by regulation. That needs to be clear. (MA-	Thank you for your comments. The quality standard should be read in the context of national and local guidelines on training and competencies. Implementation of this quality standard is based on all professionals involved in the health and wellbeing of looked-after children and young people having sufficient and appropriate training, and competence to deliver the actions and interventions described in the quality standard. We agree it is important to clearly set out the status of relevant documentation. This section has been revised with input from the DfE to improve clarity.

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		DfE).	
Department for Education & Department of Health	Specific Q9	Reference to collaborative working should be threaded throughout as an overarching theme. Please see also the comment above on the title/badging of the document. (AB-DH) & (MA-DfE)	Thank you for your comment. Following a review of feedback from consultation and field testing, a quality statement on collaborative working has been retained as a separate quality statement. Collaboration is also embedded throughout the quality standard as a whole. Different agencies and professionals will need to work closely together to achieve the level of care set out in the quality standard.
Faculty of Sexual & Reproductive Healthcare	General Q2	As we stated in our comments on the draft scope in April, the specialty of community sexual and reproductive health should be mentioned. Multidisciplinary working is mentioned, but the only specialty referred to is mental health services. The quality standard rightly talks about the importance of physical health and emotional wellbeing for the under 18s who are looked after, but is too general about who should be involved when there are difficulties. Sexual activity in this age-group is not rare. Risk-taking behaviour is common. Those practising in this specialty see a significant number of looked after children and young people. So too do general practitioner services, paediatric services and others.	Thank you for your comment. Following a review of consultation comments and field testing responses, the topic expert group agreed that quality statement 5 on access to specialist services should encompass dedicated and specialist services to support mental and physical health, behavioural and educational needs. Given the breadth of services that this could involve, specific services are not highlighted explicitly.
Faculty of Sexual & Reproductive Healthcare	General Q2	community sexual and reproductive health	Thank you for your comment. Following a review of consultation comments and field testing responses, the topic expert group agreed that the quality statement on access to specialist services should encompass dedicated and specialist services to support mental and physical health, behavioural and educational needs.
Hampshire	General Q1	In theory the standards will strengthen consistency across	Thank you for your comment.

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County Council		local authorities but mindful that many standards are already connected to statutory duties/guidance and data returns. Felt from Hampshire perspective that this was nothing new. It provides a benchmark on which to measure performance and outcomes for young people. Some similarities to NMS for fostering and residential services. However, with a more multi agency focus which will support multi agency working.	The topic expert group prioritised areas of care where practice is variable, or where implementation could have a significant impact on care and improved outcomes, and where there is potential to generate measurable indicators. It is expected the quality standard would be read in the context of relevant legislation and governance. The Department of Health and NICE have published a position statement on where the NICE quality standards fit within the care system. NICE quality standards are not mandatory and are available as tools for quality improvement by a range of users. It is expected the quality standard would be read in the context of relevant legislation and governance.
Hampshire County Council	General Q2	Role of schools and Education seems weak. Safeguarding is not mentioned. The issues re culture are not clearly addressed, although culture is mentioned in section 10. However, this is mixed in with leisure and activities.	Thank you for your comment. The topic expert group reviewed suggestions from consultation and the role of schools and education has been strengthened. Quality statement 7 on achievement of full potential now includes a quality measure around the role of the designated teacher, and quality statement 5 on access to specialist services includes services that meet educational needs. The topic expert group have considered safeguarding throughout development of the quality standard. It is intended that a focus on improving quality of care will promote safety for looked-after children and young people. The quality standard should be read in the context of existing legislation, including safeguarding, and relevant policy context is set out in Appendix 1 of the standard.

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			The importance of identity is recognised within the quality standard. Quality statement 4 is about looked-after children and young people receiving support to understand their identity, including life history work. The equality and diversity considerations sections of specific statements highlight relevant issues, such as the importance of individuals determining their own sense of identity and respect for individual identity and beliefs. Please note that NICE will be developing guidance and a quality standard on child maltreatment which may cover some of the issues you have raised. Please refer to the following web page.
Hampshire County Council	General Q3	Useful to a degree but reiterate comment for question1. Statements themselves seem arbitrary. However, the details in the measures and outcomes provide clarity.	Thank you for your comment. The quality statements have been developed using evidence-based recommendations from public health guidance 28/SCIE guide 40 as a key development source. Following a review of feedback from consultation and field testing, the topic expert group have condensed / refined the quality statements to make them more concise.
Hampshire County Council	General Q4	Equal importance as cover many areas of a young person's life - all interconnected	Thank you for your comment.
Hampshire County Council	General Q5	Would question whether standard 9 referring to training for foster carers should be widened to encompass all staff working with Looked After Children.	Thank you for your comment. Quality statement 1 on warm, nurturing care within the updated quality standard sets out that high quality core and specialist training should be provided for all carers of looked-after children and young people. Quality standards are intended to be aspirational and to provide key markers of quality based on the best available guidance. The quality standard should be read in the

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			context of national and local guidelines on training and competencies. All professionals involved in caring for and supporting looked-after children and young people should be sufficiently and appropriately trained and competent to deliver the actions and interventions described in the quality standard.
Hampshire County Council	General Q6	Data already collected for some of these areas. Concern that young people could experience repetitive consultation to see if targets met. Need to ensure systems capable of collating the data required. Triangulation of evidence from a variety of sources will provide a certain amount of robust evidence and data, especially seeking feedback from young people. However, there needs to be some caution as to how this is obtained as young people are questioned constantly by Ofsted re quality of care they receive. Perhaps some thoughts around feedback from families of the children and young people may also need to be considered as a source of evidence where appropriate.	Thank you for your comment. Suggested data sources are not definitive sources of data to support quality measures but are examples of existing national data collection which may be relevant, in part at least, to the quality measure. It is expected that local data sources and audits where appropriate will be considered in order to measure the quality statements in full. We have considered all suggestions for suitable outcome measures. The topic expert group prioritised measures they considered most important for measuring the quality statements. The quality measures aim to improve the structures and processes of care that are considered to be linked to outcomes, as well as specifying outcomes directly where the topic expert group felt able to define these.
Hampshire County Council	General Q7	No	Thank you for your comment.
Hampshire County Council	General Q8	Safeguarding	Thank you for your comment. Safeguarding has been considered by the topic expert group during development of the quality standard. It is intended that the quality standard will promote safety by improving quality of care. It should be read within the context of existing legislation and policy, including safeguarding.

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			Please note that NICE will be developing guidance and a quality standard on child maltreatment which may cover some of the issues you have raised. Please refer to the following web page.
Hampshire County Council	Specific Q9	Services need to work collaboratively to provide quality services to looked after children and young people. Is it important to have a separate statement on collaborative working to meet the needs of the child or young person or should this be threaded throughout other statements as an overarching theme? Would like to see brief paragraph on collaborative working but should be threaded throughout document so staff do not see themselves and their agency/role in isolation from those others who also support young people. This would support the direction of travel by Ofsted on the Framework for inspecting multi-agency arrangements for the protection of children	Thank you for your comment. Following a review of feedback from consultation and field testing, a quality statement on collaborative working has been retained as a separate quality statement. However, collaboration is embedded throughout the quality standard as a whole. It is recognised that the needs of looked-after children and young people can be met only by a range of services operating collaboratively across different settings.
Hertfordshire Community NHS Trust	Quality statement 1	The GP record is the most complete health record and will follow wherever they may go and therefore avoids complication of different health records being held in different health organisations egg child health, acute etc. Evidence of family health history and child's PMH will support robust IHA and form basis for subsequent good quality holistic assessments - How to get this information in time for an IHA? Therefore Health should be requesting a summary of the child's health from the GP prior to an IHA – if so how to get ensure this happens and again in time to support IHA Sharing of information – electronic health records systems	Thank you for your comment. Following a review of consultation and field testing feedback the topic expert group agreed to focus the quality statement on collaboration, underpinned by measures of effective information sharing, including effective information sharing protocols. The measures relating to health records have been removed. However, quality measures have been added within various quality statements relating to coordination and monitoring of care plans and health plans. Access to health history is now part of quality statement 4 on support to explore and make sense of identity and relationships. The quality statement on collaborative working between

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		& access to Social Care IT systems need to be in place – with easy access to both & IT dept. support to enable this to happen Any evidence/data will need to come out of the electronic notes systems – can this happen across the board? Collaboration on complex cases – Is CAMHS enough? Confidentiality – health must make sure only the summary & health care plan are shared with Social Care and young person is aware and given permission for this information to be shared.	services and professionals now states that working collaboratively includes ensuring that relevant information is shared effectively and appropriately to meet the needs of the child. There is also now an outcome measure (b) which measures feedback from looked-after children and young people that they feel their information is shared appropriately between people working with them, and caring for them. The expectation is that quality statements and measures will be used and adapted at a local level.
Hertfordshire Community NHS Trust	Quality statement 1	Improved information sharing is pivotal to inform Health Assessment process but the issue is how to enforce information sharing especially with agencies outside health especially social care. Data collection – not easy at all – will need to be set up within electronic systems, admin & clinical resources will need to be made available. How to evidence within Social Care? Measurable by partnership working & sharing IT systems & appropriate admin support	Thank you for your comment. The quality statement on collaborative working has been retained as a separate quality statement and is underpinned by measures around effective information sharing. The topic expert group have prioritised quality measures that they felt were most appropriate to measure the quality statement.
Hertfordshire Community NHS Trust	Quality statement 2	Need to facilitate children & young people in attendance at appropriate key planning meetings around care processes - ? use of In Care councils – Issue of who will support young people in this process – i.e. prepare them, support in meetings and after Feedback forms etc. can be developed – but if you ask for an opinion you need to be able to make changes to	Thank you for your comment. Following a review of feedback from consultation and field-testing the quality statement on involvement of children and young people has been incorporated as a quality measure within a quality statement 3 on quality and stability of placements. This is to strengthen involvement in care planning.

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		processes/systems. Issue - are organisations able to make changes with financial constraints and organisational changes often blocking development? General Q's feedback Measurable by partnership working & sharing IT systems & appropriate admin support	The quality standard is based on evidence-based recommendations from NICE accredited guidance, in this case the NICE public health guidance 28 / SCIE guide 40. Definitions have drawn on this guidance. The definition of involvement has been further refined following consultation and field testing. This includes support from advocates. Cost effectiveness is considered by the topic expert group during development of quality standards and a supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers, however, the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk. We hope this will help to address your concerns.
Hertfordshire Community NHS Trust	Quality statement 4	Health dependent on Social Care to obtain birth parents health information – OR could it also be part of the court process? Red book issued to Carers? More emphasis should be placed on recording whether Red Book is available from parents In Hertfordshire every child and young person placed in Foster Care is issued with a Health Passport (Green Book) and this is kept up to date by the Foster Carer and the young person as they start to take control of their own health. This Health Passport stays with the child and will support their health history once they have left care Health Assessments would be severely delayed if child's	Thank you for your comment. Following a review of feedback from consultation and field testing, access to health history is now included in quality statement 4 on support to explore and make sense of identity and relationships. Quality measures relating to the red book have been removed. Quality statement 5 focuses on access to specialist and dedicated services to meet the needs of looked-after children and young people.

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		early health history is not available – with frequent moves in and out of area, and perhaps name changes this is often very hard to access... Agreed it is vital, but realistically how can this be managed? If applied for after IHA, admin time will have to be delegated to monitor information requests - will Health pay for this admin process to be managed? Access to specialist healthcare professionals whilst in care and when go onto independent living is essential – recording number of Care Leavers given these details is met within Hertfordshire by the child being given written information concerning the LAC health team at their last LAC review Leaving Care & having access to their health information– are we going to agree this means 16 yrs plus? This process will depend on Social Care sharing accurate up to date information regarding placements/moves etc. of young people General Questions feedback; Will improve quality Measurable by partnership working & sharing IT systems & appropriate admin support	
Hertfordshire Community NHS Trust	Quality statement 5	Needs Social Care comments Except comments on 'on-going opportunities to help them explore and make sense of their personal identity & relationships' – This will be enhanced by the provision of Specialist LAC nurse being funded to work with 16 yrs. plus. Also requires supported transition or initial referral to community adult mental health teams.	Thank you for your comment. The quality statement on identity and relationships has been retained in the final quality standard. NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on the best available guidance. However, the configuration of services will be determined locally. Supporting documents

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		General Questions feedback; Will improve quality Measurable by partnership working & sharing IT systems & appropriate admin support	are available from www.nice.org.uk. Quality statement 5 of the final quality standard includes access to specialist and dedicated services.
Hertfordshire Community NHS Trust	Quality statement 6	Documentation of referral to specialist services – not just health agencies that undertake referrals – GPs/SW etc. all working on different IT systems. How do you collate this information? Difficulty in identifying specialist resources to work with unaccompanied asylum seeking children. In Herts we have a specialist CAMHS service for CLA which encompasses this cohort. Evidence? CAMHS & Social Care would be the providers of this data Issue of young people who are deemed vulnerable but do not meet thresholds for access to adult care services – how to ensure they continue to have their needs met? Health Commissioners will be able to evidence CLA placed out of county accessing specialist services General Questions feedback Measurable by partnership working & sharing IT systems & appropriate admin support Review of Health Assessment plan will ensure medical needs are being met	Thank you for your comment, which was considered by the topic expert group during further development of the quality standard. Quality statement 5 in the final quality standard focuses on looked-after children and young people having continued access to specialist and dedicated services to meet their needs. The quality measure of referrals has now been removed. The equality and diversity considerations section of the quality statement highlights children and young people who may have particular issues. Quality statement 6 focuses on continuity of services for looked-after children and young people placed out of their local authority or across a health boundary. NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on the best available guidance. A supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers, however, the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk.
Hertfordshire Community NHS Trust	Quality statement 7	Needs Social Care comments – pathway plans etc. Social Care & Health responsibility to link into these	Thank you for your comment. The quality standard has been further refined following a

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		transition processes In Herts there is a dedicated team for young people with disability (which CLA can access) for transition to adult services Processes need to be put in place around entry and exit of secure accommodation It is not within current commissioning & competency of paed.. Specialist GP/Custody Medical Officers/ adolescent specialist to assess medical needs of young people going in and out of custody Placements in other authorities – Herts part of discussion of a pilot scheme across the region for a generic email notification process. Herts CLA health team has a process in place to share information with other health teams General Questions feedback Measurable by partnership working & sharing IT systems & appropriate admin support It should be the remit of the Social Care/Health Commissioners to set up these processes and monitoring arrangements	review of feedback from consultation and field testing. The quality standard is intended to demonstrate high quality care for all looked-after children and young people and to promote equality across all groups. Quality statement 6 is now focused on continuity of care for looked-after children and young people placed out of the local authority or health boundary. The topic expert group prioritised the areas of care they felt were most important for looked-after children and young people based on the NICE public health guidance 28 / SCIE guide 40. It remains important that other evidence-based guidance recommendations continue to be implemented. A supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers, however, the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk.
Hertfordshire Community NHS Trust	Quality statement 9	Dedicated Care Leaver health service required CLA Nurse to undertake all 16 yrs. plus RHA – to enable a complete and comprehensive leaving care RHA General Questions feedback Measurable by partnership working & sharing IT systems & appropriate admin support	Thank you for your comment. The quality statement on young people moving to independence at their own pace has been retained. It has been refined following a review of feedback from consultation and field testing. The quality measure on pathway planning has been strengthened to stipulate that pathway planning should respond to the needs of care

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			leavers.
Hertfordshire Community NHS Trust	Quality statement 9	Needs Social Care comments CLA health teams need to be part of Foster Carer's training General Questions feedback Measurable by partnership working & sharing IT systems & appropriate admin support	Thank you for your comment. The quality statement on moving to independence has been retained. A quality statement has been added on warm, nurturing care which sets out core and specialist training and support for carers to enable them to meet the needs of looked after children and young people.
Hertfordshire Community NHS Trust	Quality statement 9	Needs Social Care comments Health need to evidence Foster Carer's are part of the Health Assessment process General Questions feedback Measurable by partnership working & sharing IT systems & appropriate admin support	Thank you for your comment. A specific measure that the carer is included in the team working with the child has been added to quality statement 2 on collaborative working.
Hertfordshire Partnership Foundation Trust	Specific Q9	This should be an overarching theme	Thank you for your comment. Following a review of feedback from consultation and field testing, a quality statement on collaborative working has been retained as a separate quality statement. Collaboration is also embedded throughout the quality standard as a whole. Different agencies and professionals will need to work closely together to achieve the level of care set out in the quality standard.
Hertfordshire Partnership Foundation Trust	Quality statement 3	Choice of placements is very admirable however from our experience this sometimes happens with planned placements but where the placement breaks down there is very little choice due to limited resources. This would need to be addressed first before there is meaningful choice.	Thank you for your comment. The quality statement on placements has been amended following feedback from consultation and field testing to focus on quality and stability of placements that take

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			account of the needs and preferences of looked-after children and young people. This includes commissioning a range of placements and ensuring children and young people are involved in decisions about placement changes.
Hertfordshire Partnership Foundation Trust	Quality statement 3 - measure E	This is important however this should be time limited and not indefinitely hold up long term planning for the child	Thank you for your comment. The quality measure has been amended to say consideration of potential carers among extended family and friends should be undertaken at the start of the care planning process.
Hertfordshire Partnership Foundation Trust	Quality statement 4	We feel it is important that social workers recognise the importance of children to have access to the full records. However this depends on services having the resources to do this especially in the current climate of reduction in specialist services such as CLA nurses	Thank you for your comment. Following a review of feedback from consultation and field testing access to appropriate health history is now included in quality statement 4 on support to explore and make sense of identity and relationships, as part of life-history work.
Hertfordshire Partnership Foundation Trust	Quality statement 5	Life story work is an extremely important part of providing high quality care, we are concerned in the present climate of cuts to services that this is one intervention that often doesn't take place or is provided by people who are inadequately trained. Contact arrangements should not be resourced driven	Thank you for your comment. The quality statement on identity and relationships has been retained in the final quality standard. NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on the best available guidance. Cost effectiveness is considered by the topic expert group during development of quality standards and a supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers, however, the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk. We hope this will help to

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			address your concerns.
Hertfordshire Partnership Foundation Trust	Quality statement 6	We agree with the importance of having a targeted service for CLA in mental health services as many CLA would not reach the criteria for Tier 3 CAMHS. In our view these should be located within the CAMHS services so there is a seamless transition into specialist services if needed.	Thank you for your comment. Following feedback from consultation and field testing the quality statement on access to services is now focused on access to specialist and dedicated services. The rationale section provides context for the quality statement, and highlights that it is intended to ensure emotional, physical, behavioural and educational needs are met. Given the wide range of needs of looked-after children and young people specific services are not explicitly detailed. NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on the best available guidance, however, the configuration of services will be determined locally.
Hertfordshire Partnership Foundation Trust	Quality statement 7	If this quality standard is to be adhered to there would need to be a review of 'The Responsible Commissioner' as this can often delay CLA receiving services. This could create problems as currently different counties/boroughs provide different levels of service and there is no uniformity across health organisations and no statutory obligation for local authorities/commissioners to provide a Tier 2 service.	Thank you for your comment. We will flag this with our implementation programme. NICE quality standards are not mandatory and are available as tools for quality improvement by a range of users including commissioners.
Hertfordshire Partnership Foundation Trust	Quality statement 9	The number of vulnerable young people in semi-independent accommodation is concerning. We totally agree with this quality standard however it would need a significant increase in resources and a change in culture. We would add it does not benefit children to change social worker at age 16, this is a stage in their life where they need continuity and support	Thank you for your comment. NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on the best available guidance. Cost effectiveness is considered by the topic expert group during development of quality standards and a supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and

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			service providers, however, the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk. We hope this will help to address your concerns. Quality statement 4 considers continued contact with people that the young person values, including key professionals.
Hertfordshire Partnership Foundation Trust	Quality statement 11	We agree with this statement, however for this to be effective the foster carers role should be seen as a full time role	Thank you for your comment. Following consultation and field testing feedback, a quality statement has been added on warm, nurturing care, which is underpinned by quality measures on ongoing core and specialist training and support. Implementation and delivery of services should be determined locally.
Hindu Council UK	Quality statement 5	The Hindu Council UK believes that this quality standard is a good standard to have as identity of self is important. However, it is also dangerous and open to exploitation, a concern that may require some mitigation is that a child who may or may not hold any religious belief is given support in that belief and that Carers and health professionals must not engage in proselytisation or 'conversion', as this could adversely impact the Childs identity and personal development.	Thank you for your comment. This issue was considered by the topic expert group during further development of the quality standard and has been highlighted in the equality and diversity considerations section of the quality statement. It has also been recorded in the equality impact assessment published alongside the quality standard.
Hindu Council UK	Quality statement 6	Again a good standard that could be further developed to include spiritual needs where you could clarify the concern above regarding proselytisation or 'conversion'	Thank you for your comment. This issue has been included in the equality impact assessment, and in quality standard 4 on identity and relationships.
Hindu Council UK	Quality statement	The Hindu Council UK believes that this quality standard is a good standard to have as identity of self is important.	Thank you for your comment.

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	12	However, it is also dangerous and open to exploitation, a concern that may require some mitigation is that a child who may or may not hold any religious belief is given support in that belief and that Carers and health professionals must not engage in proselytisation or 'conversion', as this could adversely impact the Childs identity and personal development.	This issue has been considered by the topic exert group during further development of the quality standard. It has been captured in the equality impact assessment and within the equality and diversity considerations section of relevant quality statements.
Hindu Council UK	General Q1	Collaboration is needed between agencies to ensure good flow of information, the lack of collaboration was at the heart of many legal enquiries e.g. Victoria Climbe	Thank you for your comment. A separate quality statement on collaborative working has been retained.
Hindu Council UK	General Q2	Specific of race/ethnicity, religion, sexual orientation and gender. We hope that the Equality Impact Analysis would make this clearer.	Thank you for your comment. The equality impact assessment that accompanies the quality standard sets out the equality issues that have been considered and identifies any issues relevant to the topic. Specific considerations are also highlighted in the equality and diversity considerations section of relevant quality statements.
Hindu Council UK	General Q3	Useful to demonstrate and provide evidence of development in being compliant with the standard	Thank you for your comment.
Hindu Council UK	General Q6	Both the numerator and the Denominator should include the breakdown (disaggregation) of the 'protected characteristics'.	Thank you for your comment. It is expected that quality statements and measures will be used and adapted locally.
Hindu Council UK	General Q8	Equality impact analysis of the outcome s of each of the measures so that any impacts can be specifically identified and acted upon.	Thank you for your comment. The topic expert group considered equality issues throughout development of the quality standard. A section on 'Diversity, equality and language' can be found in the final quality standard. The quality standard also contains an equality and diversity considerations section for specific statements.

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Hindu Council UK	Specific Q9	It is important to have a separate statement on collaborative working to meet the needs of the child or young person. The reason is a general reason that, if things are not explicit they are often forgotten. We have seen this in Equalities language were 'mainstreaming equalities' is used as the 'thread' or a strap line but is often mistranslated to mean unimportant. This has to be made clear to clinicians in particular.	Thank you for your comment. A quality statement on collaborative working has been retained as a separate quality statement, as it is recognised as a key quality issue. It is recognised that collaboration is also embedded throughout the quality standard as a whole.
Lancashire Care NHS Foundation Trust	Quality statement 3	There should be a the requirement that healthcare arrangements and commissioning of services be agreed and in place before a child is placed out of area	Thank you for your comment. Out of area placements are recognised as a key quality issue. The Quality statement on continuity of care has been refocused on to continuity of care for looked-after children and young people living in placements outside out their local authority or health boundary. This includes a quality measure that requires relevant records to be transferred before the looked-after children and young people are moved. Structure measure c) also requires that there is agreement between placing and receiving teams about schooling and healthcare arrangements before a child or young person is placed across a local authority or health boundary.
Lancashire Care NHS Foundation Trust	Quality statement 4	This is an essential quality standard however the GP should be specifically named as the main health professional who can help a child/young person understand their health history as they have both the professional knowledge and hold the information within their record. Other health professionals often only hold part of the history and limited knowledge about the possible effects on health.	Thank you for your comment. Access to health history is now included in the quality statement on support to explore and make sense of identity and relationships. The professional providing this information has not been specified, as it is expected that this will be determined locally.
Lancashire Care NHS Foundation Trust	Quality statement 4	Capturing the information on the number of CLA whose personal health record (red book) moves with them will be difficult however this will focus social workers to realise the	Thank you for your comment. Following a review of feedback from consultation and field

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		importance of this being transferred with them. There should also be commissioning arrangements to enable a substitute/copy to be provided for a child when their red book is lost or if birth parents are reluctant to let it go.	testing, access to health history is now included in quality statement 4 on support to explore and make sense of identity and relationships. Following a review of feedback from consultation and field testing measures on the red book have been removed.
Lancashire Care NHS Foundation Trust	Quality statement 6	This quality standard needs to further emphasize the importance of joint pro-active planning that includes both health provider and commissioners for CLA with complex emotional and physical needs, and especially for those who do not meet the requirement for the present Complex Needs Panel. Local arrangements need to ensure CLA do not have to be re-referred to CAMHS when they move areas and that the CAMHS service themselves are responsible for transferring the care of the child onto the new CAMHS team or into adult mental health if the young person is in transition. The proportion of CLA placed out of area who access specialist services will be difficult to measure. The best way to capture this information is via a child's IRO and the reviewing process	Thank you for your comment. Quality statement 5 in the final quality standard covers access to all specialist and dedicated services that looked-after children and young people need to meet their needs. Following a review of feedback from consultation and field testing, the word 'complex' has been removed. The quality statement includes a quality measure on transfer from children to adult mental health services. Quality statement 2 is focused on collaborative working, as it is recognised that this is a key requirement of high quality care. Quality statement 6 is now focused on continuity of services for looked-after children and young people placed across local authority or health boundaries. It includes a quality measure on services being in place before the child is moved. A supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers. Supporting documents are available from www.nice.org.uk. The topic expert group prioritised measures they considered most important for measuring the quality

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			statements. The quality measures aim to improve the structures and processes of care that are considered to be linked to outcomes, as well as specifying outcomes directly where the topic expert group felt able to define these.
Lancashire Care NHS Foundation Trust	Quality statement 7	This standard has highlighted all relevant areas and has implications for CAMHS and adult mental health services to ensure transition protocols/pathways are in place, however many young people are discharged from CAMHS due to either non-engagement, moving placement or completion of a therapeutic intervention, who then require further support when aged 16 years plus and these young people may not be captured within this quality standard	Thank you for your comment. Quality statement 5 on access to specialist and dedicated services includes a quality measure on monitoring and updating of care plans to ensure that the needs of looked-after children and young people are continually met. It also includes a quality measure on transfer from child to adult mental health services with a complete handover to ensure continuity of care.
Lancashire Care NHS Foundation Trust	General Q1	This entire Quality Standard raises the profile of care leavers and should improve services and the support that needs to be offered to this group	Thank you for your comment.
Lancashire Care NHS Foundation Trust	General Q2	Standard 4 does not appear to consider the introduction of a national CLA Health Assessment documentation/proforma and Leaving Care Passport. Documentation should be designed to enable integration within it so that family and child's own health history is stated at each health assessment. As this often becomes lost if a child is in care for many years and has placement moves. Electronic health records may improve the on-going availability of this information	Thank you for your comment. The quality statement on access to health history has been revised following feedback from consultation and field testing. Access to health history is now a quality measure within the quality statement on support to explore and make sense of identity and relationships. A rationale is included which states that having accurate and up-to-date personal health information is an important part of developing a positive identity and may also be important for the immediate and future wellbeing of children and young people during their time in care and afterwards.
Lancashire Care NHS Foundation Trust	General Q3	Very useful	Thank you for your comment.
Lancashire Care	General Q4	Statements 4 and 6 as these relate to improving physical	Thank you for your comment.

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NHS Foundation Trust		and emotional mental health, however the entire Quality Standard should lead to improvements in record keeping, better monitoring and professional/organisational accountability. The identification of a child's young person's holistic needs and collaborative working to meet theses should lead to improved continuity of placements and long term outcomes for children in care and early adulthood.	Following feedback from consultation and field testing, the topic expert group have further developed the quality statements. As part of this, certain quality statements have been integrated and others refocused to ensure that there is a set of concise, measurable quality statements. A holistic approach has been retained, with continued emphasis on the importance of collaboration and continuity of care, which will be supported by effective record keeping. There is now more emphasis on monitoring of care plans, health plans and education plans in the quality standard.
Lancashire Care NHS Foundation Trust	General Q6	To measure all these standards as proposed will place a time burden upon professionals that may prevent them being able to subsequently meet the needs of these children and distract from providing a service. A quality tick list for practitioners to complete for individual children and kept within their record could be less onerous (rather than a centrally collected system)	Thank you for your comment. The expectation is that quality statements and measures will be used and adapted at a local level. Data from national collections are highlighted in the final quality standard where available. The Department of Health and NICE have published a position statement on where the NICE quality standards fit within the care system. NICE quality standards are not mandatory and are available as tools for quality improvement by a range of users.
Lancashire Care NHS Foundation Trust	Specific Q9	This should be threaded throughout the statements as this should be fundamentally embedded within practice.	Thank you for your comment. Following a review of feedback from consultation and field testing, a quality statement on collaborative working has been retained as a separate quality statement. Collaboration is also embedded throughout the quality standard as a whole. Different agencies and professionals will need to work closely together to achieve the level of

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			care set out in the quality standard.
Local Government Association	General	Introduction to the LGA The Local Government Association is here to support, promote and improve local government. We will fight local government's corner and support local authorities through challenging times by focusing on our top two priorities: • representing and advocating for local government and making the case for greater devolution • helping local authorities tackles their challenges and takes advantage of new opportunities to deliver better value for money services. This consultation response is not limited to the consultation questions but represents the LGA's wider views on the issues raised in this consultation which affect local government. LGA Key messages • The LGA does not believe an additional quality standard is the best way to achieve improved quality for the health and wellbeing of looked after children. Instead this should be achieved through sector-led improvement with support from the Children's Improvement Board (CIB), which is the approach agreed by Ministers for the sector. • The LGA seeks clarification on the purpose of the quality standard and how it will add value to driving up quality. At a minimum it is crucial that any quality standard cross refers to existing guidance, public sector reform and the children's social services landscape. • The LGA is seriously concerned that if councils are to follow this quality standard it will result in an additional data collection burden upon councils. This is contrary to the Government's commitment to reduce such burdens. Funding cuts mean that councils have no capacity to pick	NICE quality standards define what high quality care should look like in the NHS and social care. It is expected the quality standard would be read in the context of relevant legislation and governance. Appendix 1 to the quality standard lists policy documents considered by the topic expert group during development to be most relevant to the scope of the quality standard. The Department of Health and NICE have published a position statement on where the NICE quality standards fit within the care system. NICE quality standards are not mandatory and are available as tools for quality improvement by a range of users. We would envisage that quality standards could be used as part of sector-led improvement initiatives. Examples of existing national data collection which may be relevant, in part at least, to the quality measure are referenced where appropriate. It is expected that local data sources and audits where appropriate will be considered in order to measure the quality statements in full. Following a review of feedback from consultation and field testing the statement on placements has been refocused onto quality and stability of placements.

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		up even marginal extra costs as a result of additional data collection. • Councils welcome their new responsibilities for public health but these are significant changes and as a result it will take time for these new processes to bed in. Self-improvement 1. Local government is committed to continual improvement of children's services and is generally supportive of the key themes set out in the standards, such as listening to the voice of the children and young people in line with Professor Munro's recommendations. However we do not feel an additional quality standard is the best way to achieve this. Instead this should be through sector-led improvement with support from the Children's Improvement Board (CIB), which is the agreed way forward by Ministers for the sector. 2. CIB is a partnership set up by the Local Government Association (LGA), the Association of Directors of Children's Services (ADCS), and SOLACE (Society of Local Authority Chief Executives) supported by the Department for Education & Department of Health (DfE). It is a direction setting and decision making group that is responsible for the overall delivery of a programme to develop sector led improvement for children's services. More details about sector led improvement can be found at www.local.gov.uk/CIB 3. The CIB's priorities for 2012-13 are: reducing the number of councils in intervention, establishing an effective system of peer challenge and support, better engagement of stakeholders and supporting councils in managing the impact of policies. Support for councils in managing the impact of policies is grouped in four areas: • The Munro Review, social work reform and early	

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		help • Adoption, children in care and the Family Justice Review • Early and foundation years, commissioning sufficiency and quality and narrowing the gap in achievement for children up to five • And three more discrete issues – data profiles, innovation and commissioning for youth services and integrated workforce (legacy of the Children's Workforce Development Council) 4. These national priorities are being delivered through a mix of national and regional activity. All regions have been asked to prioritise peer challenge between councils and the identification and support of councils who might be in difficulty. Regions support the national policy programmes but are also planning work which goes beyond the issues identified nationally. 5. Sector led improvement for children's services is for councils themselves to improve their capacity in collecting and using data. The CIB has commissioned work on developing a core set of indicators through LGInform. The LGA developed LGInform to assist the public sector collect, manage and compare the data which is most useful for them to provide quality service delivery. Clarification on purpose 6. Councils are committed to providing the best services to ensure the health and wellbeing of looked after children. However, the LGA seeks clarification on the purpose of the quality standard and how it will add value to driving up quality, particularly in light of the significant development of a sector-led approach to improvement in	

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		children's services. 7. There is also a suite of extensive regulations governing care planning for looked after children, information and regulatory frameworks, minimum standards for fostering and residential care, and guidance such as Working Together and the forthcoming Children and Young People Health Outcomes Strategy, which exist to help councils fulfil these duties. 8. We question whether a quality standard will be effective in improving quality and adding value, rather than creating unhelpful duplication. At a minimum it is crucial that any quality standard cross refers to this existing guidance and policy context. 9. Any standard or guidance must recognise the public sector reform landscape, such as increasing role of academies and free schools and public health reform. Councils welcome their new responsibilities for public health but these are significant changes and as a result it will take time for these new processes to bed in. 10. We seek clarification on how this quality statement ties in with the Safeguarding Accountability Framework. The LGA are seriously concerned about the delay of the Safeguarding Accountability Framework. The lack of timely publication and clarity of this framework risks ensuring the NHS' statutory responsibilities for safeguarding children are being met during the transition phase of the health reforms as well as post April 2013. We call for urgent clarity on the framework's scope and its imminent publication. 11. It is crucial that any standard or guidance fully recognises the significantly shifting policy landscape in children social care and the current constraints on council	

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		resources. 12. Specific statements such as statement three about children being offered a choice of placements do not seem to acknowledge the reality of the challenges facing many councils who may be struggling with lack of provision across a range of placements. This is to some extent outside of the councils' control as it is often shaped by external factors such as local interest for foster carers and where private children homes set up. The LGA will be working with councils in the future to support them in their market shaping and commissioning role. 13. There is also no mention on the work programme led by Department for Education & Department of Health on residential children's homes including Task and Finish Groups set up on out-of-area placements and improving the quality of provision for looked after children in these homes. Burden of data collection 14. Councils are committed to fulfilling their statutory responsibilities under the "sufficiency duty". However, the LGA is seriously concerned that if councils are to follow this quality standard it will result in an additional data collection burden. This is contrary to the Government's commitment to reduce burdens upon local authorities and the agreed direction of sector-led improvement supported by the Children's Improvement Board (CIB). 15. We understand that these quality measures are not a new set of targets or mandatory indicators and we agree that desired levels of achievement should be best defined locally, as there is no 'one size fits all'. However, this seems to be contradicted by the text on page 41 which reads "statements which national quality indicators do not exist, the quality measures should form basis for audit	

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		criteria developed and used locally". It is for councils to decide how they best measure the effectiveness of their services and which non-statutory data they collect, in order to continually drive up quality service delivery. 16. As explained in the self-improvement section, it is for councils themselves to improve their capacity in collecting and using data and CIB and LG Inform are assisting councils in doing this. 17. The 28% cut to local government formula grant in this spending review, and the LGA's financial modelling shows that the available funding for all council services is likely to be reduced by over 90% in cash terms by 2018. Councils do not therefore have any capacity to meet even marginal extra costs as a result of additional data collection. 18. We seek clarification on the following points. • If it is expected that councils will publish locally their performance against the quality standard. • We are unclear about how the standards are intended to be used. For example if the quality standards are "not a new set of targets or mandatory indicators for performance management" are they there as a set of aspirations/statement of what good looks like, that practitioners can adopt, amend or ignore according to local priorities and circumstances? • How will the data to be collected relate to the Children and Young People's health outcomes forum recommendations on data?	
Local Government Association	Specific Q9	We feel collaborative working should be threaded throughout any quality standard as an overall theme, rather than stand alone. The LGA welcomes the recognition that a myriad services play a key role in ensuring the protection of children who may be at risk, not	Thank you for your comment. Following a review of feedback from consultation and field testing, a separate quality statement on collaborative working has been retained. However, it is recognised that

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		just local authorities' social care departments. The lead member and DCS are statutorily responsible for ensuring the best interests of children in their area and those in the care of agencies in the area but placed out of it and arrangements for working together must reflect this accountability at a local level. As mentioned earlier, there is a need to cross refer any quality standard and related guidance to Working Together and other relevant information on multi-agency working.	collaboration is embedded as a principle throughout the quality standard as a whole, as achievement of the quality set out requires services to work together. The NICE Quality Standards team, with input from the Department for Education have drawn up a contextual mapping document of how the quality statements relate to statutory guidance for looked-after children and young people, and national minimum standards.
National Children's Bureau	Quality statement 1	The current drafting of quality statement 1 may not reflect its full intent regarding multi-agency working. It uses the phrase "receive care from services". "Care" may be read to refer only to social care and other services are neither specifically nor generally mentioned in the quality statement itself. The detail of the measure is clear that its delivery will require collaboration across a wider range of services including social care, health and education. Looked after children and young people may want some explicit control over how certain health information is shared between agencies. This will be particularly true of looked after young people and those covered by leaving care arrangements who, for example, may want to access support for social care to build their independence and gain employment without sharing sensitive health information such as access to sexual health services. Young people's right to control information about themselves should be better reflected in the quality measure and description. Multi agency working will be key to securing that looked	Thank you for your comment. The quality standard has been refined in consideration of comments from consultation and field testing. Quality statement 2 on collaborative working now reads "Looked-after children and young people receive care from services and professionals that work collaboratively". It includes a quality measure on effective information sharing protocols and an outcome measure that children and young people feel information is shared about them appropriately. The need for multi-agency working is considered fundamental across all statements within the quality standard. The need for different agencies to work closely together to achieve the level of care set out in the quality standard is outlined in the supporting information on how to use the quality standard. With regard to health assessments and plans, quality statement 2 on collaborative working includes a quality measure on coordination of the multi-disciplinary care

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		after children and young people receive effective health assessments and plans[1], which the local authority is responsible for arranging. Quality statement 1, and the rest of the draft quality standard, does not refer to this process, which appears to be a major oversight. As looked after children are at greater risk of exclusion and more likely to truant they often miss out on health interventions delivered at school including immunisations.[2] This quality statement on multi-agency working should address this, by referring in its description to the need for carers, care providers and local authorities to work with schools and the NHS Commissioning Board to ensure that looked after children and young people are up to date with their immunisations. It should include an additional quality measure of the proportion of looked after children and young people who are up to date with their immunisations, data on which is routinely collected and published by the Department for Education & Department of Health.	plan. Quality statement 5 on access to services includes a quality measure on monitoring and updating of health plans. Quality statement 6 on continuity of care for children and young people placed outside of their local authority or health boundary includes a quality measure on health assessments. All suggestions for additional statements and measures were discussed by the topic expert group who considered they were inappropriate for inclusion (for example, outside the scope of the quality standard), or already covered by existing statements. It remains important that other evidence-based guidance recommendations continue to be implemented.
National Children's Bureau	Quality statement 2	Quality statement 2 should be broadened to cover support from social care services for looked after children and young people and those covered by leaving care arrangements to be involved in decisions about their health. While health services will play a lead role ensuring health professionals listen to children and young people, there will be a role for social care in ensuring that looked after children and young people have the same level of confidence and knowledge in approaching discussions	Thank you for your comment. Following feedback from consultation and field testing, the topic expert group have integrated certain quality statements and refocused others to ensure that there is a set of clear, focused and measurable quality statements. The quality statement on involvement in decisions about care has now been integrated into quality statement 3 on quality and stability of placements, with a stronger focus

[1] See Department for Children, Schools and Families (2009) Statutory Guidance on Promoting the health and well-being of Looked After Children

[2] Payne et al (1998) Improving the health care process and determining health outcomes for children looked after by the local authority. *Ambulatory Child Health* 1998 c.f Payne (2006) Looked After Children: Caring for Health, ChildRight:231 (November 2006)

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		about health as their peers. This will include ensuring access to information about rights, such as those contained in article 12 of the United Nations Convention on the Rights of the Child and the NHS Constitution, as well as supporting them to understand their own health information such as diagnoses and treatment plans. Where health services themselves do not appear to have made an appropriate contribution to achieving this, it may be a role of carers and care providers to raise this or support the child or young person to do so. The statement should also cover the involvement of looked after children and young people in their health assessment and reviews, and the development of their health plan. Local authorities should also make sure that local Health watch are equipped to offer their information and signposting functions effectively for looked after children and young people. These additional aspects of the quality statement should be measured by feedback from children and young people that they feel involved in decisions about their health, and comparing this to equivalent views of those that are not looked after or covered by leaving care arrangements. The Children and Young People's Health Outcomes Forum[3] has recommended that by 2013–14, DH and the NHS CB incorporate the views of children and young people into existing national patient surveys in all care settings and that these should measure involvement of children and young people in decisions about their care. When implemented, these surveys should offer a robust	on care planning. This includes outcome measures of looked-after children and young people's involvement. It remains important that other evidence-based guidance recommendations continue to be implemented, including involvement in the design and delivery of services. The quality standard highlights the importance of collaborative working between social care, education and healthcare staff need to work collaboratively to meet the needs of children and young people. Quality statement 1 on warm, nurturing care is underpinned by quality measures that carers receive core and specialist training and support. This includes how to promote, improve or maintain good health. The topic expert group identified the development sources they felt were most relevant to developing the standard, within the framework of the quality standards development process. The quality standard is based on evidence-based recommendations from NICE public health guidance 28 / SCIE guide 40. Please refer to the full guidance for a detailed summary of the underpinning evidence base for the recommendations on which the quality standard is based.

[3] The Children and Young People's Health Outcomes Forum was established by the Secretary of State in January 2012 to review how children and young people are supported by the NHS and Public Health Outcomes Frameworks and produce a strategy making recommendations set out the contribution that each part of the new health system needs to make in order that these health outcomes are achieved. The Report of the Children and Young People's Health Outcomes Forum is available at http://www.dh.gov.uk/health/2012/07/cyp-report/

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		way of measuring the involvement of looked after children and young people in decisions about their health, relative to their non-looked after peers. Looked after children and young people should be offered opportunities to be involved in strategic decisions about the planning and commissioning of services. The UK government is a signatory to the UN Convention on the Rights of the Child, article 12 of which states that children should have a say in all decisions affecting them and that their views should be given due weight according to their age and maturity.[4] The UN Committee on the Rights of the Child has been clear that Article 12 applies to collective decision-making processes, as well as matters affecting the individual child. [5] It is welcome that one of the outcomes of the quality measure includes "evidence of service improvements influenced by the active involvement of looked-after children..." It is important to remember that this can be achieved by directly involving children in strategic decisions about services as well as feedback gathered from individual care planning. This could be made clearer in the description of what the statement means for local authorities and other commissioners. Local authorities should secure that there are mechanisms for engaging looked after children and young people, alongside other parts of the local community, in the development of the joint health and wellbeing strategy and commissioning plans for children's social care. They should also ensure that their arrangements for commissioning local Health watch help	

[4] United Nations Convention on the Rights of the Child http://www2.ohchr.org/english/law/crc.htm

[5] United Nations Committee on the Rights of the Child (2009). General comment no. 12. The right of the child to be heard. Page 8.

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		looked after children and young people to have their views on local health and social care services heard.	
National Children's Bureau	Quality statement 4	For health information to meaningfully empower looked after children and young people, they will need much more than simply access to their health history. They should also be supported to understand such information and to build confidence in looking after their health and playing a role in managing in long term conditions that they may have as they develop and mature. We suggest that this is reflected in the quality standard through expanding quality statement 2 to support involvement in health decisions (see above) and the role of information in supporting health literacy and staying healthy to be included under quality statement 4. Equipping looked after children with the knowledge and confidence to make healthy choices will be key for promoting their health and wellbeing and longer term outcomes. Some studies illustrate that looked after young people are four times more likely than those living in private households to smoke, drink and take drugs.[6] Looked after young people are also more likely than their peers to become teenage parents.[7] As looked after children are at greater risk of exclusion and more likely to	Thank you for your comment. Support to understand appropriate health history is now included as a quality measure in quality statement 4 on support to explore and make sense of identity and relationships as part of life history work The definition of life history work now has further detail about what it should encompass. Quality statement 1 on warm, nurturing care includes quality measures relating to training and support for carers. This includes training on promoting and maintaining good health. The topic expert group prioritised the areas of care they felt were most important for looked-after children and young people, based on the development sources listed. The quality standards are based on evidence-based recommendations from NICE accredited guidance, in this case the NICE public health guidance 28 / SCIE guide 40. Quality standards do not seek to reassess or redefine the evidence base. Please refer to the full guidance for a

[6] Meltzer et al (2003), *The mental health of young people looked after by local authorities in England, Office of National* Statistics, pp98-103. Accessed 10/10/2012; Williams et al (2001). "Case-control study of the health of those looked after by local authorities." Archives of Disease in Childhood 85(4), pp280-85. Accessed 10/10/2012

http://adc.bmj.com/content/85/4/280

[7] NCB (2006) Supporting young parents who are looked after or leaving care

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		truant they often miss out on health interventions delivered at school including health promotion messages(such as on safer sex, relationships, smoking, alcohol and drugs).[8] Quality statement 4 should be amended to reflect a more meaningful role for health information, for example it could read: "Looked-after children and young people and young people who are covered by leaving care arrangements are supported to access information and services to help them protect and improve their health." Delivering this would involve for example: • Carers and care providers working with schools to ensure children, particularly those may have missed days of school, have access to all the information, support and advice provided through Personal Social Health and Economic Education (PSHE) • Local authorities developing strong links between their public health and children's social care teams so that : o The needs of looked after children can be taken into account from an early stage in population health improvement work o Information about preventative health services and public health campaigns can be effectively targeted and cascaded • Carers and care providers being provided with information and support to signpost looked after children and young people to health advice.	detailed summary of the underpinning evidence base for the recommendations on which the quality standard is based. We have considered all suggestions for suitable outcome measures. The topic expert group prioritised measures they considered most important for measuring the quality statements. The quality measures aim to improve the structures and processes of care that are considered to be linked to outcomes, as well as specifying outcomes directly where the topic expert group felt able to define these.

[8] Payne et al (1998) Improving the health care process and determining health outcomes for children looked after by the local authority. *Ambulatory Child Health* 1998 c.f Payne (2006) Looked After Children: Caring for Health, ChildRight:231 (November 2006)

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		Additional quality measures could include evidence that: • Arrangements are in place to ensure information about preventative health services and public health campaigns is made available to looked after children and young people • Feedback from looked after children and young people that they feel they have enough access to advice and information about lifestyle choices, drugs and relationships • The proportion of looked after children and young people who are up to date with their immunisations, data on which is routinely collected and published by the Department for Education & Department of Health. If these amendments are not feasible then an alternative would be to cover these issues in an additional quality statement.	
National Children's Bureau	Quality statement 6	The quality measure and description under quality statement 6 should refer to whether the social care needs as identified in a quality statement of special educational needs, or in the future, 'education, health and care plan', are being met. The majority of looked after children have SEN and over a quarter have a quality statement[9]. Ensuring that their social care needs for engaging in education are met will be vital for their wellbeing and long term outcomes. The quality measure and description should refer to access to local childhood bereavement services. Children who have experienced the death of a	Thank you for your comment. The topic expert group prioritised the areas of care they felt were most important for looked-after children and young people, based on evidence-based recommendations from NICE public health guidance 28 / SCIE guide 40. Monitoring of care plans, health plans and education plans is now included within quality measures for relevant quality statements, such as statements 2, 5 and 7.

[9] Department for Education (2011) Special Educational Needs Information Act, An Analysis

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		parent or sibling are six times more likely to be looked after by the local authority than those who have not[10]. Bereavement services are provided locally across the country and are often funded by primary care trusts and/or local authorities. Ensuring awareness of these services and arrangements for referral where appropriate services exist will key to ensuring complex emotional needs are met.	Equality and diversity considerations have been included in the equality impact assessment published alongside the quality standard. The equality and diversity considerations sections of relevant statements also highlight children and young people who may have particular needs, including those with special educational needs. Quality statement 5 in the final quality standard covers access to all specialist and dedicated services that looked-after children and young people need to meet their needs, including emotional, physical, behavioural and educational needs. However, given the range of possible needs It is not explicit about what services this may include.
National Children's Bureau	Quality statement 10	It is important that children and young people not only have access to activities which promote wellbeing but are also supported to build their confidence in self-consciously looking after their health (i.e. by making healthy choices in diet and physical activity and avoiding risky behaviours). We suggest quality statement 4 is amended to reflect this.	Thank you for your comment. The topic expert group prioritised the areas of care they felt were most important for looked-after children and young people, based on the development sources listed. This includes areas where practice is variable, or where implementation could have a significant impact on care and improved outcomes, and where there is potential to generate measurable indicators. It remains important that other evidence-based guidance recommendations continue to be implemented.

[10] Fauth et al (2009); *Associations between childhood bereavement and children's background, experiences and outcomes:Secondary analysis of the 2004 Mental Health of Children and Young People in Great Britain data,* NCB, Accessed 10/10/2012

http://www.childhoodbereavementnetwork.org.uk/documents/FullReportAssociationswithchildhoodbereavement.pdf

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National Children's Bureau	General Q1	We believe this draft quality standard is made up of sensible statements which describe key aspects of effective care for looked after children, young people and those covered by leaving care arrangements. We are concerned, however, that the purpose of social care quality standards is unclear and that the existence of this standard in itself will not assure adherence to its content. Government have made clear that, unlike those covering health services, quality standards in social care will have not have legal force.[11] Statutory guidance from the Department for Education & Department of Health and NICE guidance are already available on meeting the needs of children in the care system. Furthermore, the quality standard as drafted may understate the potential contribution of social care services to health and wellbeing, by not explaining how they can support looked after children and young people to take steps to look after their own health. We suggest amendments to address this later point.	Thank you for your comments. The Department of Health and NICE have published a position statement on where the NICE quality standards fit within the care system. NICE quality standards are not mandatory and are available as tools for quality improvement by a range of users. It is expected the quality standard would be read in the context of relevant legislation and governance. Appendix 1 to the quality standard lists statutory and other guidance considered by the topic expert group during development to be most relevant to the scope of the quality standard. The NICE quality standards team have mapped the quality standard against statutory and other guidance to help commissioners and providers see how they are mutually supportive. The topic expert group prioritised the areas of care they felt were most important for looked-after children and young people based on the key development source listed.
National Children's Bureau	General Q2	The quality standard does not refer to health assessments for looked after children and young people and the resulting health plans that from part of their care plans. This appears to be a major omission. Securing these processes is a responsibility of the local authority (with corresponding duties to comply with requests for cooperation on health agencies) and statutory guidance is	Thank you for your comment. The topic expert group prioritised the areas of care they felt were most important for looked-after children and young people, based on the development sources listed. It is expected the quality standard would be read in the context of relevant legislation and governance. Appendix 1

[11] Hansard HC Deb, 29 March 2011, vol 526, col 1184

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		available from the Department for Education & Department of Health on this.[12] The quality standard should also pay more attention to supporting looked after children and young people to stay healthy, their health literacy and involvement in decisions about their health. We suggest that involvement in health decisions may be reflected through amendment of quality statement 2 (see above) and that the role of health information in supporting health literacy and staying healthy should be included under quality statement 4. We have given more detailed recommendations in our comments on the relevant quality statements, above. If none of these issues are within the scope of the quality standard, the standard should be renamed to avoid confusion.	to the quality standard lists documents considered by the topic expert group during development to be most relevant to the scope of the quality standard. Following a review of comments from consultation and field testing, monitoring of health plans is now included in the quality statement on access to specialist and dedicated services.
National Children's Bureau	General Q8	We suggest that in relation to supporting looked after children and young people to stay healthy, under our suggested amendment to quality statement 4, that quality measures could include evidence that: • Arrangements are in place to ensure information about preventative health services and public health campaigns is made available to looked after children and young people • Feedback from looked after children and young people that they feel they have enough access to advice and information about lifestyle choices, drugs and relationships Under quality statement 1, we suggested the additional quality measure:	Thank you for your comment. The topic expert group identified the development sources they felt were most relevant to developing the standard, within the framework of the quality standards development process. Quality standards are based on evidence-based recommendations from NICE accredited guidance. Please refer to the full NICE public health guidance 28 / SCIE guide 40 for further detail of the underpinning evidence base for the recommendations on which the quality standard is based. All additional quality measures were considered by the topic expert group who prioritised measures they

[12] Department for Children, Schools and Families (2009) Statutory Guidance on Promoting the health and well-being of Looked After Children

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		• The proportion of looked after children and young people who are up to date with their immunisations, data on which is routinely collected and published by the Department for Education & Department of Health. There should also be quality measures to assess levels of compliance with Statutory Guidance on Promoting the health and well-being of Looked After Children (DCSF 2009). The Children and Young People's Health Outcomes Forum[13] have also made a number of recommendations for improving the reflection of children and young people's outcomes in the NHS and Public Health Outcomes Frameworks. Quality measures for children and young people should be reviewed in due course to take advantage of the richer data made available as a result of implementation of these recommendations.	considered most important for measuring the quality statements. It is expected the QS would be read in the context of relevant legislation and governance. Appendix 1 to the quality standard lists documents considered by the topic expert group during development to be most relevant to the scope of the quality standard.
National Treatment Agency for Substance Misuse	Quality statement 6	We realise that there are a range of complex problems that looked after young people face, and substance misuse is only one of these. However, we do feel that it should be more clearly flagged up as a problem they face, particularly since young people who are looked after are more likely to have drug problems than those who are not. Looked after young people should have a thorough assessment of their needs, and depending on the	Thank you for your comment. The topic expert group prioritised the areas of care they felt were most important for looked-after children and young people, based on NICE public health guidance 28 / SCIE guide 40. Quality statement 5 in the final quality standard covers access to all specialist and dedicated services that looked-after children and young people need to meet their needs,

[13] The Children and Young People's Health Outcomes Forum was established by the Secretary of State in January 2012 to review how children and young people are supported by the NHS and Public Health Outcomes Frameworks and produce a strategy making recommendations set out the contribution that each part of the new health system needs to make in order that these health outcomes are achieved. The Report of the Children and Young People's Health Outcomes Forum is available at http://www.dh.gov.uk/health/2012/07/cyp-report/

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		assessment, they should receive high quality specialist substance misuse interventions that are integrated with other services to meet their needs and overseen and co-ordinated by a single professional.	including emotional, physical, behavioural and educational needs. It is not explicit about what services this may include.
National Treatment Agency for Substance Misuse	Quality statement 3	It is unclear how the standard applies to young people within the secure estate, since young people do not have a choice in this area. If the standards are going to include the secure estate, it may also be useful to clarify if the young person has a choice in their home area for resettlement. It is unclear what the role of CQC and Ofsted will be in instances where they have regulatory overview of services and placements. Could the standard cover this? We agree that it would be positive to include feedback from young people who have recently left the care system, but we think that this will require developing robust mechanisms to get their consent to this contact before their discharge from care. It is not clear from the draft standard whether there is an official process for young people to raise complaints. Clarity about this process would be useful.	Thank you for your comments. It is recognised that looked-after children and young people are a heterogeneous group and that there are a range of settings in which they live or receive care and services. The topic expert have prioritised the areas where there is potential to improve quality. This quality standard was developed in line with a scope. The aspiration is that the quality standard will apply to looked-after children in all settings; however it is recognised that certain statements / measures will not apply to particular sub populations or settings. The Department of Health and NICE have published a position statement on where the NICE quality standards fit within the care system. NICE quality standards are not mandatory and are available as tools for quality improvement by a range of users. It is expected that quality statements and measures will be used and adapted locally.
National Treatment Agency for Substance Misuse	Quality statement 4	The young person's health history could include assessed health need, including substance misuse interventions. The red book doesn't currently cover all the information and records that need to be collated to inform care planning for the young person. This could be expanded to cover records that are held by non NHS services. The data sources available may also include the National	Thank you for your comment. Following a review of feedback from consultation and field testing access to health history is now included in quality statement 4 on support to explore and make sense of identity and relationships. Quality measures on the red book have been removed. Examples of existing national data collection which may

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		Drug Treatment Monitoring System (NDTMS), the Child and Maternal Health Observatory (ChiMat) and the Comprehensive Health Assessment Tool (CHAT) developed by the Youth Justice Board and DH Offender Health. It may be helpful if the standard could highlight that many areas have access to specialist substance misuse carers and foster care placements.	be relevant, in part at least, to the quality measure are referenced where appropriate. Additional suggested data sources have been considered in further development of the quality standard. Specific services have not been highlighted within quality statement 5 on access to specialist and dedicated services, as the topic expert group recognised the range of services that could meet the health, educational, emotional and social needs of looked-after children and young people. However, it is expected that quality statements and measures will be used and adapted at a local level, appropriate to local circumstances.
National Treatment Agency for Substance Misuse	Quality statement 6	We suggest that the document refers to the role of the complex care panels and routes for funding individual placements. This should cover roles and responsibilities for assessing need, reviewing progress, the appropriateness of placements and funding responsibilities where a young person is re-housed or placed temporarily in another local authority area. The standard could be clearer about the role of specialist interventions such as substance misuse. The data sources available may also include the National Drug Treatment Monitoring System (NDTMS), the Child and Maternal Health Observatory (ChiMat) and the Comprehensive Health Assessment Tool (CHAT) developed by the Youth Justice Board and DH Offender Health.	Thank you for your comment. The topic expert group prioritised the areas of care they felt were most important for looked-after children and young people, based on NICE public health guidance 28 / SCIE guide 40. The quality standard has been further developed with consideration given to feedback from consultation and field testing. Quality statement 5 in the final quality standard focuses on access to specialist and dedicated services to meet the needs of looked-after children and young people. Given the range of needs this may cover, the statement is not explicit about what services this may include. There is a stronger focus in the final quality standard on monitoring of care plans and health plans and on continuity of care for looked-after children and young people placed out of their local authority or health boundary.

Stakeholder	Section	Comment	Response
			All suggestions for additional data sources have been considered during further development of the quality standard. A supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers, however, the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk.
National Treatment Agency for Substance Misuse	Quality statement 7	The key issue in continuity of services for young people who are receiving substance misuse interventions is that gains achieved from treatment are maintained as they move around the system. It would be helpful if the standard makes reference to changes in young people's situations. This may include transitions from the secure estate to the community or when a young person's status changes from being 'looked after' to 'in need'. The standard could also helpfully refer to the importance of sentence planning and the role of Offender Health in this process. Resettlement and discharge from care planning should address any key areas of vulnerability, including substance misuse, which may require on-going support on release. In particular we would encourage specifying the	Thank you for your comment. The topic expert group recognised that children and young people in care experience a number of transitions, and the quality standard is intended to promote quality for all groups. Following a review of feedback from consultation and field testing this quality statement is now focused on continuity of care for looked-after children and young people placed out of the local authority or health boundary. This includes a quality measure that there are local arrangements for required services to be in place before a child is placed out of area. Quality statement 5 on access to specialist and dedicated services is intended to support all looked-after children and young people. The measure on pathway planning in quality statement 8 on moving to independence has been strengthened to stipulate that pathway planning is responsive to the needs

Stakeholder	Section	Comment	Response
		importance of having robust care plans and referral pathways in place. This should be supported by in-reach support (where possible) from the community based treatment service prior to a young person's discharge from care. Robust pathways with community-based services are particularly important to prevent any gap in treatment delivery for young people who receive a pharmacological intervention in the secure estates. The National Drug Treatment Monitoring System (NDTMS) records substance misuse specialist treatment activity as reported by treatment providers. This data is used to generate quarterly reports which are made available to the commissioning partnership to support local performance monitoring and outcome measurement. NDTMS reporting was introduced across adult prisons and Young Offender Institutions on 1 April 2012 but has not yet been implemented across Secure Training Centres or Secure Children's Homes. We hope that NDTMS reporting will be established Secure Training Centres by 1 April 2013. NDTMS will support the monitoring of continuing care because it can measure the number of individuals discharged from a particular establishment who engage with community treatment within three weeks of release. In the community, NDTMS enables outcome measurement and one of the key measures to be reported on in future will be the number of young people who leave treatment successfully but re-present with further treatment need within six months of their initial discharge.	of young people. All suggestions for additional statements and measures were considered by the topic expert group during further development of the quality standard. The topic expert group prioritised the areas of care they felt were most important for all looked-after children and young people, based on the development sources listed. The quality standard should be read alongside existing legislation and guidance.
National Treatment Agency for Substance Misuse	General Q2	The quality standard should recognise that young people often move between 'child in need' and 'looked after' status. The proposed standards do not reflect the need to support young people across a continuum of life stages and changes in status.	Thank you for your comment. The topic expert group prioritised the areas of care they felt were most important for looked-after children and young people within the scope of the quality standard,

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		In view of the forthcoming change in looked after status of young people on remand in the secure estate, the standard needs to be explicit about whether it also applies to the youth justice system. We welcome reference to workforce training but if the standard is going to expand on what training staff should receive, it should include the impact of parental substance misuse on young people. Many serious case reviews identify that substance misuse is one of the contributing factors to the complex problems facing families. The standard should to refer to the importance of parents' and carers' feedback in the care planning stages The standard should be clearer about the role of specialist interventions such as substance misuse. While there are some references to mental health, evidence identifies that looked after young people and children in need are often affected by substance misuse. We think that the standard could refer to some key documents which include: • Substance misuse interventions within the young people's secure estate: guiding principles for transferring commissioning responsibility from the YJB to local partnership areas • NTA young people assessment and care planning document • Practice standards (DH, 2011, No Health without Mental Health, Principles of high quality care, p32).	based on the development sources listed. The aspiration is that quality statements will apply to all looked-after children and young people, although it is recognised that this is a heterogeneous group and there may be cases where certain statements do not apply. Quality statement 1 on warm, nurturing care is underpinned by quality measures on training and support for carers, which includes specialist training to meet particular needs. The topic expert group recognise the importance of carers being included in the team working with the child. This has now been added as an quality measure in the quality statement on collaborative working. Self-reported outcome measures for carers have also been strengthened, including a quality measure on satisfaction with the decision to place a child with them. Quality statement 5 now focuses on access to specialist and dedicated within agreed timescales. Given the range of needs that this could encompass, it does not make explicit reference to services. This quality standard was developed in line with a scope that outlines what the standard will and will not consider and outlines which settings are covered by the Quality Standard. We have been referred future topics for children which may cover some of the issues you raise. Please also see the current engagement exercise on future social care

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		• The common core of skills and knowledge for the children and young people's workforce (Children's Workforce Development Council) • Looked after children: knowledge, skills and competence of health care staff- Intercollegiate Role Framework, RCN, RCPCH May 2012 • Practice standards for YP with substance misuse – RCPCH June 2012	topics:
National Treatment Agency for Substance Misuse	General Q3	We think that overall these are useful; however it would be helpful to expand quality statement 5 to include health and wellbeing, not just personal identity and relationships. Quality standard 7 should include young people in the secure estate.	Thank you for your comment. The rationale for quality statement 4 on support to explore and explore and make sense of and relationships highlights the importance of these activities for building emotional wellbeing. It notes the importance of looked-after children and young people having access to health information to support immediate and future wellbeing. Quality statement 6 on transitions is now focused on continuity of care for looked-after children and young people living in placements outside out their local authority or health boundary. This is intended to be relevant to all looked-after children and young people in out of area placements. The quality standard applies to all settings where applicable.
National Treatment Agency for Substance Misuse	General Q5	We think that all the standards are appropriate but note the comments above	Thank you for your comment.
National Treatment Agency for Substance	General Q6	We think that some of the proposed quality measures would benefit from being clearer about whether or not there is a national dataset that can be used to measure them, and a give clearer sense of how measureable they	Thank you for your comment. Examples of existing national data collection which may be relevant, in part at least, to the quality measure are

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Misuse		are It would also be helpful to clarify what the role of CQC and OFSTED are in monitoring the standards.	referenced where appropriate. It is expected that local data sources and audits where appropriate will be considered in order to measure the quality statements in full. The Department of Health and NICE have published a position statement on where the NICE quality standards fit within the care system. NICE quality standards are not mandatory and are available as tools for quality improvement by a range of users.
National Treatment Agency for Substance Misuse	Specific Q9	We agree that the importance of partnership working denotes a separate statement being made. This will enable clear monitoring of arrangements to be in place. It would be helpful to make reference to changes in young people's situations. This may include transitions from the secure estate to the community or when a young person's status changes from being looked after to child in need We suggest that this section is expanded to include assessing health need, including substance misuse. The red book doesn't cover all the information and records that need to be collated to inform care planning for the young person. We think it should be expanded to cover records that are held by non NHS services. The data sources available may also include the National Drug Treatment Monitoring System (NDTMS), the Child and Maternal Health Observatory (ChiMat) and the Comprehensive Health Assessment Tool (CHAT) developed by the Youth Justice Board and DH Offender Health. It would be useful to be clearer about who has	Thank you for your comment. Following a review of feedback from consultation and field testing, a quality statement on collaborative working has been retained as a separate quality statement and is underpinned by measures around effective information sharing. It is recognised that collaboration is embedded throughout the quality standard as a whole. The topic expert group prioritised the areas of care that they felt were most important for looked-after children and young people based on the development sources listed. Quality statement 5 is about access to specialist and dedicated services and includes a quality measure of monitoring of health plans. It is expected that the quality standard will be read in the context of existing legislation and guidance, including health assessments. Following feedback, the quality statement on access to health records has been integrated as a quality measure within the statement on support to explore and make sense of identity and relationships. References to the red book have been removed.

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		responsibility for being the lead professional in each case. Additionally, it would be valuable to highlight that there should be a range of interventions available and opportunities for an individualised response to care planning and staff access to appropriate training and supervision.	Lead professionals have now been highlighted where the topic expert group felt this would support people using the quality standard. Quality statement 1 is underpinned by quality measures about training and support for carers. The quality standard should be read in the context of national and local guidelines on training and competencies. All professionals involved in caring for and supporting looked-after children and young people should be sufficiently and appropriately trained and competent to deliver the actions and interventions described in the quality standard.
Newcastle City Council	Quality statement 3	LAC and young people placed out of area generally have higher health needs than those placed locally. Arrangements for evidencing that their health needs are met need to be specific, with clear pathways for assessment of health need, consideration of this in placement choice, a process for implementation of the health plan by services local to the placement, and a process for joint review between those monitoring the child's progress and needs and those providing health care.	Thank you for your comment. Out of area placements are recognised as a key quality issue. The Quality statement on continuity of care has been refocused on to continuity of care for looked-after children and young people living in placements outside out their local authority or health boundary. This includes a quality measure that there is agreement between placing and receiving teams about schooling and healthcare arrangements before a child or young person is placed across a local authority or health boundary.
Newcastle City Council	Quality statement 4	The "health history" of LACYP including relevant family health information should accompany any that are made of a LACYP to a specialist health service. referrals	Thank you for your comment. Following a review of feedback from consultation and field testing access to health history is now included in quality statement 4 on support to explore and make sense of identity and relationships.
Newcastle City Council	Quality statement 11	The quality of training for foster and residential carer's needs to be defined by specific measures of the impact on carer skills and knowledge, not just by evidence that training has been provided.	Thank you for your comment. Following consultation and field testing feedback, a quality statement has been added on carers providing warm,

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			nurturing care, which is intended to strengthen the focus on effectiveness of training. The statement is underpinned by quality measures on ongoing core and specialist training and support. It includes outcome measures of looked-after children and young people's views of their care, looked-after children and young people's self-reported overall wellbeing and self-esteem, and carer satisfaction with training and support.
Newcastle City Council	Quality statement 6	"Complex emotional and physical needs" requires definition if measures are to be meaningful. The evidence indicators refer to some specific special circumstances such as unaccompanied asylum seekers, implying that these might be the only issues of complexity. The indicator that "all frontline practitioners have access to specialist child and adolescent mental health services" could be clarified so that it includes both access to specialist CAMH advice for the practitioner, and a clear referral pathway to specialist CAMHS for all looked after children.	Thank you for your comment. Following a review of feedback from consultation and field testing 'complex' has been removed from the statement. The quality statement focuses on access to specialist and dedicated services to meet the needs of looked-after children and young people. Given the range of needs this may cover, the statement is not explicit about what services this may include. Relevant equality issues have been highlighted in the equality and diversity considerations section of the quality statement.
Newcastle City Council	Quality statement 7	Local arrangements for transitions are often ineffective when LAC and young people move between different areas of the country with different local processes and pathways. It would be helpful if an overarching national standard for transition between specialist child health services and adult health services was available, especially for mental health transitions where there is a high risk of LAC and young people losing contact with services because of differing local thresholds for access.	Thank you for your comment. Following consultation and field testing feedback this quality statement is now focused on continuity of care for looked-after children and young people placed out of the local authority or health boundary. This includes a quality measure on ensuring there are local arrangements for services to be in place before looked-after children and young people are moved out of local authority or health boundary. Quality statement 5 on access to specialist and dedicated

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			services includes a quality measure on transfer from child to adult mental health services with a completed handover which is intended to support continuity of care. The topic of managing the transition from children's to adult services has been referred for future quality standard development. More information can be found at www.nice.org
Newcastle City Council	Quality statement 9	The comprehensive health assessment provided when LAC and young people move to independent living should include a review and sharing with the young person of their health history including previous assessments and interventions provided by specialist services.	Thank you for your comment. Following further development of the quality standard by the topic expert group this specific measure is no longer included. However, quality statement 4 focuses on identity and relationships and includes support to understand health history.
Newcastle City Council	General Q1	National consistency of standards.	Thank you for your comment.
Newcastle City Council	General Q2	The specific needs of babies and young children, and their carers, to promote the earliest intervention possible of reparative/therapeutic care.	Thank you for your comment. A quality statement has been added on warm, nurturing care which covers specific training and support for carers working with babies and young children, including development of secure attachments.
Newcastle City Council	General Q3	They provide a focused method for measuring the implementation of national NICE/SCIE guidance	Thank you for your comment.
Newcastle City Council	General Q4	Quality of care placements and the matching against assessed needs of the child	Thank you for your comment. The quality statement on placements has been refocused onto quality and stability of placements that take account of the needs and preferences of looked-after children and young people. Commissioning of a range of placements is included as a quality measure to enable matching.
Newcastle City	General Q6	Some definitions will need to be much more specific	Thank you for your comment.

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Council			Following feedback from consultation and field testing, the topic expert group have integrated certain quality statements and refocused others to ensure that there is a set of clear, focused and measurable quality statements. Definitions have also been provided and refined where possible to help with measurability.
Newcastle City Council	General Q8	More defined measures of the types and quality of training for carers	Thank you for your comment. Core and specialist training are now fully defined in the definitions section of Quality statement 1.
Newcastle City Council	Specific Q9	A separate statement highlights the critical importance of collaborative working between agencies and ensures that all agencies recognise their responsibilities.	Thank you for your comment. Following a review of feedback from consultation and field testing, a quality statement on collaborative working has been retained as a separate quality statement and is underpinned by measures around effective information sharing. It is recognised that collaboration is embedded throughout the quality standard as a whole.
NHS Direct	General	NHS Direct welcome the standard and have no comments on its content as part of the consultation.	Thank you for your comment.
NHS Hertfordshire	Quality statement 1	Need to ensure that all information from health assessments and referrals are recorded in the GP record to provide complete and update record of health which will follow the child/young person. Develop and implement time lines for responding to request for information, transfer of GP records between areas to ensure effective and timely communication. Robust data sharing and access agreements need to be in place as data for this will come from the electronic records	Thank you for your comment. Following a review of consultation and field testing feedback, the topic expert group agreed to focus the quality statement on collaboration, underpinned by quality measures of effective information sharing. The measures relating to health records have been removed
NHS	Quality	Health dependent on Social Care to obtain birth parents	Thank you for your comment.

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Hertfordshire	statement 4	health information – OR could it also be part of the court process? This process will depend on Social Care having and sharing accurate up to date information. Repose to information requests time lines may need to be implemented to ensure that the system is embedded in.	Following a review of feedback from consultation and field testing, access to health history is now included in quality statement 4 on support to explore and make sense of identity and relationships. The definitions section includes ensuring that Social workers obtain permission to access the child or young person's neonatal and early health information and information on parental health, including obstetric health
NHS Hertfordshire	Quality statement 6	Commissioners both LA and NHS and providers need to work in partnership to develop systems to ensure this information is recorded and available. Careful consideration needs to be given to the out of county children and the expectations/responsibility on the destination agencies by the responsible commissioners. There are differing referral criteria for adult services and therefore young people who are deemed vulnerable but do not meet thresholds for access. Should commissioners need to review this and include a transition element to the service for this group?	Thank you for your comment. The topic expert group recognise additional issues that children and young people living in placements out of their local authority or health boundary may face. Quality statement 6 is now focused on continuity of services for this group of looked-after children and young people. It includes quality measures on ensuring information is transferred and that there is agreement between placing and receiving teams about schooling and healthcare arrangements before a child or young person is placed across a local authority or health boundary. Quality statement 5 is focussed on looked-after children and young people having continued access to specialist and dedicated services to meet their needs.
NHS Hertfordshire	Quality statement 7	Commissioning agencies will need to commission integrated pathways to include transition requirements Placements in other authorities – Herts part of discussion of a pilot scheme across the region for a generic email notification process. Herts CLA health team has a process in place to share information with other health teams	Thank you for your comment. Following consultation and field testing feedback this quality statement is now focused on continuity of care for looked-after children and young people placed out of the local authority or health boundary. This includes a quality measure on ensuring relevant information is transferred and that there is agreement between placing and receiving

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			teams about schooling and healthcare arrangements before a child or young person is placed across a local authority or health boundary. A supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers, however, the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk.
NHS Hertfordshire	General Q1	This will inform the health profie and the needs of the population	Thank you for your comment.
NHS Hertfordshire	General Q4	Statement 1 and 2 involve a “whole systems” approach	Thank you for your comment. Following a review of feedback from consultation and field testing, a standalone quality statement on collaborative working has been retained. Involvement of looked-after children and young people, particularly in relation to care planning is recognised as important. Quality statement 2 has been threaded through other quality statements. A number of outcome measures include gathering feedback from looked-after children and young people.
NHS Hertfordshire	General Q5	The quality statements should b reviewed after a defined period to ensure appropriateness - do they answer the questions. Historically there has been a lack of robust data to inform the JSNA and commissioning requiremtns; these quality standards may fill this gap but like any process needs to be subject to regular reviews.	Thank you for your comment. Quality standards are currently considered for review 5 years following publication. We envisage that inclusion of these statements in the quality standard will ensure that they are measured at a local level, and may in time influence any national data collections.
NHS Hertfordshire	General Q6	Data collection and having shared IT Systems will need to be revised to take into account the quality requirements	Thank you for your comment.

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			Examples of existing national data collection which may be relevant, in part at least, to the quality measure are referenced where appropriate. It is expected that local data sources and audits where appropriate will be considered in order to measure the quality statements in full.
NHS Hertfordshire	General Q7	As point 2 above	Thank you for your comment.
NHS Hertfordshire	General Q8	As point 2 above	Thank you for your comment.
NHS Hertfordshire	Specific Q9	Needs to be an overarching theme – this is a requirement not an aspiration	Thank you for your comment. Following a review of feedback from consultation and field testing, a quality statement on collaborative working has been retained as a separate quality statement and is underpinned by measures around effective information sharing. Collaboration is also embedded throughout the quality standard as a whole. Different agencies and professionals will need to work closely together to achieve the level of care set out in the quality standard.
NHS Kent and Medway	Quality statement 1	improve the quality of care provided? Yes-This is an essential stand alone standard as agencies need to be reminded not to work in isolation with LAC How measurable? Could measure via LAC review minutes naming professionals involved in the child's life & care.	Thank you. The quality statement on collaborative working has been retained as a separate quality statement and is underpinned by measures around effective information sharing.
NHS Kent and Medway	Quality statement 2	improve the quality of care provided? Yes- really important to remind workers to consistently talk to the child about their needs and wants How measurable? Each agency should document that they have undertaken	Thank you for your comment. Examples of existing national data collection which may be relevant, in part at least, to the quality measure are referenced where appropriate. It is expected that local

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		to do this- measurable via case file audits?	data sources and audits where appropriate will be considered in order to measure the quality statements in full. Measurement should be determined locally.
NHS Kent and Medway	Quality statement 3	improve the quality of care provided?- see below for comments How measurable?- as above auditing case files	Thank you for your comment. Examples of existing national data collection which may be relevant, in part at least, to the quality measure are referenced where appropriate. It is expected that local data sources and audits where appropriate will be considered in order to measure the quality statements in full.
NHS Kent and Medway	Quality statement 4	improve the quality of care provided? Yes very much agree this would improve the life history information for the child How measurable? By providing each LAC a copy of their health assessment and recording this is done.	Thank you for your comment. Following a review of feedback from consultation and field testing, the number of quality statements has been reduced. Access to health history is now included in quality statement 4 on support to explore and make sense of identity and relationships.
NHS Kent and Medway	Quality statement 5	improve the quality of care provided? Yes with worker training How measurable? Very difficult to measure. ? ask the child if this has been undertaken for them	Thank you for your comment. We have considered all suggestions for suitable outcome measures. The topic expert group prioritised measures they considered most important for measuring the quality statements. The quality measures aim to improve the structures and processes of care that are considered to be linked to outcomes, as well as specifying outcomes directly where the topic expert group felt able to define these.
NHS Kent and Medway	Quality statement 6	improve the quality of care provided? Yes this is a statutory requirement & right for every LAC How measurable? Client survey/ foster carer survey	Thank you for your comment. An outcome measure has been included to gather the views of carers.

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NHS Kent and Medway	Quality statement 7	improve the quality of care provided? Essential to have continuity of care How measurable? Client survey/ foster carer survey/ social worker survey Or case file audit	Thank you f or your comment. Following consultation and field testing feedback this quality statement is now focused on continuity of care for looked-after children and young people placed out of the local authority or health boundary. This, and statement 5 on access to specialist and dedicated services are intended to support continued access to services to ensure needs are met. The topic expert group prioritised measures they considered most important for measuring the quality statement.
NHS Kent and Medway	Quality statement 8	improve the quality of care provided? How measurable?	Thank you.
NHS Kent and Medway	Quality statement 9	improve the quality of care provided?- see comments below How measurable?	Thank you for your comment. The topic expert group prioritised measures they considered most important for measuring the quality statements. For statements where relevant national data collection does not exist, it is expected that local data sources and audits where appropriate will be considered in order to measure the quality statements in full. Relevant existing measures are highlighted in the final quality standard.
NHS Kent and Medway	Quality statement 10	improve the quality of care provided? Yes very important to provide holistic care How measurable? Client survey- was this met	Thank you for your comment. Following further development of the quality standard, this quality statement has been incorporated into quality statement 7 on support to fulfil potential.
NHS Kent and Medway	Quality statement 11	improve the quality of care provided? Yes- see below essential How measurable?	Thank you for your comment. Following consultation and field testing feedback, a quality

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		Record of carer training	statement has been added on carers providing warm, nurturing care and this includes ongoing core and specialist training and support.
NHS Kent and Medway	Quality statement 12	improve the quality of care provided? Yes- carers should have an opinion in the care needed for the child- but only if they have full understanding of the child's history, needs and wants. How measurable? ? via LAC review minutes.	Thank you for your comment. Quality statement 2 on collaborative working includes a quality measure on carers being involved in the team working with the child or young person and an outcome measure that the team (including the carer) feel they have all of the information they require.
NHS Kent and Medway	General Q1	Detailed above in individual statement response	Thank you for your comment.
NHS Kent and Medway	General Q2	Do we need one specifically about education aspirations?	Thank you for your comment. The importance of encouraging and supporting education aspirations has been strengthened within quality statement 7 on encouragement to fulfil potential.
NHS Kent and Medway	General Q3	The statements are very useful as a focus and aspiration for all who work with LAC- but they are very wordy- could they be summarised?	Thank you for your comment. Following feedback from consultation and field testing, the topic expert group have refined the quality statements to ensure they are concise and focused.
NHS Kent and Medway	General Q4	Our LAC Nurse network considered that the most important statements were; 6- access to health services as there are often significant barriers for LAC accessing health care 11- foster carer training- the carers are the most important influence on the LAC life, they need support to maintain stable appropriate placements.	Thank you for your comment. Dedicated services have been included alongside specialist services (i.e. services specifically aimed at looked-after children and young people) within quality statement 5. Following consultation and field testing feedback, the topic expert group have developed a quality statement on warm, nurturing care; ongoing high quality core and specialist training is placed within this.

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NHS Kent and Medway	General Q5	We considered statements 3 & 9 rather unrealistic. 3- choosing placements is a luxury that is unrealistic in an environment where placements are hard to come by and there are significant financial restraints. We considered the statement should be re worded to incorporate the child/young person's needs and wants to be considered in a placement move. 9- again there is a lack of resources to enable LAC & young people to leave care and move to independence at their own pace. As a principle we agree but consider this is likely to be impractical as there is limited choice in independent placements.	Thank you for your comment. Quality statement 3 on placements has been refocused to focus on quality and stability of placements that take account of the needs and preferences of looked-after children and young people. This includes involving children and young people in placement planning. Following a topic expert group review of consultation and feedback comments, a quality statement on supporting care leavers to leave care at their own pace has been retained. This now includes a range of accommodation to be provided for care leavers in line with NICE public health guidance 28 / SCIE guide 40 and the statutory Children Act 1989 guidance and regulations volume 3: planning transition to adulthood for care leavers
NHS Kent and Medway	General Q6	Detailed above in individual statement response	Thank you for your comment.
NHS Kent and Medway	General Q7	As above	Thank you for your comment.
NHS Kent and Medway	General Q8	Educational aspirations?	Thank you for your comment. The importance of encouraging and supporting education aspirations has been strengthened within quality statement 7 on encouragement to fulfil potential.
NHS Kent and Medway	Specific Q9	I consider it is important to have a separate standard	Thank you for your comment. The quality statement on collaborative working has been retained as a separate quality statement and is underpinned by measures around effective information sharing.
NHS Nottinghamshire	Quality statement 7	I welcome the inclusion of physical health in this section but following a recent local case (Child E case review yet	Thank you for your comment.

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County		to be published) I would suggest a specific comment about the management of chronic physical health problems and the child's understanding of the need for continued engagement with health providers (including primary care) e.g. diabetes, epilepsy, asthma etc.	The quality statement has been further developed following a review of feedback from consultation and field testing. Quality statement 5 on access to specialist and dedicated services, and quality statement 6 on continuity of care are intended to ensure that all looked-after children and young people have continued access to services they require. Given the broad range of services / needs that this could encompass, particular services or needs are not explicitly referenced. Additional particular needs are addressed in the equality and diversity considerations sections within relevant statements. The topic expert group prioritised the areas of care they felt were most important for looked-after children and young people, based on NICE public health guidance 28 / SCIE guide 40.
NHS Nottinghamshire County	Quality statement 11	I think the health education and knowledge about drugs; alcohol and sexual health are so important that these should be identified specifically in this section.	Thank you for your comment. The topic expert group prioritised the areas of care they felt were most important for looked-after children and young people, based on the development sources listed. Quality statement 5 focuses on access to specialist and dedicated services. It is expected that the quality standard will be read in the context of existing legislation and governance and other guidance. It remains important that other evidence-based recommendations are implemented.

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NHS Nottinghamshire County	General Q1	This QS will make it clear what is expected of health and social care staff as well as the personal carers with regards to looked after children who are an extremely disadvantaged and vulnerable group of society. It also recognises the importance of good communication and robust continuity of care. Case reviews when things go wrong seem to always come up with the same recommendations, this QS will help these to be addressed proactively with every looked after child.	Thank you for your comment.
NHS Nottinghamshire County	General Q2	This QS will make it clear what is expected of health and social care staff as well as the personal carers with regards to looked after children who are an extremely disadvantaged and vulnerable group of society. It also recognises the importance of good communication and robust continuity of care. Case reviews when things go wrong seem to always come up with the same recommendations, this QS will help these to be addressed proactively with every looked after child.	Thank you for your comment.
NHS Nottinghamshire County	General Q3	I think all are relevant and useful	Thank you for your comment.
NHS Nottinghamshire County	General Q4	From a health perspective probably QS 11. In general, and from my experience of over 25 years as an inner city GP, QS 5 -10 with regard to leaving care are the critical ones and those which cover the period of greatest risk to the young person entering independent living.	Thank you for your comment. The topic expert group have considered all comments from consultation and field testing during further development of the quality standard.
NHS Nottinghamshire County	General Q5	No	Thank you for your comment.
NHS Nottinghamshire County	General Q6	This is the biggest problem. Robust and reliable data will be extremely difficult to collect and open to manipulation at individual case level. Validating information about an individual looked after	Thank you for your comment. The topic expert group reviewed all measures in the draft quality standard and have prioritised and refined those

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		child's care will not be easy.	they considered most important to measure the quality statements in the final standard. The quality measures aim to improve the structures and processes of care that are considered to be linked to outcomes, as well as specifying outcomes directly where the Topic expert group felt able to define these.
NHS Nottinghamshire County	General Q7	No	Thank you for your comment.
NHS Nottinghamshire County	General Q8	Possible one about long term health conditions unless that can be bought into QS7	Thank you for your comment. The aspiration of the quality standard is that it applies to all looked-after children. The equality and diversity considerations for a number of quality statements state that certain looked-after children and young people may require additional support, for example, young people with physical or learning disabilities, children with special education needs and children with speech, language and communication difficulties. In addition quality statement 5 on support from dedicated and specialist services also states that services should be available to meet the diverse needs of looked after children and young people including those with physical or learning disabilities, children with special education needs and children with speech, language and communication difficulties.
NHS Nottinghamshire County	Specific Q9	Yes – having all the information to be able to asses and understand a child's needs is different from working to meet those needs. Producing a well-integrated multi agency care plan is a different task to actioning and	Thank you for your comment. Following a review of feedback from consultation and field testing, a quality statement on collaborative working has

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		coordinating that care plan and each require a different type of engagement and involvement of the child and carers. As 2 separate QSs they could be assessing the work of different people, especially if the responsibility is one area but the child resides in another.	been retained as a separate quality statement and is underpinned by measures around effective information sharing. Collaboration between professionals and services is embedded throughout the quality standard as a whole and different agencies and professionals will need to work together to drive quality improvements that the quality standard is intended to achieve. Monitoring of care plans, health plans and education plans has been strengthened within the quality standard. Involvement of children and young people in care planning has been prioritised as a quality measure under a quality statement on quality and stability of placements. Proactive planning for out of area placements is recognised as a key area of importance and continuity of care for looked-after children and young people living in placements outside out their local authority or health boundary is now the focus of the quality statement on continuity of care.
Norfolk Community Health & Care, NHS Trust	Quality statement 1	It is extremely important that information is shared. It remains a challenge to share information within organisations as well as between organisations. There are a wide range of health organisations who do not share information. Therefore, within individual organisations there needs to be priority given to addressing this. Computer systems that can 'talk' to each other and the ability to share data bases will be important whilst recognising the issue of confidentiality. Commissioners need to decide which the overriding prerogative is.	Thank you for your comment. The quality statement on collaborative working has been retained as a separate quality statement and is underpinned by measures around effective information sharing. The topic expert group have prioritised quality measures that they felt were most appropriate to measure the quality statement. Measurement should be determined locally.
Norfolk Community	Quality statement 2	Children In Care Council enables this to some extent. Children need to feel their views have been considered	Thank you for your comment.

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Health & Care, NHS Trust		and explanations given when adults do something different. 'User involvement' also provides a quality standard of the service in order to develop the service appropriately. Children and young people should hold a Child Health Record (e.g. Red Book) which should enable them to feel more involved with their health care plan. However, for the parents of children who go into care it can be difficult to 'give up' as a held record sometimes represents the only memory of the child. Recognising the importance of the child health record is essential and should be maintained throughout childhood and passed to Foster carers. A duplicate record that travels with the child could be considered.	Following a review of feedback from consultation and field-testing the quality statement on involvement of children and young people has been incorporated as a quality measure within a quality statement on quality and stability of placements to take account of the needs and preferences of children and young people. This is to focus engagement on care planning. However engagement is threaded throughout quality measures within other quality statements. The topic expert group recognise the important of children and young people feeling that their views have been considered and that they understand when adults do something different. This is captured within relevant definitions. Quality statement 3 also highlights in the definition of involvement that children and young people should understand their rights to independent advocacy. Following feedback measures involving the red book have been removed. However, quality statement 4 on support to explore and make sense of identity and relationships includes access to health history.
Norfolk Community Health & Care, NHS Trust	Quality statement 3	It is very important that the placement is appropriate in consideration to meeting the health needs of LAC including the access to health services if placed out of county area. Regarding choice of placement, it would be ideal if there was some form of matching process as occurs in adoption in order to maximise the chance of the placement meeting the needs of the child in the short or long term. However, this would be a challenge due to the lack of carers. There is a need to think flexibly about care and look at schools and boarding placements as is done in a minority of cases for older children who do not want to	Thank you for your comment. The quality statement on placements has been amended following feedback from consultation and field testing to focus on quality and stability of placements that take account of the needs and preferences of looked-after children and young people. This includes a quality measure on involvement of children and young people in decisions about placement changes. It includes a quality measure on commissioning a range of placements.

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		lose links with families, but which will prioritise their educational opportunities. This should be offered more frequently and would be more cost effective than foster placements. This is an important standard to ensure continuity of care and prevent placement breakdown.	Out of area placements are recognised as a key quality issue. The Quality statement on continuity of care has been refocused on to continuity of care for looked-after children and young people living in placements outside out their local authority or health boundary. Structure measure c) requires that there is evidence of local arrangements to ensure there is agreement between placing and receiving teams about schooling and healthcare arrangements before a child or young person is placed across a local authority or health boundary.
Norfolk Community Health & Care, NHS Trust	Quality statement 4	Access to health history is important and it is likely that young people will have access to their computerised health records in the future. At this time the 'Red Book' (parent/carer held Child Health Record) is used, but is rarely maintained and kept up to date once the child reaches school age. Health Professionals who only have a short time slot/appointment may be reluctant to write the information twice (once in their organisations records and again in the 'Red Book'), for example GP's and Out Patient Clinics, as they are accustomed to recording in letters or clinical notes. Other reasons that the 'Red Book' may not be effective are it is not a sufficiently confidential document in which to keep full details of personal medical and social histories of other members of the patient's family. Also obtaining the full details of members of the birth family requires their co-operation which may not always be forthcoming. Parents often retain the red book as it is perhaps a way of having something precious about their child still in their possession, or it's likely to get lost. Something to consider is a formal process where the Child Health Record is transferred from parent to carers to child on leaving care, therefore the child finally has ownership of the child health record with copy of neonatal record	Thank you for your comment. Following a review of feedback from consultation and field testing, access to health history is now included in quality statement 4 on support to explore and make sense of identity and relationships. Quality measures relating to the red book have been removed.

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Norfolk Community Health & Care, NHS Trust	Quality statement 5	Important to identify package of care including Key Health and Social Workers so they know who they can contact.	Thank you for your comment. The definitions within the quality statement on identity and relationships are now more clearly defined and set out what support should include.
Norfolk Community Health & Care, NHS Trust	Quality statement 6	This is a vital service for this group of children and young people. In the current climate it is increasingly difficult to find services for young people with emotional health needs that don't get better after a brief period of work. Thought must be given to how services are to be developed and what evidence there is for various therapeutic options that are likely to be effective. For many children, some long term support from a familiar person will be important, thus training of foster carers is crucial as they are likely to provide the majority of the therapeutic work realistically. Employment of specialists or extra training for existing staff would need to be considered with regards to psychiatric services with asylum seeking children's needs in mind, as their experience of trauma is beyond the scope of most regular Tier 3 CAHMS practitioners. Something else to consider is LAC who are in placement outside local area as they do not always have access to CAHMS. Present out of county arrangements make it difficult for children to get the emotional support when it is needed and unnecessary delays due to different local arrangements. It is also important to have feedback from carers regarding mental health support OOC.	Thank you for your comment. Quality statement 5 in the final quality standard covers access to all specialist and dedicated services that looked-after children and young people need to meet their needs. This is intended to include emotional, physical, behavioural and educational needs. Quality statement 1 on warm, nurturing care is underpinned by quality measures that set out the core and specialist training and support that should be provided to carers to meet the needs of looked-after children and young people. Quality statement 6 is now focused on continuity of services for looked-after children and young people placed across local authority or health boundaries. It includes a quality measure on services being in place before the child is moved. The quality standard should be read in the context of national and local guidelines on training and competencies. All professionals involved in caring for and supporting looked-after children and young people should be sufficiently and appropriately trained and competent to deliver the actions and interventions described in the quality standard.

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			NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on the best available guidance. A supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers, however, the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk.
Norfolk Community Health & Care, NHS Trust	Quality statement 7	Continuity is clearly important and we need to find a way of offering services regardless of where the child has come from. Family and carers being involved is also important to ensure that support is on-going. To have a LAC Service that is only for in-county children is not appropriate. Although some areas may have more children placed in than out, this could be calculated so that counties would have additional funding to manage if this was the situation, which would be sourced from a central pot of funding. The complex needs of LAC children are poorly provided for by the current CAHMS system. Tier 2 deals with new or short term problems only. A Tier 3 criterion rarely encompasses the needs of children with attachment problems. Again, Service Commissioning would need to specify these types of problems. In the past some support for these sorts of difficulties came via Children Services but the funding and the services where this sort of work used to take place has largely been withdrawn. Out of area LAC children can get a raw deal	Thank you for your comment. Following consultation and field testing feedback this quality statement is now focused on continuity of care for looked-after children and young people placed out of the local authority or health boundary. The quality statement includes quality measures on ensuring continued access to services to meet the needs of the child or young person. Quality statement 5 on access to services is now focused on access to specialist and dedicated services. This includes a quality measure on monitoring and updating of health plans to ensure that needs are continually met. NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on the best available guidance. Cost effectiveness is considered by the topic expert group during development of quality standards and a supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers, however, the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk. We hope this will help to address your concerns.

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		from their local CAHMS. Children/young people may be moved into an area where they fail to meet the criteria for Tier 3 CAHMS. Perhaps in some cases, being a LAC child discounts one from receiving CAHMS Tier 3 Care, and there could be a possible reluctance to accepting such referrals within CAMHS. Finally, Children and young peoples' needs (emotional, physical and service use) should also be constantly monitored when moving from placement to placement.	
Norfolk Community Health & Care, NHS Trust	Quality statement 8	High aspirations of carers should enable children/young people to have high aspirations. Again, use of boarding placements in good schools, supporting children to access high quality schools will improve their aspirations and be cost effective in the long term. Support is also strongly needed for carers who have to deal with challenging behaviour and there is a need for training in how to calm and understand emotions that lead to challenging behaviours.	Thank you for your comment. There is now a quality statement on warm, nurturing care which is underpinned by quality measures on high quality ongoing core and specialist training and support packages. The content of such training is now more clearly defined, and includes supporting carers in calming and understanding emotions and handling challenging behaviours. The topic expert group prioritised the areas of care they felt were most important for looked-after children and young people, based on the development sources listed. Quality standards do not redefine the evidence base / make new recommendations.
Norfolk Community Health & Care, NHS Trust	Quality statement 9	Strongly support the evidence needed that there are options available for children to remain in a stable foster home or residential home beyond the age of 18 and it should be measured from the care leavers themselves that the option has been made available to them. In terms of health care, LAC Health Services could continue to co-ordinate the health care of young people leaving care if funded to do so.	Thank you for your comment. The quality statement on moving to independence has been further refined following feedback from consultation and field testing. The housing options for care leavers have been more clearly defined. Outcome measures have been included to gather the views and experiences of care leavers.

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			Quality statement 5 focuses on access to specialist and dedicated services.
Norfolk Community Health & Care, NHS Trust	Quality statement 10	Councils should look carefully at all the opportunities on offer in their region and collate this and enable children to access these facilities. Some activities are expensive but this should be prioritised and funded to enable them to develop their own health and fitness, self-worth, mental wellbeing and it is a more effective solution than long term CAMHS and one which will have long term benefits.	Thank you for your comment. A quality measure has been included in the final quality standard on supportive pathways into creative arts, physical activities, and other hobbies and interests that support wellbeing and build self-esteem A supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers. Supporting documents are available from www.nice.org.uk.
Norfolk Community Health & Care, NHS Trust	Quality statement 11	Knowledge of financial support should be available so that carers are able to support and sign post LAC to activities that promote their health and wellbeing. Carers need high quality training in all aspects of child development and ability to support the child's/young person's emotional wellbeing, promote learning and physical activities. Once we become a Foundation Trust, the LAC Health Team could potentially create income by offering such training sessions. Carers should also have access to the child's health information but as the child gets older this information should only be shared with the young person's consent, unless there are overriding safeguarding reasons not to do this.	Thank you for your comment. The topic expert group have developed quality statements based on evidence-based recommendations from the underpinning development source, i.e. NICE public health guidance 28/ SCIE guide 40. Following consultation and field testing feedback, a quality statement has been added on carers providing warm, nurturing care. This includes ongoing core training, which includes child development and development of understanding and awareness of the role of extra-curricular activities for looked-after children and young people. It also includes support packages including providing information about the role and availability of creative and leisure activities for looked-after children and young people . Quality statement 2 on collaborative working includes a

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			quality measure on carers being involved in the team working with the child and effective information protocols. It also includes an outcome measure on whether looked-after children and young people feel information is shared about them appropriately.
Norfolk Community Health & Care, NHS Trust	Quality statement 12	Carers need high quality training in all aspects of child development and ability to support their emotional wellbeing, promote learning and physical activities. Measuring that carers have been involved in arrangements for children and young people leaving care should be considered. There may be conflicts of interest over the LAC child's desire for confidentiality versus the foster carer's desire to know the child's personal and family health or social history. Carers have to have access to health information in order to provide appropriate support, but as the child gets older this information should only be shared with the Young Persons consent, unless there are overriding safeguarding reasons not to gain prior consent.	Thank you for your comment. Following consultation and field testing feedback, a quality statement has been added on carers providing warm, nurturing care. This is underpinned by quality measures around core and specialist training and support to help carers meet the needs of those in their care. The detail of training content is now more clearly defined. Quality statement 2 on collaborative working includes a quality measure on the carer being involved in the team working with the child or young person and a quality measure that the team (including the carer) feel they have all of the information they require. It also includes relevant effective protocols for sharing information and an outcome measure that looked-after children and young people felt information about them was shared appropriately.
Norfolk Community Health & Care, NHS Trust	General Q3	Too wide and unfocussed. Need to be realistic recognising where we are and what we aspire to.	Thank you for your comment. Following feedback from consultation and field testing, the topic expert group have reduced the number of quality statements and measures and refined them to ensure they are concise and focused.
Norfolk Community Health & Care, NHS Trust	General Q6	Some are more measurable than others, i.e. education can monitor child's progress easily and see if they have progressed at increased rate.	Thank you for your comment. Examples of existing national data collection which may be relevant, in part at least, to the quality measure are referenced where appropriate. It is expected that local

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			data sources and audits where appropriate will be considered in order to measure the quality statements in full.
Northern Looked After and Adopted Children Forum	Quality statement 1	The challenge in this statement that reads very well is in local translation and interpretation. Could a live, effective case example of good practice bring it to life for readers? For example 'in city A with a LAC population 0f 450 a multi-agency team comprised of xxx collaborate and share information in the following way…since its inception in 2010 this has resulted in…' I like the definition of the 'consultancy service' on page 8.	Thank you for your comment. NICE has produced a support document to help commissioners and others consider the commissioning implications and potential resource impact of this quality standard and information to explain to looked-after children and young people and carers what the quality standard means to them, both available from www.nice.org.uk
Northern Looked After and Adopted Children Forum	Quality statement 2	Very helpful definitions on page 11. It may be important to add a quality statement about the developmental stage of the child/YP. Seven year olds are in a different place to seventeen year olds and need to be related to and listened to in a different way.	Thank you for your comment. Following a review of feedback from consultation and field testing, more detail has been provided for certain definitions. It is recognised that methods of involvement should be appropriate to the age and developmental stage of the child or young person. The equality and diversity considerations section of quality statement 3 highlights additional considerations.
Northern Looked After and Adopted Children Forum	Quality statement 3	Rhetoric and reality? It seems important to hold onto a quality standard like this. In reality there is a shortage of placement options in the area (Leeds/Bradford) bordering on the extreme let alone a situation in which YP are offered choices. We do, however need to aspire for this on their behalf. This standard will require very creative and robust governance and leadership at local and national levels. The definitions on page 15 are again very helpful.	Thank you for your comment. The quality statement on placements has been amended following feedback from consultation and field testing to focus on quality and stability of placements that match the needs and preferences of looked-after children and young people. This includes a quality measure on involving children and young people in placement decisions. It also includes a quality measure on commissioning a range of placements.
Northern Looked	Quality	An important quality statement that contributes towards	Thank you for your comment.

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After and Adopted Children Forum	statement 4	the development of YP's coherent narrative and sense of being valued and having self-worth. I think the QS is well worded and covers the required territory.	Following a review of feedback from consultation and field testing, access to health history is now included in quality statement 4 on support to explore and make sense of identity and relationships.
Northern Looked After and Adopted Children Forum	Quality statement 5	This feels a very important issue. Does something specific need to be added here re evidence of local arrangements to ensure that carers are provided with training re importance of identity / life story for looked after children and ways of supporting young people with this? I appreciate section 11 relates to training and support to carers, so may be more appropriate to add something in this section. However, if this is the case I am unclear why there is a reference to carer training in section 8 ("ensure carers are provided with training to support them to develop knowledge and understanding of encouraging achievement"). In my opinion, all references to carer training should be on carer training section to prevent some being considered to have more weight than others. Alternatively, carer training needs to be referred to in every section where relevant, to ensure all areas are appropriately covered.	Thank you for your comment. Training for carers is now included within one quality statement on warm, nurturing care. This now clearly defines what core and specialist training should include.
Northern Looked After and Adopted Children Forum	Quality statement 5 – outcome B	Feedback re understanding life story work – issue here for very young children and how reliable / valid self report in this respect – does a carer report need to be added in here?	Thank you for your comment. Clearer definitions have been included for the quality statement on support to explore and make sense of identity and relationships, including life history work. We have considered all suggestions for suitable outcome measures. The topic expert group prioritised measures they considered most important for measuring the quality statements. The quality measures aim to improve the structures and processes of care that are considered to be

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			linked to outcomes, as well as specifying outcomes directly where the topic expert group felt able to define these.
Northern Looked After and Adopted Children Forum	Quality statement 5 – outcome C	This outcome (feedback from young people that they have a supportive peer network). I am not sure how linked this is to understanding life history and relationships. Children with attachment difficulties may have difficulty forming relationships and this is not necessarily directly linked to having on-going life story work. Furthermore, a more general issue relates to relying on client self report in this respect, knowing that often, children will report a very good social network for example, when in fact this is often not the case. Would there be some benefit in adding in an additional outcome measure here (e.g. report form YP and report from carer?). This issue of child self report is especially the case for much younger children.	Thank you for your comment, The topic expert group considered feedback from consultation and field testing during further development of the quality standard and considered all suggestions for suitable outcome measures. They prioritised measures they considered most important for measuring the quality statements. The expectation is that quality statements and measures will be used and adapted at a local level. It remains important that other evidence-based guidance recommendations continue to be implemented.
Northern Looked After and Adopted Children Forum	Quality statement 6	The statement itself implies this is only applicable for children with complex needs. It feels important to acknowledge somewhere in this section the importance of placing emphasis on early intervention and prevention of complex emotional health needs and the need for local authorities to demonstrate services / assessments / screening in place to capture and provide appropriate services in line with this (in addition to complex need).	Thank you for your comment. The topic expert group prioritised the areas of care they felt were most important for looked-after children and young people, based on the development sources listed. Following feedback this quality statement has been amended and 'complex' removed. A quality measure has also been included on monitoring and updating of health plans to ensure that needs are continually met.
Northern Looked After and Adopted Children Forum	Quality statement 6	Just a comment here about the need for services to appropriately define 'complex need' – i.e. some measures of emotional health not appropriately capturing this for Educational attainment is considered a key outcome for this quality statement. However, there is no reference to school / education providers receiving support to	Thank you for your comment. Following a review of consultation and field testing feedback 'complex' has now been removed from the quality statement, which now focuses on access to specialist and dedicated services. This is intended to meet

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		understand emotional health of YP and impact on education, whereas there is reference to carers needing this input. I wonder if in Section 1 (Professional collaboration and multiagency working), more specific mention should be made of the need for education to be included in multi-agency team working around the child (reference is made to frontline staff and carers – could education be mentioned specifically) as this feels v important when considering outcomes re achievement / attainment. Looked after child population (However, this may be more of an 'in-house' issue than something to be noted in guidelines).	the emotional, physical, behavioural and educational needs of looked-after children and young people. The topic expert group prioritised the areas of care they felt were most important for looked-after children and young people, based on evidence-based recommendations from NICE public health guide 28/SCIE guide 40. It remains important that other evidence-based guidance recommendations continue to be implemented. A quality measure has now been included in quality statement 7 on support to fulfil potential on the role of the designated teacher in monitoring educational plans. The role of education has now been further highlighted in the audience descriptor within quality statement 2 on collaborative working
Northern Looked After and Adopted Children Forum	Quality statement 7	Emphasis placed in here on continuity of provision of services for looked after children in transition. It feels important to highlight (perhaps in a stand-alone bullet point) that this also includes appropriate transition planning between care provisions (not just MH services) including transitions from one foster placement to another, even if this is a local transition. In my experience, appropriate transition planning / information sharing between foster placements / care provisions is not always achieved and is essential for YP's emotional health.	Thank you for your comment. Following consultation and field testing feedback this quality statement is now focused on continuity of care for looked-after children and young people placed out of the local authority or health boundary. Quality statement 2 focuses on collaborative working and this includes quality measures about appropriate information sharing between services and professionals. It also includes a quality measure on joint management of the care plan to ensure the needs of the child or young person are met. Quality statement 3 considers quality and stability of placements, and includes quality measures on care

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			planning. The topic expert group prioritised the areas of care they felt were most important for looked-after children and young people, based on NICE public health guidance 28 / SCIE guide 40. It remains important that other evidence-based guidance recommendations continue to be implemented.
Northern Looked After and Adopted Children Forum	Quality statement 8	Educational attainment is considered a key outcome for this quality statement. However, there is no reference to school / education providers receiving support to understand emotional health of YP and impact on education, whereas there is reference to carers needing this input. I wonder if in Section 1 (Professional collaboration and multiagency working), more specific mention should be made of the need for education to be included in multi-agency team working around the child (reference is made to frontline staff and carers – could education be mentioned specifically) as this feels v important when considering outcomes re achievement / attainment.	Thank you for your comment. The topic expert group prioritised the areas of care they felt were most important for looked-after children and young people, based on the development sources listed. It remains important that other evidence-based guidance recommendations are implemented. A quality measure has now been included in quality statement 7 on support to fulfil potential on the role of the designated teacher in monitoring educational plans. Quality statement 5 on access to specialist and dedicated services includes services to meet educational needs. The role of education has now been further highlighted in the audience descriptor within quality statement 2 on collaborative working
Northern Looked After and Adopted Children Forum	Quality statement 9	b) I personally think comment ought to be made about the need for leaving care services to be more proactive in respect to care leavers where the onus is often placed on care leavers to tell their 16+ worker what they need from them and request higher levels of support if required when young people with attachment difficulties may continue to find it very difficult to seek support under times of stress. A further issue pertains to the expectation for young people at 16 often to form relationships with a new network of	Thank you for your comment. NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on the best available guidance. The topic expert group prioritised measures they considered most important for measuring the quality statements. Pathway planning has been strengthened in the statement

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		professionals at a vulnerable point in their development and there is inconsistent practice at times where some young people can continue to be supported by the social worker they had before age 16 and who has a solid knowledge of their history and experiences in care whilst others promptly move to being supported by a 16+ worker (in some cases the more complex, difficult to engage and risky young people). c) I wondered whether any reference ought to be made in this to assessing emotional well-being and the barriers to appropriate provision for this age group where CAMHS service provision in some areas stops at 16 and transfer to adult mental health provision is notoriously difficult. e) Does reference need to be made to money being made available locally to enable young people to remain in foster placements. Often this can move to supported lodgings arrangements which aren't always well received by the young person and where there are no financial incentives for carers as the income they get from this arrangement entails a significant reduction. I also perceive that planning arrangements for when a young person turns 16 can happen far too late-for some YP this creates high levels of anxiety in the contexts of already significant changes/losses in their lives at this point (e.g. school, social worker, drop in overall professional support) when they are unsure about the long-term plans for them in respect to placement.	on support to move to independence at a young person's own pace. This also includes a quality measure on young people being given the option to remain in a stable foster home or residential home beyond the age of 18, and those who experience difficulty moving to independent living returning to the care of the local authority for support. There is a quality measure in the quality statement on access to targeted and specialist services about transfer to adult MH services only once a handover is completed with child services. Cost effectiveness is considered by the Topic Expert Group during development of quality standards and a supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers, however, the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk. We hope this will help to address your concerns.
Northern Looked	Quality	Just one overall comment on this-I felt some reference	Thank you for your comment.

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After and Adopted Children Forum	statement 10	ought to be made to the need for both services that promote inclusion for LAC y enabling them to participate in activities within the community aimed at all young people alongside some need for activities specifically for LAC. Some LAC do not want to participate in activities where everyone involved is also in care but where children have complex needs they may struggle to participate in mainstream activities or staff overseeing them may not have the necessary training, knowledge, experience etc. to support them but there seems to be a need for both of these.	The topic expert group prioritised the areas of care they felt were most important for looked-after children and young people, based on the development source NICE public health guidance 28 / SCIE guide 40. The quality standard has been further developed following a review of feedback from consultation and field testing. A quality measure has been included in quality statement 7 on support to fulfil potential, on supportive pathways into creative arts, physical activities, and other hobbies and interests that support wellbeing and build self-esteem.
Northern Looked After and Adopted Children Forum	Quality statement 11	Draft quality measure structure a) clarification of what 'high quality core training' would look like b) clarification of what 'specialist training' would look like c) Need for reference to a process for monitoring the impact of training for carers and who will now oversee or consider training needs of carers working with LAC since the CWDC was disbanded? Definitions section- 'frontline staff'- I think there is some need for a co-ordinating role in respect to training given the diverse needs different frontline staff will have. What might be the role of professional's bodies or those overseeing the curriculum for vocational/professional training courses to ensure relevant professionals have a good foundation in understanding the needs of LAC?	Thank you for your comment. Following consultation and field testing feedback, a quality statement has been added on carers providing warm, nurturing care and this includes ongoing core and specialist training and support; these are now fully defined in the definitions section. Outcome measures include) feedback from looked-after children and young people about their care, looked-after children and young people's self-reported wellbeing and self-esteem and carer satisfaction with provision of training and support. The quality standard should be read in the context of national and local guidelines on training and competencies. All professionals involved in caring for and supporting looked-after children and young people should be sufficiently and appropriately trained and competent to deliver the actions and interventions described in the quality standard.
Northern Looked	Specific Q9	I like the idea of threading this core value/quality	Thank you for your comment.

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After and Adopted Children Forum		statement throughout the other statements as an overarching principle. It might be worth spelling out the obstacles to effective collaborative working such as differences in professional culture/language, propensity towards blame cultures developing, guilt embedded in the professional system, absence of effective and clear leadership in the network.	Following a review of feedback from consultation and field testing, a quality statement on collaborative working has been retained as a separate quality statement and is underpinned by measures around effective information sharing. Collaborative working is also threaded throughout the quality standard as a whole. The topic expert group recognise that different agencies will need to work closely together across health, social care and educational services to achieve the level of care set out in the quality standard. A supporting document has been published alongside the standard reviewing the potential implications for commissioners and service providers, however, the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk.
Northumberland, Tyne & Wear NHS Trust	Quality statement 3	LACYP placed out of area generally have higher health needs than those placed locally. Arrangements for evidencing that their health needs are met need to be specific, with clear pathways for assessment of health need, consideration of this in placement choice, a process for implementation of the health plan by services local to the placement, and a process for joint review between those monitoring the child's progress and needs and those providing health care.	Thank you for your comment. Out of area placements are recognised as a key quality issue. The Quality statement on continuity of care has been refocused on to continuity of care for looked-after children and young people living in placements outside out their local authority or health boundary. This includes a quality measure that there is agreement between placing and receiving teams about schooling and healthcare arrangements before a child or young person is placed across a local authority or health boundary.
Northumberland, Tyne & Wear	Quality statement 4	The "health history" of LACYP including relevant family health information should accompany any that are made	Thank you for your comment.

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NHS Trust		of a LACYP to a specialist health service. referrals	Following a review of feedback from consultation and field testing access to health history is now included in quality statement 4 on support to explore and make sense of identity and relationships.
Northumberland, Tyne & Wear NHS Trust	Quality statement 11	The quality of training for foster and residential carer's needs to be defined by specific measures of the impact on carer skills and knowledge, not just by evidence that training has been provided.	Thank you for your comment. Following consultation and field testing feedback, a quality statement has been added on carers providing warm, nurturing care, which is intended to strengthen the focus on effectiveness of training. The statement is underpinned by quality measures on ongoing core and specialist training and support. It includes outcome measures of looked-after children and young people's views of their care, looked-after children and young people's self-reported overall wellbeing and self-esteem, and carer satisfaction with training and support.
Northumberland, Tyne & Wear NHS Trust	Quality statement 6	"Complex emotional and physical needs" requires definition if measures are to be meaningful. The evidence indicators refer to some specific special circumstances such as unaccompanied asylum seekers, implying that these might be the only issues of complexity. The indicator that "all frontline practitioners have access to specialist child and adolescent mental health services" could be clarified so that it includes both access to specialist CAMH advice for the practitioner, and a clear referral pathway to specialist CAMHS for all looked after children.	Thank you for your comment. Following a review of feedback from consultation and field testing 'complex' has been removed from the statement. The quality statement focuses on access to specialist and dedicated services to meet the needs of looked-after children and young people. Given the range of needs this may cover, the statement is not explicit about what services this may include. Relevant equality issues have been highlighted in the equality and diversity considerations section of the quality statement.
Northumberland, Tyne & Wear NHS Trust	Quality statement 7	Local arrangements for transitions are often ineffective when LACYP move between different areas of the country with different local processes and pathways. It would be helpful if there is an overarching national standard for	Thank you for your comment. Out of area placements are recognised as a key area for quality improvement. The statement on continuity of care

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		transition between specialist child health services and adult health services, especially for mental health transitions where there is a high risk of LACYP losing contact with services because of differing local thresholds for access.	has been refocused on to continuity of care for looked-after children and young people living in placements outside out their local authority or health boundary, including ongoing access to services required. There is a quality measure on transfer from child to adult MH services in the Quality statement on specialist services with a completed handover. NICE quality standards are intended to drive quality improvement and address variations in care. They should be read in the context of existing legislation and do not set mandatory national targets. However, we envisage that inclusion of these measures in the quality standard will ensure that they are measured at a local level, and may in time influence any national data collections.
Northumberland, Tyne & Wear NHS Trust	Quality statement 9	The comprehensive health assessment provided when LACYP move to independent living should include a review and sharing with the young person of their health history including previous assessments and interventions provided by specialist services.	Thank you for your comment. Following further development of the quality standard by the topic expert group this specific measure is no longer included. However, quality statement 4 focuses on identity and relationships and includes support to understand health history.
Northumberland, Tyne & Wear NHS Trust	General Q1	National consistency of standards.	Thank you for your comment.
Northumberland, Tyne & Wear NHS Trust	General Q2	The specific needs of babies and young children, and their carers, to promote the earliest intervention possible of reparative/therapeutic care.	Thank you for your comment. A quality statement has been added on warm, nurturing care which covers specific training and support for carers working with babies and young children, including development of secure attachments.
Northumberland, Tyne & Wear	General Q3	They provide a focused method for measuring the implementation of national NICE/SCIE guidance	Thank you for your comment.

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NHS Trust			
Northumberland, Tyne & Wear NHS Trust	General Q4	Quality of care placements and the matching against assessed needs of the child	Thank you for your comment. The quality statement on placements has been refocused onto quality and stability of placements that take account of the needs and preferences of looked-after children and young people. Commissioning of a range of placements is included as a quality measure to enable matching.
Northumberland, Tyne & Wear NHS Trust	General Q6	Some definitions will need to be much more specific	Thank you for your comment. Following feedback from consultation and field testing, the topic expert group have integrated certain quality statements and refocused others to ensure that there is a set of clear, focused and measurable quality statements. Definitions have also been provided and refined where possible to help with measurability.
Northumberland, Tyne & Wear NHS Trust	General Q8	More defined measures of the types and quality of training for carers	Thank you for your comment. Core and specialist training are now fully defined in the definitions section of Quality statement 1.
Northumberland, Tyne & Wear NHS Trust	Specific Q9	A separate statement highlights the critical importance of collaborative working between agencies and ensures that all agencies recognise their responsibilities.	Thank you for your comment. Following a review of feedback from consultation and field testing, a quality statement on collaborative working has been retained as a separate quality statement and is underpinned by measures around effective information sharing. It is recognised that collaboration is embedded throughout the quality standard as a whole.
Nottinghamshire Healthcare NHS Trust County Health Partnerships	Quality statement 1	We welcome the emphasis on collaborative working and the use of information sharing protocols to promote multiagency working, the recognition of the importance of young people receiving full health information on leaving care. To ensure that this service is delivered in its fullness	Thank you for your comment. This has been retained as a separate quality statement and the audience descriptor sets out what this means for commissioners.

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		effective commissioning will be essential.	The quality statement on access to health history has been integrated within the quality statement on personal identity and relationships, as the topic expert group agreed that this is part of the looked-after children and young people's identity..
Nottinghamshire Healthcare NHS Trust County Health Partnerships	Quality statement 3	This statement clearly identifies the role health should be playing in decisions made about the appropriateness of placements for children in care in ensuring that identified health needs are met, in particular for children placed out of area.	Thank you for your comment. The quality statement on placements has been amended following feedback from consultation and field testing to focus on quality and stability of placements that match the needs and preferences of looked-after children and young people. Out of area placements are recognised as a key quality issue. The Quality statement on continuity of care has been refocused on to continuity of care for looked-after children and young people living in placements outside their local authority or health boundary.
Nottinghamshire Healthcare NHS Trust County Health Partnerships	Quality statement 4	This statement clearly identifies the importance of the collation of comprehensive health histories. Process need to be clear with partners in health to ensure that barriers to obtaining that information are removed: payments. No mention in this QS of consent from parents or unwelcome history – saying 'complete' is a bit risky best interest of the child / young person.	Thank you for your comment. Following a review of feedback from consultation and field testing access to appropriate health history is now included in quality statement 4 on support to explore and make sense of identity and relationships, as part of life-history work. The definition states that social workers should obtain permission to access the child or young person's neonatal and early health information. Life history work has now been more clearly defined and includes helping with sensitive and distressing information.
Nottinghamshire Healthcare NHS	Quality statement 6	We welcome the emphasis on the emotional health and wellbeing needs of this cohort of children which are often	Thank you for your comment.

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Trust County Health Partnerships		significant. - locally and children placed out of area. Barriers to children receiving this care out of area need to be removed to remove time delays and ensure care is received.	Placements outside the local authority or health boundary are recognised as a key area for quality improvement. The quality statement on continuity of care has been refocused on to continuity of care for looked-after children and young people living in placements outside out their local authority or health boundary, including ongoing access to services required.
Nottinghamshire Healthcare NHS Trust County Health Partnerships	Quality statement 7	Pathways to ensure the timely notification of children placed out of area and the following commissioning arrangements are vital to children placed in care out of area receiving the care they need. Quality outcome frameworks and service specifications for the placements are integral to this process.	Thank you f or your comment. Following consultation and field testing feedback this quality statement is now focused on continuity of care for looked-after children and young people placed out of the local authority or health boundary. This includes a quality measure to ensure the placing authority shares relevant information before a child or young person is placed across a local authority or health boundary. It also includes a quality measure that there is agreement between placing and receiving teams about schooling and healthcare arrangements before a child or young person is placed across a local authority or health boundary.
Nottinghamshire Healthcare NHS Trust County Health Partnerships	Quality statement 11	Highlighting the importance of the training of carers is welcomed here and should be recognised in commissioning arrangements.	Thank you for your comment. Following consultation and field testing feedback, a quality statement has been added on warm, nurturing care, this includes ongoing core and specialist training and support for carers.
Nottinghamshire Healthcare NHS Trust County Health Partnerships	General Q1	We welcome the clear guidance and parameters laid out in the QS with regard to the role health plays in promoting the health and wellbeing of children in care. It should go some way in raising the profile of health within this cohort of children and young people and address local variations. It emphasises the need for collaborative working, improved communication pathways and continuity of care	Thank you for your comment.

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		particularly at key points: leaving care / children placed out of area where the risks are at their highest.	
Nottinghamshire Healthcare NHS Trust County Health Partnerships	General Q2	We feel that there could be a higher profile for CAMHS looked after services within the QS particularly in light of the increasing complexity of the emotional health and wellbeing needs of this group. We are not sure how this could be weaved into this QS but developing skills and knowledge and understanding within the emerging CCG's in health is essential going forward.	Thank you for your comment. The topic expert group discussed the importance of CAMHS services for looked after children and young people. However it was agreed that there should be flexibility in meeting the needs of looked-after children and young people and CAMHS are one of a number of dedicated and specialist services. The quality statement on support from dedicated and specialist service therefore covers a range of services but is not limited to CAMHS.
Nottinghamshire Healthcare NHS Trust County Health Partnerships	General Q3	We believe that all the statements are valuable and relevant. They provide a framework for the interface between health and social care in promoting health.	Thank you for your comment.
Nottinghamshire Healthcare NHS Trust County Health Partnerships	General Q4	1/2/3/4/6/7/11 They have a clear remit for promoting the health of children in care. They focus on the high risk areas and times in a child's in life.	Thank you.
Nottinghamshire Healthcare NHS Trust County Health Partnerships	General Q5	No	Thank you.
Nottinghamshire Healthcare NHS Trust County Health Partnerships	General Q6	Measuring of outcomes for the QS is going to be difficult as it so often is in health as there are often so many contributing factors. Audits of systems and processes will ensure that the intentions of the QS have been actioned from an operational point of view but measuring the positive impact on individual children's lives and	Thank you for your comment. The topic expert group prioritised measures they considered most important for measuring the quality statements. We recognise the challenges involved in using qualitative data; however we feel that qualitative data is

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		collectively from a public health perspective is going to be a challenge. Clear service specifications and outcome frameworks around individual packages of care should allow for some monitoring of quality. There is a lot of reference in the QS to 'asking': qualitative data is notoriously difficult to interpret as there are so many confounding factors that influence responses making it difficult to tease out specific outcomes.	useful for gathering information about looked-after children and young people's experiences of care. The quality measures aim to improve the structures and processes of care that are considered to be linked to outcomes, as well as specifying outcomes directly where the Topic expert group felt able to define these. It is expected that local data sources and audits where appropriate will be considered in order to measure the quality statements in full.
Nottinghamshire Healthcare NHS Trust County Health Partnerships	General Q7	See general Q6 answer	Thank you for your comment.
Nottinghamshire Healthcare NHS Trust County Health Partnerships	General Q8	Should there be more of an emphasis on the emotional health and wellbeing needs of all children coming into care especially now we know most children who do come into care have experienced periods of neglect and abuse?	Thank you for your comment. A quality statement has been developed following consultation and field testing feedback that focuses on looked-after children and young people receiving warm, nurturing care; the underpinning quality measures include high quality core and specialist training for carers. This includes understanding the impact of traumatic experiences and being looked-after. In addition access to dedicated services has been added into the Quality statement around access to specialist services
Nottinghamshire Healthcare NHS Trust County Health Partnerships	Specific Q9	Yes we feel that the QS on collaborative working remain as a stand-alone statement. This emphasises its significance / importance in effective working for children in care and ensures that outcome measures can be set against it.	Thank you for your comment. Following a review of feedback from consultation and field testing, a quality statement on collaborative working has been retained as a separate quality statement .
Ofsted	General	The quality standards could be strengthened by including a focus on:	Thank you for your comment.

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		•The quality of care that should be expected, therapeutic support for children who have endured abuse and neglect or work with families to enable children to return home where it is in their interests to do so •Achieving permanence for children looked after •Enabling children and young people to develop emotional resilience •Maintaining contact with siblings and family members (where appropriate and in the young person's best interests •It is not clear how these standards fit with NMS and statutory guidance or with independent and private providers •The standards could be strengthened through greater explicit reference to emotional health and wellbeing, emotional resilience, maturity, self-image and self-worth etc. Also emotional development and how attachments build capacity for empathy with others which is critical in achieving future sustainable relationships in adulthood. •We also wondered if the wording 'children and young people COVERED by leaving care arrangements' is a little insensitive and would 'looked after children and care leavers' be better? •Greater focus on the needs of children placed out of area throughout, including explicit statements about ensuring these young people are not disadvantaged by being placed out of area •Greater emphasis on health professionals, and others, being active corporate parents of children looked after and care leavers	The topic expert group have refined the quality statements based on consultation comments and field testing responses, working within the agreed scope of the quality standard. A new quality statement has been developed on warm, nurturing care which sets out the high quality core and specialist training and support carers should have access to, to provide warm, nurturing care for looked-after children and young people. This is intended to support looked-after children and young people to develop a sense of permanence and achieve long-term physical, mental and emotional wellbeing. Contact with key people that looked-after children and young people value is included as a quality measure within quality statement 4 on support to explore and make sense of identity and relationships. This is defined in the definitions section to include (but not be limited to) family, including siblings where this is felt to be in the best interests of, and desired by, looked-after children and young people. A rationale section has been added to each quality statement which provides further context for the statements in terms of intended long-term outcomes for looked-after children and young people, including positive emotional wellbeing. The term used to refer to the population that the quality standard covers has been simplified throughout the quality statements to say looked-after children and young people. The introductory section indicates the aspiration that

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			quality statements include care leavers wherever possible. Quality statement 6 is now dedicated to continuity of care for looked-after children and young people living in placements outside out their local authority or health boundary, including ongoing access to services required.
Ofsted	General Q6	Much of the suggested means by which local authorities (LAs) will measure performance against the quality standards requires new local data collection. Given the significant reductions in LA resources, this is unlikely to be achievable.	Thank you for your comment. Examples of existing national data collection which may be relevant, in part at least, to the quality measure are referenced where appropriate. It is expected that local data sources and audits where appropriate will be considered in order to measure the quality statements in full.
Ofsted	Quality statement 1	There are some specific issues associated with permanence arrangements particularly adoption, such as genetic counselling or screening for things such as foetal alcohol syndrome or the impact of child sexual abuse, which could be referenced within this quality standard. Outcome (b) concerning young people feeling their information was appropriately shared is a very subjective matter. Young people's views are hugely important, but there may sometimes be a disconnect between young people's wishes and what is in their best interests. This, of course, should be addressed by the quality of explanation provided by carers or social workers etc. But this outcome will need to take account of this issue as it may skew the results. Outcome (d) could also talk about the way in which records are written, in a manner which pre-supposes that the young person will read it at some stage in their life.	Thank you for your comment. The quality standard is based on a rigorous development process using only NICE accredited evidence. Please refer to the full NICE public health guidance 28 / SCIE guide 40 for detailed summary of the underpinning evidence base for the recommendations on which the quality standard is based. The topic expert group prioritised the quality measures they felt were most important in measuring the quality statements. The topic expert group recognise that certain measures are subjective; however it is important to capture the perspectives of looked-after children and young people. Quality measures could provide a platform for further exploratory work locally to understand perceptions. Following feedback from consultation and field testing, outcome 'd' has been removed.

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		In the “description of what the quality statement means for each audience”, in the LA and other commissioning services section, the primacy of the LA social worker as the principle care planner with young people and their families etc. could be strengthened. Indeed the role of care planning is not referenced in this section. Could include reference that local arrangements are in place to ensure that information from annual strength and wellbeing questionnaire is used to inform individual plans re young people’s emotional needs (and service planning) Could include more about information being shared in a timely way, as well as in a sensitive way - particularly relevant for children placed out of area It is not clear why the Topic Expert Group excluded family members and/or adopters from definitions of carers.	The topic expert group felt that it was important for this quality statement to include measures of perception / experience; however annual assessments of wellbeing are included as an outcome measure in the quality statement on access to dedicated and specialist services. Following a review of consultation and field testing feedback, lead roles have been identified in certain quality measures. The quality statement on continuity of care now focuses on continuity of care for looked-after children and young people living in placements outside out their local authority or health boundary. This includes quality measures around sharing of information prior to a child being placed out of area. Family and friends carers are now specified within the definition of carers. Adopters are outside the scope of the quality standard.
Ofsted	Quality statement 2	Involvement in decision making is important for young people, but a complex thing. Could the quality standard explore further what this might include: hopes, fears, wishes, feelings etc? The standard could also reference the critically important role of the Independent Reviewing Officer and for those still subject to proceedings, the Children’s Guardian. The importance of the views of children and young people being heard is as important as the record of the impact their views had on the decision that was taken **and** the child’s understanding about any difference between the two. Access to advocacy service: This will be highly	Thank you for your comment. Following a review of feedback from consultation and field-testing the quality statement on involvement of children and young people has been incorporated as a quality measure within a quality statement 3 on quality and stability of placements. The definition of involvement now has more detail to include children and young people’s understanding of decisions that have been made and involvement of independent advocates. The role of the Independent Reviewing Officer in monitoring health plans is included in Quality statement 6.

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		appropriate for many young people, but equally for some young people, having people involved in their life who effectively advocate for them may be equally or more valuable than access to an advocacy service. The issue of young people being involved in the design and delivery of services feels too important an issue to only mention within the structure of this quality standard. Should it be a standard in itself? Outcomes should include evidence that the young people actively participate in care planning The section on the involvement of healthcare might appropriately be strengthened by a specific reference to CAMHS. Should the reference to interpreters for unaccompanied asylum-seeking young people also include any young person who does not have English as a spoken or written language? It may be helpful to also refer to alternative means of communication not just interpreters.	Ongoing contact with key people valued by the looked-after children and young people is included in quality statement 4 on support to explore and make sense of identity and relationships. Quality standards are based on evidence-based recommendations from NICE accredited guidance, in this case the NICE public health guidance 28 / SCIE guide 40. Quality standards do not seek to reassess or redefine the evidence base. Please refer to the full guidance for a detailed summary of the underpinning evidence base for the recommendations on which the quality standard is based. It remains important that other evidence-based guidance recommendations continue to be implemented, including involvement in the design and delivery of services. Quality statement 5 focuses on access to specialist and dedicated services for looked-after children and young people. This does not specifically reference individual services, given the range of services that this could involve. However, there is a measure on continuity of care between CAMHS and adult mental health services, as this is recognised as a key issue. The requirement for interpreters to be available for children and young people who do not have English as a spoken or written language is recorded in the equality impact assessment, and the equality and diversity consideration sections of the quality standard also capture this information in the quality standard.

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Ofsted	Quality statement 3	It is important that choice of placement is not only individual choice of the young person, but all those who are involved in the planning and care for the young person. Young people's voices should always be at the centre of these decisions, but the quality standard needs to reflect the decision making process in the whole. Choice of placement is inevitably linked to the sufficiency duty on the LA, which is not explicitly referenced. The structural comment on "a range of placements" could be strengthened with further comment on the flexibility of placements and how this is factored in to commissioning of services/placements at this time of diminishing resources. Local arrangements to ensure that the extended family and friends are explored as possible carers – this is a central issue and could merit being its own standard. Kinship care and 'connected persons' are a key permanence option for many children looked after. A visit by a child looked after prior to a planned placement feels like a minimum standard rather than a quality matching process. In the outcomes section, this could include feedback from carers, birth families, social workers and where in proceedings, Children's Guardians. The outcomes section should also include the placement achieving its purpose as set out in the care plan. Also with regard to placement stability; this needs to take account of young people 'stable' but in the wrong placement. School location is important, but what about young	Thank you for your comment. The quality statement on placements has been amended following feedback from consultation and field testing to focus on quality and stability of placements that take account of the needs and preferences of looked-after children and young people. This includes a quality measure that children and young people are involved indecisions about placement changes. There is also a quality measure that a range of placements are commissioned. The sufficiency duty is referenced in the definitions. There is a quality statement on collaborative working, which includes collaborative working by the team working with the child (including carers). This includes the lead professional - a named social worker, as the coordinator of the care plan. The Topic Expert group recognise the importance of considering the potential for family and friends to become carers. A quality measure has been retained on this, and this includes consideration at an early stage of placement planning. All suggestions for additional quality measures were considered by the topic expert group during further development of the quality standard. The topic expert group prioritised measures they considered most important for measuring the quality statements. The quality measures aim to improve the

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		people's views about being close to peers, friends and people who are important to them? In addition to attending the same school, for older young people this might include employment or training placement. This entire standard should reference the importance of assessment and care planning influencing the placement and subsequent review. In the 'quality placement' section you reference "staying power and unconditional positive regard" – again this is an issue that could merit greater profile and a standard in itself. At the end there is reference to the distress for children moving on – could the standard say something about the skills of carers and social workers to help children move on to permanent placements? Structure (d) re out of area children could be strengthened, e.g. full consultation between placing and receiving teams to ensure healthcare and education services are suitable and in place before placement	structures and processes of care that are considered to be linked to outcomes, as well as specifying outcomes directly where the topic expert group felt able to define these. The measure about a visit by a child looked after prior to a planned placement has been strengthened. A quality statement has been developed on warm, nurturing care. This is built on the principle of encouraging warm and caring relationships between the child and carer that nurture attachment and create a sense of permanence. Quality statement 6 is focused on continuity of care for looked-after children and young people living in placements outside out their local authority or health boundary. Structure measure c) requires that there is agreement between placing and receiving teams about schooling and healthcare arrangements before a child or young person is placed across a local authority or health boundary.
Ofsted	Quality statement 4	Health history shared with young people – this could be amended to 'appropriately shared' as this should be at a time that is in the young person's best interests.	Thank you for your comment. Access to health history is now included in quality statement 4 on support to explore and make sense of identity and relationships. This includes reference to 'appropriate' health history.
Ofsted	Quality statement 5	Contact with and enduring relationships with birth family is important to almost all children looked after. Does there need to be a quality statement about supporting young	Thank you for your comment. The topic expert group prioritised the areas of care they

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		people for whom family members continue to pose a risk to them? Could refer to timeliness of activities more explicitly, particularly with reference to work re identity such as life story work	felt were most important for looked-after children and young people, based on the development sources listed. Quality statement 4 on identity and relationships stipulates that contact with people the child or young person values should be coordinated when it is desired by the child or young person and in their best interests. The definitions section highlights the importance of acknowledging loss where contact is not possible. The definition of life story work highlights that this should be an ongoing activity and sets out more detail about appropriate timing around the needs of the child or young person. Please note that NICE will be developing guidance and a quality standard on child maltreatment which may cover the issues you have raised. Please refer to the following web page.
Ofsted	Quality statement 6	The reference to young people placed away from their local authority area could be strengthened by more explicit reference to their vulnerability to, for example, sexual exploitation. The evaluation of impact of this standard is very data led. Structure (d) - could strengthen reference to out-of area young people, that reinforces the premise that they should not be disadvantaged in any way by being placed out of area	Thank you for your comment. Following feedback, a quality statement has been prioritised that focuses specifically on continuity of care for children and young people in placements outside of their local authority or health boundary. The topic expert group prioritised the areas of care they felt were most important for looked-after children and young people, based on the development sources listed. The topic expert group prioritised measures they considered most important for measuring the quality statements. The quality measures aim to improve the structures and processes of care that are considered to be

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			linked to outcomes, as well as specifying outcomes directly where the topic expert group felt able to define these.
Ofsted	Quality statement 8	Final outcome re conviction, final warnings or reprimands – should this not include the word 'reduction'?	Thank you for your comment. This outcome measure has been removed during further development of the quality standard.
Ofsted	Quality statement 6?	Where this standard talks about "… young people receive a comprehensive health assessment…" could this include something about on-going engagement with health professionals or something which communicates the positive value of taking an active interest in one's health? Should include explicit reference to corporate parenting responsibilities	Thank you for your comment. During further development of the quality standard this quality measure has been removed from quality statement 5 on access to specialist and dedicated services. There is now an increased focus on monitoring of health needs. The topic expert group prioritised quality statements and measures based on the key development source, public health guidance 28/SCIE guide 40. The quality standard is to be read in the context of existing legislation and governance and guidance.
Ofsted	Quality statement 9	Could the standard reference the role of adult social care for some young people? The standard doesn't take account of young people's entitlements being dependent on their eligibility.	Thank you for your comment, which was considered during further development of the quality standard. The topic expert group have prioritised areas of care based on the development sources they felt were most relevant to developing the standard, within the framework of the Quality Standards development process. NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on the best available guidance, however, the configuration of services will be determined locally.
Ofsted	Quality	This quality standard could usefully say something about	Thank you for your comment.

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	statement 11	equity of training, support and supervision across the carer groups i.e. residential workers, foster carers, adoptive carers and family carers. It would also benefit from an emphasis on the impact of the training and how it makes a difference to children and young people.	Following consultation and field testing feedback, a quality statement has been added on carers providing warm, nurturing care. This is underpinned by quality measures on ongoing core and specialist training and support for carers and is intended to put greater emphasis on the effectiveness of training and support. The quality statement covers all carers of looked-after children.
Ofsted	Quality statement 12	Could this standard include something more explicit about the delegation of decision making to foster carers?	Thank you for your comment. This was considered during further development of the quality standard. The topic expert group prioritised the areas of care they felt were most important for looked-after children and young people, based on the development sources listed. It is expected that the quality standard will be read in the context of existing legislation and guidance.
Oxford Health NHS Foundation Trust	Quality statement 1	Health services for Young People Leaving care not currently commissioned therefore no automatic health professional in place for these young people to access with the exception of the GP, providing they are fully registered.	Thank you for your comment. NICE quality standards define what high quality care should look like in the NHS and social care. However, the configuration of services should be determined locally. A supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers, however, the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk. We hope this will help to address your concerns.
Oxford Health NHS Foundation	Quality statement 1	Information Sharing protocols are in place but they may not cover timeliness of sharing information	Thank you for your comment.

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Trust	- structure A		The quality statement has been further refined to include effectiveness of information sharing protocols.
Oxford Health NHS Foundation Trust	Quality statement 1 - structure C	Unsure what a consultancy service to support collaboration on complex casework is	Thank you for your comment. A full definition of the consultancy service is covered in the definition section of the quality statement.
Oxford Health NHS Foundation Trust	Quality statement 1 - outcome A	Leaving Care arrangements – nothing in place for young people after 18 years of age, should they have a final leaving care health assessment? Be given a summary?	Thank you for your comment. NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on the best available guidance. A supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers, however, the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk. We hope this will help to address your concerns.
Oxford Health NHS Foundation Trust	Quality statement 1 - outcome B	How will this be evidenced, again young people leaving care have no service commissioned	Thank you for your comment. The topic expert group have prioritised the quality measures that they felt were most relevant for measuring the quality statement. However, the exact mechanism of measurement should be determined locally. NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on the best available guidance. A supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers, however, the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk. We hope this will help to address your concerns.

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Oxford Health NHS Foundation Trust	Quality statement 1 - outcome C	Assume that this would be via young people focus group, service user questionnaire etc.	Thank you for your comment. Outcome measure 'c' has been removed following feedback from consultation and field testing, as this is captured in the outcome measure that children and young people feel that their information was shared appropriately.
Oxford Health NHS Foundation Trust	Quality statement 1 - outcome D	How will this be evidenced? main record is GP record – nothing to do with Provider Services	Thank you for your comment. Outcome measure 'd' has been removed following feedback from consultation and field testing.
Oxford Health NHS Foundation Trust	Quality statement 2 structures A – E	Nothing in provider health service commissioned for Care Leavers How will this be evidenced? Health Care Plan should feed into Care Plan – how will this be evidenced?	Thank you for your comment. Quality statement 2 is no longer a standalone statement within the final quality standard. A quality measure on involvement has been included in quality statement 3 about quality and stability of placements. NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on the best available guidance. Cost effectiveness is considered by the topic expert group during development of quality standards and a supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers, however, the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk. We hope this will help to address your concerns. Following a review of feedback from consultation and field testing, quality measures are now included in a number of quality statements that relate to monitoring of care plans,

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			health plans and education plans. It is expected that quality statements and measures will be used and adapted locally.
Oxford Health NHS Foundation Trust	Quality statement 3	No input from health provider, social care decisions	Thank you for your comment. The topic expert group included representatives from both health and social care. Registered stakeholders across a number of sectors including health and social care were invited to comment on the provisional quality statements in the draft quality standard via the NICE website.
Oxford Health NHS Foundation Trust	Quality statement 4	Health services for Young People Leaving care not currently commissioned therefore no automatic health professional in place for these young people to access with the exception of the GP providing they are fully registered.	Thank you for your comment. The topic expert group have further refined the quality standard, taking account of feedback from consultation and feedback. Structure measure 'e' has been removed. NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on the best available guidance. Cost effectiveness is considered by the topic expert group during development of quality standards and a supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers, however, the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk. We hope this will help to address your concerns.
Oxford Health NHS Foundation Trust	Quality statement 4 - structure A	Currently this only happens in the case of adoption (providing parents comply)	Thank you for your comment. This quality statement has now been removed and access to health history is included in the quality statement on personal identity and understanding relationships as part

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			of personal identity. Following feedback from consultation and field testing and further refining of the quality standard structure measure a) has been removed.
Oxford Health NHS Foundation Trust	Quality statement 4 - structure B	BAAF forms MB and PH only required in the case of Adoption, PH requires parents to comply, difficult in contentious cases.	Thank you for your comment. This quality statement has now been removed and access to health history is included in the quality statement on personal identity and understanding relationships as part of personal identity. Following feedback from consultation and field testing and further refining of the quality standard structure measure b) has been removed.
Oxford Health NHS Foundation Trust	Quality statement 4 - structure C	Red Book only covers children up to 5 years of age, how will compliance of moving book with child be monitored?	Thank you for your comment. Following feedback measures on the red book have been removed.
Oxford Health NHS Foundation Trust	Quality statement 4 - structure D	Could provide young people leaving care with some basic health information if it was commissioned, however main record is the GP record. How will this be shared? How will sharing be evidenced?	Thank you for your comment. This quality statement has now been removed and access to health history is included in the quality statement on personal identity and understanding relationships as part of personal identity. Following feedback from consultation and field testing and further refining of the quality standard, structure measure d) has been removed.
Oxford Health NHS Foundation Trust	Quality statement 4 - structure E	Generally this will be GP providing the young person has registered. How will this be evidenced?	Thank you for your comment. This quality statement has now been removed and access to health history is included in the quality statement on

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			personal identity and understanding relationships as part of personal identity. Following feedback from consultation and field testing and further refining of the quality standard structure measure e) has been removed.
Oxford Health NHS Foundation Trust	Quality statement 4 - process A	This is not currently requested and would need resourcing	Thank you for your comment. Following a review of feedback from consultation and field testing access to health history is now included in quality statement 4 on support to explore and make sense of identity and relationships. Process measure a) has been removed based on feedback about measurement.
Oxford Health NHS Foundation Trust	Quality statement 4 - process A	Is this referring to the Red Book? Are other documents acceptable? How will all of this be evidenced?	Thank you for your comment. Following a review of feedback from consultation and field testing access to health history is now included in quality statement 4 on support to explore and make sense of identity and relationships. Measures relating to the red book have been removed.
Oxford Health NHS Foundation Trust	Quality statement 4 - process B	Currently this only happens in the case of Adoption, additional work would need resourcing.	Thank you for your comment. Following a review of feedback from consultation and field testing access to health history is now included in quality statement 4 on support to explore and make sense of identity and relationships. Process measure b) has been removed as part of further development of the quality standard.
Oxford Health NHS Foundation Trust	Quality statement 4 – process B	How will this be evidenced?	Thank you for your comment. Following a review of feedback from consultation and field testing access to health history is now included in quality statement 4 on support to explore and make sense of

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			identity and relationships. Process measure b) has been removed.
Oxford Health NHS Foundation Trust	Quality statement 4 - process C	How will this be evidenced? What about areas who use alternative health records?	Thank you for your comment. References to the red book have been removed following feedback from consultation and field testing.
Oxford Health NHS Foundation Trust	Quality statement 4 - process D	Main record is the GP record; the GP record is only complete providing the young person has been fully registered and continues to be registered. Is NICE expecting/anticipating that GP will spend time sharing health information? This would need resourcing and also some training.	Thank you for your comment. This quality statement has now been removed and access to health history is included in the quality statement on personal identity and understanding relationships as part of personal identity. Following feedback from consultation and field testing and further refining of the quality standard process measure d) has been removed.
Oxford Health NHS Foundation Trust	Quality statement 4 - process E	Health services for Young People Leaving care not currently commissioned therefore no automatic or logical health professional in place for these young people to access with the exception of the GP providing they are fully registered. There is no health professional that will track and monitor the health needs of these young people as with Designated Professionals for children in care for example.	Thank you for your comment. The topic expert group have further refined the quality standard, taking account of feedback from consultation and field testing. Access to health history is now part of quality statement 4 on identity and relationships. Process measure 'e' has been removed. NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on the best available guidance.
Oxford Health NHS Foundation Trust	Quality statement 4 – process E	Is NICE expecting the GP to spend time explaining these young people's health history – this would need resourcing and additional training.	Thank you for your comment. This quality statement has now been removed and access to health history is included in the quality statement on personal identity and understanding relationships as part of personal identity.

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			Following feedback from consultation and field testing and further refining of the quality standard process measure e) has been removed.
Oxford Health NHS Foundation Trust	Quality statement 4 - outcome A	How will this be monitored?	Thank you for your comment. Following a review of feedback from consultation and field testing access to health history is now included in quality statement 4 on support to explore and make sense of identity and relationships. Outcome measure a) has been removed based on feedback about measurement.
Oxford Health NHS Foundation Trust	Quality statement 4 - outcome B	Many areas have no records with the exception of electronic records, who do NICE think these should be accessible to?	Thank you for your comment. Following a review of feedback from consultation and field testing access to health history is now included in quality statement 4 on support to explore and make sense of identity and relationships. Outcome measure b) has been removed based on feedback about measurement.
Oxford Health NHS Foundation Trust	Quality statement 4 - outcome C	Mis-placed records, how will this be monitored and evidenced?	Thank you for your comment. Following a review of feedback from consultation and field testing access to health history is now included in quality statement 4 on support to explore and make sense of identity and relationships. Outcome measure c) has been removed based on feedback about measurement.
Oxford Health NHS Foundation Trust	Quality statement 4 - outcome D	How will this be evidenced?	Thank you for your comment. Following a review of feedback from consultation and field testing access to health history is now included in quality statement 4 on support to explore and make sense of identity and relationships. Outcome measure d) has been removed based on feedback about measurement.
Oxford Health	Quality	This would be done by focus group or consultation – how	Thank you for your comment.

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NHS Foundation Trust	statement 4 - outcome E	would this be evidenced?	Following a review of feedback from consultation and field testing access to health history is now included in quality statement 4 on support to explore and make sense of identity and relationships. Outcome measure e) has been removed as part of further development of the quality standard.
Oxford Health NHS Foundation Trust	Quality statement 5	Health services for Young People Leaving care not currently commissioned therefore no automatic health professional in place for these young people to access with the exception of the GP providing they are fully registered. THIS WOULD BE WITHIN SOCIAL CARE REMIT	Thank you for your comment. NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on the best available guidance. Cost effectiveness is considered by the Topic Expert Group during development of quality standards and a supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers, however, the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk. It is envisaged that health, social care and education services will need to work collaboratively to drive the quality improvements the quality standard is intended to achieve.
Oxford Health NHS Foundation Trust	Quality statement 6	Health services for Young People Leaving care not currently commissioned therefore no automatic health professional in place for these young people to access with the exception of the GP providing they are fully registered.	Thank you for your comment. NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on the best available guidance. Cost effectiveness is considered by the Topic Expert Group during development of quality standards and a supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and

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			service providers, however, the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk. We hope this will help to address your concerns.
Oxford Health NHS Foundation Trust	Quality statement 6 - structure A	With the exception of young people leaving care, children and young people should be seen for IHA within 28 days of coming into care providing the notification and receipt of paperwork/consents is timely (Statement 1 a) SDQ could be used to assess emotional/mental health needs but pathway for this needs commissioning	Thank you for your comment. During further development of the quality standard this quality measure has been removed from quality statement 5 on access to specialist and dedicated services. Following feedback from consultation and field testing the topic expert group added an outcome measure on feedback from recognised assessment tools that the child, young person or care leaver's needs are being met through access to specialist and dedicated within agreed timescales
Oxford Health NHS Foundation Trust	Quality statement 6 - structure B	This depends on the thresholds of CAMHS – how will this be monitored/evidenced?	Thank you for your comment. This quality measure has now been removed. The revised quality statement focuses on access to a range of specialist and dedicated services.
Oxford Health NHS Foundation Trust	Quality statement 6 - structure C	How will this be evidenced?	Thank you for your comment. This is no longer a quality measure, but it is recognised as a key issue and is included in the equality and diversity considerations section of the statement.
Oxford Health NHS Foundation Trust	Quality statement 6 - structure D	How will this be evidenced?	Thank you for your comment. This quality measure has now been removed. Following a review of feedback from consultation and field testing, a quality statement has been developed on continuity of care for looked-after children and young people placed out of the local authority or health boundary.

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Oxford Health NHS Foundation Trust	Quality statement 6 – process measures	How will all these processes be evidenced?	Thank you for your comment. Examples of existing national data collection which may be relevant, in part at least, to the quality measure are referenced where appropriate. It is expected that local data sources and audits where appropriate will be considered in order to measure the quality statements in full.
Oxford Health NHS Foundation Trust	Quality statement 7	Health services for Young People Leaving care not currently commissioned therefore no automatic health professional in place for these young people to access with the exception of the GP providing they are fully registered.	Thank you for your comment. NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on the best available guidance. Cost effectiveness is considered by the Topic Expert Group during development of quality standards and a supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers, however, the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk. We hope this will help to address your concerns.
Oxford Health NHS Foundation Trust	Quality statement 7 – measure A	When children and young people are placed out of area the placing health providers have no control over arrangements made/offered by the new provider. When children are placed into county by other local authority the providers can only offer universal services on top of that which is commissioned.	Thank you for your comment. As part of further development of the quality standard this quality statement is now focused on continuity of care for looked-after children and young people placed out of the local authority or health boundary. This includes a quality measure to ensure the placing authority shares relevant information before a child or young person is placed across a local authority or health boundary. It also includes a quality measure that there is agreement between placing and receiving teams about

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			schooling and healthcare arrangements before a child or young person is placed across a local authority or health boundary.
Oxford Health NHS Foundation Trust	Quality statement 9	Health services for Young People Leaving care not currently commissioned therefore no automatic health professional in place for these young people to access with the exception of the GP providing they are fully registered.	Thank you for your comment. NICE quality standards define what high quality care should look like in the NHS and social care.
Oxford Health NHS Foundation Trust	Quality statement 10	Social Care	Thank you for your comment. Collaborative working is important to achieve the level of care set out in the quality standard.
Oxford Health NHS Foundation Trust	Quality statement 11	Social Care	Thank you for your comment. Collaborative working is important to achieve the level of care set out in the quality standard.
Oxford Health NHS Foundation Trust	Quality statement 12	Social Care	Thank you for your comment. Collaborative working is important to achieve the level of care set out in the quality standard.
Oxford Health NHS Foundation Trust	General Q1	Services need to be commissioned fully before any improvements can and will be made. In particular there is no health provider service for young people leaving care commissioned in this area.	Thank you for your comment. Support for commissioners and others using the quality standard will be published alongside the quality standard. NICE quality standards define what high quality care should look like in the NHS and social care.
Oxford Health NHS Foundation Trust	General Q2	Timeliness of notifications, paperwork and consents from Social Care would help.	Thank you for your comment. The topic expert group considered all suggestions for quality measures. They prioritised measures they considered most important for measuring the quality statements. The quality measures aim to improve the structures and processes of care that are considered to be

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			linked to outcomes, as well as specifying outcomes directly where the Topic expert group felt able to define these.
Oxford Health NHS Foundation Trust	General Q3	Providing adequate commissioning arrangements are made the quality statements are useful but more thought needs to be given as to how they will be monitored and evidenced.	Thank you for your comment. The Department of Health and NICE have published a position statement on where the NICE quality standards fit within the care system. NICE quality standards are not mandatory and are available as tools for quality improvement by a range of users.
Oxford Health NHS Foundation Trust	General Q6	Very difficult to measure particularly if dependent on the GP. We also need some clarity as to who will be collecting data and measuring the statements.	Thank you for your comment. Examples of existing national data collection which may be relevant, in part at least, to the quality measure are referenced where appropriate. It is expected that local data sources and audits where appropriate will be considered in order to measure the quality statements in full.
Oxford Health NHS Foundation Trust	Specific Q9	It should be an overarching theme but in many areas, including this one, Social Care does not generally appear to work collaboratively with providers of health care. Much time is wasted in chasing up paperwork etc. Also, Social Care place children out of area away from home with no plans as to how health needs will be assessed and addressed – joint planning would help immensely	Thank you for your comment. Following a review of feedback from consultation and field testing, a quality statement on collaborative working has been retained as a separate quality statement and is underpinned by measures around effective information sharing. However, the topic expert group recognise that different agencies will need to work closely together across health, social care and educational services to achieve the level of care set out in the quality standard as a whole and collaborative working is threaded throughout. Proactive planning for out of area placements is recognised as a key area for quality improvement. Continuity of care for looked-after children and young people living in placements outside out their local authority or health boundary is now the focus of the quality

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			statement on continuity of care.
Pure Innovations	Quality statement 1	We feel this is the most important statement in the document and that collaborate working is the only way to meet the needs of young people effectively When asking looked after children and young people about care at any stage do you follow up these questions a few years later, to get a subjective view when they've just had the experiences you're asking about, then when they're older and have reflected on the experience when you can get an objective view? To get answers such as yeah it wasn't good at the time but now I understand why this happened and why I reacted etc. It would be good to collect views at specific stages in a young person's journey. Mixing the number types when discussing facts and figures can be misleading. Stick to one format, don't mix ¾ with percentages. All the information sharing and working with other agencies relates very much to Statement 1, hence more reason why Statement 1 is the most important in the document. I found the document a bit hard to read. It seems like a lot was said, to say much generalised statements. A lot of information was repeated throughout the various statements. When talking about accessing services or moving a young person out of area/ across boundaries is this just defined as out of county, township/ city boundaries or across country. I'm just thinking of Telford and Wrekin Social Services who are known to do send children to placements in Wales, which has its own policies, protocols and budgets, therefore creating quite possibly difficult	Thank you for your comment. The quality standard has been refined, with consideration of feedback from consultation and field testing. The quality standard has also been reviewed by the NICE editorial team to ensure the information presented is as concise as possible and written in plain English. This includes ensuring that figures in the document are clear, and certain figures have been updated to ensure clarity. The quality statement on collaborative working has been retained as a separate quality statement and is underpinned by measures around effective information sharing. With regards to follow-up on data gathered through measures, the expectation is that quality statements and measures will be used and adapted at a local level. Following feedback from consultation and field testing, the number of quality statements in the quality standard has been reduced. Certain wording has been simplified and the quality measures have been reviewed to ensure that repetition is avoided. Further clarifications have also been provided within definitions where necessary, and these have been linked to statutory definitions where appropriate.

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		situations in regards to contact arrangements, multi-agency working etc.	
Pure Innovations	Quality statement 2	How much input do young people have in their care? Are they just asked for general opinions, yes or no for going ahead with actions and are their opinions overridden if the staff think it is in the young person's best interests. Do they have access to independent advocates/mentors?	Thank you for your comment. Following a review of feedback from consultation and field-testing the quality statement on involvement of children and young people has been incorporated as a quality measure within a quality statement 3 on quality and stability of placements. This includes evidence of local arrangements to involve looked-after children and young people in choices about placement changes. The definition of involvement includes fully taking the child or young person's wishes into account, along with consideration of their best interests. It also involves discussing decisions with the child or young person, including any reasons why wishes may not be followed and the child or young person's rights to independent advocacy.
Pure Innovations	Quality statement 3	When a child or young person is moved between placements – what are the reasons why this happens? I have seen some moved because of one incident of bad behaviour. Are there enough placements to offer a choice? How much support is given to family and friends if the child or young person is placed with them? Emphasis needs to be put on ensuring the staff/carers have the right training to meet the young person's needs Focus needs to be put on the provider market to ensure there a number of high quality placements are developed to meet local need and support young people to reach	Thank you for your comment. The quality statement on placements has been amended following feedback from consultation and field testing to focus on quality and stability of placements that match the needs and preferences of looked-after children and young people. This includes a quality measure that looked-after children and young people's views are considered in placement decisions. There is a quality measure on commissioning a range of placements. There is a quality statement on warm, nurturing care that includes ongoing high quality core and specialist training and support for all carers (including family and friends carers).

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		their potential	
Pure Innovations	Quality Statement 5 –Structure	Would the making sense of relationships include making sense of relationships which include aspects of intimacy? Would the opportunities to develop a sense of identify include trouble shooting potential negative influences on a child or young person's sense of identity such as bullying and peer pressure? Also important for staff to have training in understanding young people who are at risk of being targeted for sexual exploitation	Thank you for your comment. The definitions section has been updated within this quality statement and sets out more clearly what the quality statement and measures involve. The topic expert group prioritised the areas of care they felt were most important for looked-after children and young people, based on NICE public health guidance 28 / SCIE guide 40. It is expected that quality statements and measures will be used and adapted locally.
Pure Innovations	Quality Statement 5 - Definitions	Life History – W hen documenting life history, what happens if the history is full of traumatic events? Are they covered and do they include access to appropriate services to cope with them? What happens if the child or young person wants nothing to do with the people in their life history? Have the people involved in the placement of the young person got the right training to deal with the issues coming up?	Thank you for your comment. Following a review of feedback from consultation and field testing, clearer definitions have been included for the quality statement on support to explore and make sense of identity and relationships, including a definition of what life history work encompasses. The quality measure on relationships also stipulates that contact should be coordinated when it is desired by the child or young person and in their best interests. Quality statement 1 on warm, nurturing care is underpinned by quality measures on core and specialist training and support to enable carers to meet the needs of children and young people. Quality statement 5 focuses on access to specialist and dedicated services to meet the needs of the looked-after

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			child or young person.
Pure Innovations	Quality statement 6	How would the availability of services have an influence on the availability of placements or would it be more viable to access out of area services? Are there any specially trained practitioners for dealing with the complex needs of young people and children in care on CAMHS teams? And on CMHT for when they get transferred at 18? Who covers the emotional and mental health needs of young people 16 – 18 when they don't quite meet the criteria for working with CAMHS and CMHT? Ensure better pathway planning for young people making the transition into adult services	Thank you for your comment. Quality statement 5 in the final quality standard focuses on looked-after children and young people having continued access to specialist and dedicated services to meet their needs. Following a review of feedback from consultation and field testing, the word 'complex' has been removed from the statement. It includes a quality measure for case management and treatment to continue for looked-after young people moving from child to adult mental health services, until a handover with an assessment and completed care plan has been developed with the adult service. The quality standard should be read in the context of national and local guidelines on training and competencies. All professionals involved in caring for and supporting looked-after children and young people should be sufficiently and appropriately trained and competent to deliver the actions and interventions described in the quality standard. Quality statement 8 on moving to independence includes a quality measure on pathway planning which has been strengthened to stipulate that pathway planning is responsive to the needs of young people and equips them with the skills they require to live independently.
Pure Innovations	Quality statement 8	The measuring tools currently used give a distorted view on how successful a young person has been or will be. Thought needs to be given locally to truly measure the success of care leavers. Many do not settle or are ready to fulfil their potential until after 25 yet the expectation is	Thank you for your comment. We have considered all suggestions for suitable outcome measures. The topic expert group prioritised measures they considered most important for measuring the quality

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		that they do this much earlier than other young people. When measuring educational attainment in care leavers, how do you measure it after service support has been withdrawn? Support for care leavers should be extended until at least 25 if not longer	statements. The quality measures aim to improve the structures and processes of care that are considered to be linked to outcomes, as well as specifying outcomes directly where the topic expert group felt able to define these. Quality statement 8 is intended to support young people to leave care at their own pace.
Pure Innovations	Quality statement 9	When supporting to independence, how do these services vary across the country and how are young people assessed for independence? How and why do setting up home/ leaving care grants vary across the country and what are the protocols/ procedures for professional services for controlling/ accessing them? Is it right that it's the norm for young people to leave care age 18? The current housing benefit changes are a huge issue for care leavers and need to be tackled Nationally and locally. Financial support needs to be extended post 18 to ensure the number of care leavers represented in the homeless statistics do not increase. Most young people enjoy the emotional and financial support of their parent/families until age 25+.	NICE quality standards are intended to drive quality improvement and address variations in care. Quality standards should be read in the context of existing legislation and do not set mandatory national targets. The topic expert group have prioritised a quality statement about supporting young people to leave care at their own pace, which includes access to a range of housing options and support, including the option to stay / return to placements as required.
Pure Innovations	Quality statement 10	Are there any good practice guidelines for engaging care leavers into activities to promote over wellbeing and self-esteem? Who will be paying for these activities and responsible for supervising them? This statement is a bit too broad.	Thank you for your comment. NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on the best available guidance. Cost effectiveness is considered by the topic expert group during development of quality standards and a supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers, however, the configuration of services

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			will be determined locally. Supporting documents are available from www.nice.org.uk. We hope this will help to address your concerns.
Pure Innovations	Quality statement 11	When researching support and training for foster carers I found that it varies between agencies. Is there a qualification for carers or plans to bring one in? Are there national/ local protocols concerning the training of frontline staff? There are huge training gaps in supporting the specific needs young people have especially around sexually harmful behaviour and sexual exploitation.	Thank you for your comment. Quality standards should be read within the context of legislation and guidance. This includes national and local guidelines on training and competencies. All professionals involved in caring for and supporting looked-after children and young people should be sufficiently and appropriately trained and competent to deliver the actions and interventions described in the quality standard The topic expert group prioritised the areas of care they felt were most important for looked-after children and young people, based on the development sources listed. This includes areas of care where practice is variable, or where implementation could have a significant impact on care and improved outcomes, and where there is potential to generate measurable indicators. Quality statement 1 on warm, nurturing care is underpinned by quality measures on core and specialist training and support for all carers. This includes clear definitions of training and support from the underpinning development source
Pure Innovations	General Q1	Hopefully it will be used to lay the groundwork to develop more specific national guidelines and protocols for frontline staff working with carers and children and young people.	Thank you for your comment.
Pure Innovations	General Q2	Guidelines concerning benefits for care leavers not working or in education. There is current concern regarding the fact that once there moved into	Thank you for your comment. A quality statement is included in the final quality standard

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		independence in their own property, they could lose that once services are withdrawn and they're not in education or work, as local housing allowance will only pay for room in a property or a bedsit, not a flat or house. Also, when out of work or not in education – the cost of living is the same as for someone plus 25 - therefore we think guidance is needed in that area.	on care leavers moving to independence at their own pace. This includes supportive pathway planning. The quality standard is based on evidence-based recommendations from NICE accredited guidance, i.e. the NICE public health guidance 28 / SCIE guide 40. The quality standards do not seek to reassess, redefine or repeat the evidence base. Please refer to the full guidance for detailed summary of the underpinning evidence base for the recommendations on which the quality standard is based.
Pure Innovations	General Q3	They are useful for defining final goals for areas of care and identifying areas to develop local procedures and protocols.	Thank you.
Pure Innovations	General Q4	The most important is statement 1. It would be impossible to do meet standards of care without working collaboratively with other agencies, organisations. A clear statement here would help define tasks within set roles, but would only work within clear protocols. There are already documents tackling this but only in regards to safeguarding children, but not recognising the fact that by withholding information between agencies, it brings up safeguarding issues.	Thank you. We agree that collaborative working is important. The quality statement on collaborative working has been retained as a separate quality statement. It includes a quality measure relating to effective information sharing protocols.
Pure Innovations	General Q6	It would depend on what tools are used by the people collecting the data. The Dept. of Education has their own ways of data collection so would their findings just be used or would it be a collaborative effort. Would they be measured using objective or subjective opinions of the child or young person? Are the opinions of the child or the young person reviewed by them at a later once they can use life experience to reflect on past situations? Are NICE developing guidelines and assessment tools to be used in relation to this Quality Standard?	Thank you for your comment. NICE quality standards are developed using the best available guidance, including NICE guidance and other NICE-accredited sources. Examples of existing national data collection which may be relevant, in part at least, to the quality measure are referenced where appropriate. It is expected that local data sources and audits where appropriate will be considered in order to measure the quality statements in

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			full.
Pure Innovations	Specific Q9	It would be important to have a separate statement on collaborative working. A clearer definition of who makes up a multiagency team and set national/ local protocols for information sharing might help collaborative working between frontline services, carers and other services which may be working with looked after children and young people such as charities. Some organisations such as charities need information for risk assessments as part of the referral process and it is sometimes considered by some frontline services unnecessary to share relevant important information, which then affects the quality of services provided and increases potential risk. Therefore further information on confidentiality issues may need to be addressed too. Agencies do not like to share information, no matter who it is with. This should be expanded to include training for completed assessments and record keeping, and auditing to avoid poor practice that can lead to poor standards of care across agencies because of one person's incompetence.	Thank you for your comment. The quality statement on collaborative working has been retained as a separate statement and is underpinned by measures around effective information sharing. The multiagency team has been defined and responsibility of the social worker for coordinating the care plan included. The quality standard provides statements of what high quality care should look like. It should be read in the context of existing legislation and does not set mandatory national targets. It is intended that information-sharing protocols should be developed locally and should be effective in enabling appropriate information sharing, taking account of confidentiality issues. The TEG agreed that training is a key issue for driving the quality improvements the quality standard is intended to achieve. Reference has been made to training in the introductory text for the quality standard.
Race Equality Foundation	Quality statement 1	Given the changes taking place within health and social care and the new responsibilities for different agencies, it may be worthwhile being more explicit about the range of agencies within the VCSE and Statutory sector who are likely to work together around health and wellbeing of this group of children and young people. This could include working with Directors of Public Health through their role on the Health and Wellbeing Board to ensure issues affecting the health and wellbeing of looked after children are included in decisions on the Joint Health and Wellbeing Strategy. Or that the Directors of Public Health/Children's Services and Clinical Commissioning	Thank you for your comment. It is specified in the quality standard that different agencies need to work closely together to achieve the level of care it sets out. This requires that services should be commissioned from and coordinated across all relevant involved agencies. Agencies likely to work together around looked after children may vary locally and should be determined at a local level.

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		Groups work together and share data on looked after children as recommended in the Report on the Children's and Young People's Forum.	
Race Equality Foundation	Quality statement 2	The focus on evidence of facilitating involvement is the right one. The different ways of involvement provides an opportunity for methodology such as co-production (which 'e' seems to imply).	Thank you for your comment. We recognise the importance of involving children and young people in decisions about their care. Following a review of feedback from consultation and field testing, the quality statement has been integrated into other quality statements, including the quality statement on quality and stability of placements and the quality statement on personal identity and relationships. Looked-after children and young people and care leaver's self-reported measures are used throughout the quality standard. It is recognised in the equality and diversity consideration section of quality statement 3 on placements that a range of techniques is needed to communicate with looked-after children and young people and understand their needs.
Race Equality Foundation	Quality statement 2	We welcome the highlighting of these considerations but expect that disability and not just 'race' are elements to consider	Thank you for your comment. The equality and diversity considerations sections of the quality standard, and the equality impact assessment published alongside the quality standard have been updated with consideration of consultation and field testing feedback.
Race Equality Foundation	Quality statement 3	Given the constant evidence of the overrepresentation of black and minority ethnic, and mixed race children and young people in the care system, it would be useful to include consideration relating to race, ethnicity and religion, in addition to the data defined in the data source	Thank you for your comment. Suggested data sources are not definitive sources of data to support quality measures but are examples of existing national data collection which may be relevant, in part at

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		section.	least, to the quality measure. It is expected that local data sources and audits where appropriate will be considered in order to measure the quality statements in full.
Race Equality Foundation	Quality statement 5	This statement overall provides succinct information on enabling young people and children in these settings to understand their personal identity and how agencies can assist them.	Thank you for your comment. A quality statement on understanding personal identity and relationships has been retained.
Race Equality Foundation	Quality statement 1	The structure may need to include some recognition of the need to work with young people in identifying what 'wellbeing' means to them, so that measures are 'coproduced' rather than carers supporting young people through predefined measures which may or may not relate to what young people and children 'perceive' as necessary for their wellbeing. Thus ensuring that young people's views on the matter are integral in any training or support offered.	Thank you for your comment. We agree that it is crucial to consider the views of looked-after children and young people in the development of guidance and this quality standard. Their views have been taken into account at all stages and we agree that people should work with looked-after children and young people to determine what is important to them. The quality standard uses NICE public health guidance 28 / SCIE guide 40 as a key development source, which took a range of evidence into account, including feedback from looked-after children and young people about what matters to them to support their wellbeing. In addition, the quality standard has been developed in consideration of service user experience data and current practice information from a range of sources including surveys of looked-after children and young people . Field testing was also conducted with a range of groups to consider the content of the quality standard, including looked-after children and young people, and there is lay representation on the topic expert group developing the quality standard.
Race Equality Foundation	Quality statement 12	There should be an equality consideration on this statement for carers from black and minority ethnic groups as evidence suggests some carers within these groups need culturally appropriate support services. In addition,	Thank you for your comment. This was considered during further development of the quality standard.

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		there are issues for black and minority ethnic children who are cared for by 'white' carers around identity, for example. Thus a consideration would be how to ensure these carers have an understanding of health and wellbeing issues for BME children and young people which may differ because of culture and other factors, as well as their 'identity' in a mixed race placement.	Following a review of feedback from consultation and field testing this is no longer a standalone quality statement. However, quality statement 1 on warm, nurturing care sets out support and training requirements of carers. The equality and diversity considerations box highlights key relevant issues.
Race Equality Foundation	General Q1	This is very much dependent on practitioners understanding the standard and having the time to think through how they can be implemented. Munro Review highlights the need for practitioners to have 'reflective' time and better understand research/evidence to inform their practice. Whilst all the elements to improve quality are laid out the in the standards, structures within social care i.e. supervision, need to ensure priority is given to using the standards to improve the quality of care.	Thank you for your comment. Support for commissioners and others using the quality standard will be published alongside the quality standard. NICE will also work with its partners on a dissemination strategy and adoption support package.
Race Equality Foundation	General Q4	Those that are easier to prove tangible results will probably see fruition first. Whilst this might not be ideal, it will provide workers with impetus and motivation to finds ways to address the less tangible quality standards	Thank you for your comment.
Race Equality Foundation	General Q6	Interpretation of data and the method used will impact on whether or not the quality standards are adhered to. Importantly to get a true measure, practitioners need to have an understanding of what they are measuring. For instance in relation to black and minority ethnic children and young people, an understanding of the different cultural activities that promote wellbeing would be a requirement for Quality Standard 10. These activities may well include participation in nationally recognised initiatives, such as Black History Month, or reference to minority ethnic culture e.g. food, individuals in everyday communications or examples when looking at different topics. Whilst this is somewhat basic, it can easily be	Thank you for your comment. This was considered during further development of the quality standard, including further refinement of quality measures. A supporting document has been published alongside the quality standard for commissioners. Supporting documents are available from www.nice.org.uk.

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		missed out when adherence is given to issues concerning the majority populations and minority populations referred as a deficit rather than a positive. Much of the data necessary to measure whether a quality standard is achieved will be dependent on interactions with the young person and the subjective perceptions of these children and young people. Working proactively with children and young people, knowledge of participation and engagement techniques will enable necessary interaction with these children and young people and help practitioners collate information to determine if the standards have been met. Moreover, it is also dependent on the systems that agencies used and how they can translate information between different agencies. A range of research (including safeguarding) show that children and young people are not actively involved in decisions that affect them (such as with their health and care). Therefore concerted effort will be needed to ensure that they are engaged, and importantly that there are a variety of methods used for involvement (other than attending care/social worker meetings). Good collaboration with agencies involved with the children and young person (i.e. Voluntary sector, faith organisations) would provide a range of sources whereby data can be collected, and children and young people feel confident to put forward their views.	
Royal College of General Practitioners	General/introduction	We feel that considerable guidance needs to be given on "Encourage warm and caring relationships between child and carer that nurture attachment and create a sense of	Thank you for your comment. Following a review of consultation and field testing

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		belonging so that the child or young person feels safe, valued and protected" against a background of more than half of looked-after children having been abused and many more suffering attachment disorder. At a basic level how much should the children or young people be given physical contact; at a more complex level how do we ensure all carers are aware of the complications of attachment disorder? To "Ensure children and young people have a stable experience of education ….." we need to promote that stability by ensuring the child/young person can stay in a school in which they feel stable and this needs Education Authorities and Academy Schools etc. to adapt their catchment policies and criteria f or admission. Sibling relationships should be considered. Funding for cross city/county transport needs to be considered.	feedback, the topic expert group have developed a quality statement on providing warm, nurturing care; this is underpinned by measures on ongoing core and specialist training and support, which includes understanding the impact of experiences and being looked-after and supporting development of secure attachments. The definition of core training includes how to safely meet the looked-after children and young people's need for physical affection and intimacy within the context of the care relationship. The role of education has been strengthened in the quality standard, including the role of the designated teacher in monitoring educational plans. It is expected that quality standards will be used and adapted at a local level, as appropriate. Quality statement 4 includes a quality measure on ongoing contact with people that the looked-after child or young person on carer values, including siblings. In addition, one of the measures includes consideration of sibling co-placement.
Royal College of General Practitioners	Quality statement 1	It is implausible that the Red Book of most children/young people will last through childhood. One suggestion is that an electronic credit card system which could be recharged at any centre, reflecting information collated electronically at a national or local base would be of benefit. If the card was lost a new up-to-date one would be provided by the next health care provider contacted. There are obvious cost implications for this kind of scheme, but a cost-effective available alternative would be to ensure -all children/young people are registered with a GP	Thank you for your comment and suggestions. Measures including the red book have been removed based on feedback from consultation and field testing. Quality standards demonstrate what high quality care should look like. They are developed using an accredited evidence base and do not reappraise evidence. For more detail of the evidence base underpinning the quality standard please refer to the development source NICE

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		-the GP records are used as the central database for each child/young person -GPs are given the right to access records immediately from previous GP when electronic data is not automatically transferred -Access to non-clinical aspects of the clinical record are made easily available to other agencies	public health guidance 28 / SCIE guide 40.
Royal College of General Practitioners	Quality statement 2	This should include reference to siblings – their placement, attitudes of each child to placement and contact. The equality and diversity section needs to mention facilities for communicating with hearing impaired children/young people.	Thank you for your comment. Consideration of sibling co-placement is now included as part of a quality measure within quality statement 3 on quality and stability of placements. This includes outcome measures relating to children and young people's satisfaction with their placement and involvement in placement decisions. Ongoing contact with families, including siblings is included in the quality statement 4 about personal identity and relationships. The additional needs of certain groups of young people that may require support are recorded in the equality impact assessment. In addition, the equality and diversity consideration sections of relevant quality statements also capture this information.
Royal College of General Practitioners	Quality statement 3	It is a real concern to GPs that children and young people in care are moved on to other placements so often, with concomitant loss of continuity, health records and relationships with services that they may have been building. Even if the health services they move to were perfect (which they aren't and they are subject to unacceptable variation between areas), it is not uncommon for a child or young person to be moved 6 or 7	Thank you for your comment. The quality statement on placements has been amended following feedback from consultation and field testing to focus on quality and stability of placements that take account of the needs and preferences of looked-after children and young people. This is intended to promote quality, stable placements. There is also now a quality

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		times through their time in care. One GP commentator based in the Midlands did a personal audit of all those 'in care' in their practice, identifying 6 child patients known to be in care. When she checked their records, over half had been moved on to another area – in some cases as far away as Scotland – miles away with different systems. Some were in the process of being referred (for example for recurrent tonsillitis which was having significant health effects); when they were moved to a new area they would have had to start all over again. This section should include reference to siblings – their placement, attitudes of each child to placement and contact. The draft quality measure needs to mention auditing outcomes of individual placements with each foster home or residential accommodation.	statement on warm, nurturing care which is intended to support stability. Quality statement 5 focuses on access to specialist and dedicated services and includes a quality measure about ongoing monitoring of health plans. Quality statement 6 focuses on continuity of services for children and young people placed outside their local authority or health boundary. Structure measure c) requires that there is evidence of local arrangements to ensure there is agreement between placing and receiving teams about schooling and healthcare arrangements before a child or young person is placed across a local authority or health boundary. Statement 3 on quality and stability of placements includes a quality measure that covers consideration of sibling co-placement. In addition, quality statement 4 includes a quality measure on continued contact with people the child or young person values where this is desired and in their best interests, including family members.
Royal College of General Practitioners	Quality statement 4	The GP record offers the child/young person the access to their health histories described and should be mentioned. The aim that children should have access to their complete health record is laudable – whether this means the Red Book or the GP record. However the essential problem remains that, when children are moved around so much the continuity of the record is inevitably lost, with an impact on the continuity of healthcare received.	Thank you for your comment. Following a review of feedback from consultation and field testing access to health history is now included in quality statement 4 on support to explore and make sense of identity and relationships. Quality measures on the red book have been removed.
Royal College of General Practitioners	Quality statement 6	This should mention the high prevalence of complex emotional and psychiatric disorders in children/young people who are "looked after" and the need for easily accessible services including the need for specialists in	Thank you for your comment. The quality statement has been further developed and now has a focus on access to specialist and dedicated

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		adolescent medicine and psychiatry. At the moment there is great variability in the availability of these services, and in many cases they have different thresholds for access or just do not exist in many areas at transition – one respondent notes experience of several care leavers who have committed suicide after leaving care and while still waiting for access to mental health services. It will be very welcome if the provision of these quality standards helps make access to these services easier.	services for looked-after children and young people. The rationale section provides context for the quality statement, and highlights that it is intended to ensure emotional, physical, behavioural and educational needs are met. Given the wide range of needs of looked-after children and young people specific services are not explicitly detailed.
Royal College of General Practitioners	Quality statement 7	This would require considerable change in the working practices of social services departments with regard to boundaries	Thank you for your comment. Following consultation and field testing feedback this quality statement is now focused on continuity of care for looked-after children and young people placed out of the local authority or health boundary. NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on the best available guidance. A supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers, however, the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk. We hope this will help to address your concerns.
Royal College of General Practitioners	Quality statement 8	Should include reference to sexual health, substance abuse and the encouragement of involvement of local role models	Thank you for your comment. The topic expert group prioritised the areas of care they felt were most important for looked-after children and young people, based on NICE public health guidance 28/ SCIE guide 40. Quality statement 5 focuses on access to specialist and

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			dedicated services. Given the range of services that this could encompass, this does not explicitly reference particular services. The quality standard should be read in the context of existing legislation and governance. It remains important that other evidence-based guidance recommendations are implemented.
Royal College of General Practitioners	General Q1	By setting clear targets, we hope that services will be encouraged to develop greater consistency and increased provision.	Thank you for your comment.
Royal College of General Practitioners	General Q2	The value and benefits of sibling support and the attitudes of the children/young people to their placement with and without siblings and their attitude to contact with siblings. The need for signing, lip reading or speech alternatives in discussing care with children/young people with hearing disorders The problem of children and young people in care being moved around too much – standards can help improve what happens at transition, but don't address the frequency *of* transition.	Thank you for your comment. Sibling support is recognised as important. Quality statement 3 on placements has been further developed and includes a quality measure that references sibling co placement. In addition, quality statement 4 on support to explore and make sense of identity and relationships includes a quality measure on support to maintain relationships with people the child or young person values, including siblings. Following a review of consultation comments and field testing responses, the quality statement on placements has a stronger focus on stability. A quality statement has also been added on warm, nurturing care which considers prevention of placement breakdown. Certain groups of young people who may require additional support, such as young people with physical or learning disabilities, unaccompanied asylum seekers, children with special education needs and children with speech, language and communication difficulties have

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			been included under the equality and diversity considerations of quality statements and in the equality impact assessment.
Royal College of General Practitioners	General Q3	Extremely useful	Thank you for your comment.
Royal College of General Practitioners	General Q4	All are equally important.	Thank you for your comment.
Royal College of General Practitioners	General Q5	No	Thank you for your comment.
Royal College of General Practitioners	General Q6	There needs to be regular audit of the outcome of children/young people in each individual placement e.g. .adoption/fostering panels should regularly review outcomes with each group of foster carers, each residential establishment should have an audit of outcome regular audit of the training given to foster carers – much like the PPD portfolio system used in medical training and revalidation	Thank you for your comment. Quality measures may form the basis for audit criteria developed and used locally to improve the quality of health and social care. We have considered all suggestions for suitable outcome measures. The topic expert group prioritised measures they considered most important for measuring the quality statements. The quality measures aim to improve the structures and processes of care that are considered to be linked to outcomes, as well as specifying outcomes directly where the topic expert group felt able to define these.
Royal College of General Practitioners	General Q7	No	Thank you for your comment.
Royal College of General Practitioners	General Q8	Regular review of waiting time for children/young people to access psychiatric services bearing in mind prevalence of psychiatric, emotional, and behavioural problems	Thank you for your comment. Access to dedicated and specialist within agreed timescales is the focus of the quality statement on support

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			from dedicated and specialist services. Structure measure a) ensures that looked after children and young people receive dedicated and specialist services which are delivered within locally agreed timescales based on need. Measurement should be determined locally.
Royal College of General Practitioners	Specific Q9	Collaborative working based on the use of the "Red Book" is impracticable. An electronic credit card system which could be recharged at any centre reflecting information collated electronically at a national or local base would be of benefit. If the card was lost a new up to date would be provided by the next health care provider contacted. There are obvious cost implications for this so a cost-effective available alternative would be to ensure -all children/young people are registered with a GP -the GP records are used as the central database for each child/young person With this all that would be needed would be a simple statement that the GP record is used to collaborate care and follow-up	Thank you for your comment. Following feedback, quality measures about the red book have been removed. The quality standard is based on evidence-based recommendations from NICE public health guidance 28 / SCIE guide 40. It does not seek to develop new recommendations. Please refer to the full guidance for further detail of the evidence on which its recommendations are based.
Royal College of Paediatrics and Child Health	General	The quality standard title must include health not just social care as the emphasis is supposed to be about holistic health not just social care	Thank you for your comment. We agree that the quality standard is relevant to health and social care. We have amended the title to reflect this.
Royal College of Paediatrics and Child Health	General/introduction	References need to be included for the info/stats quoted in these two paragraphs.	Thank you for your comment. Our editing team have considered your suggestion.
Royal College of Paediatrics and Child Health	General	Overall, the most important finding is that there is effective local and national collaboration to ensure to ensure best health life potential outcome for all looked-after children (LAC). The quality standards (1), 4 and 6 are the only standards that are health-specific, the rest are about joint	Thank you for your comment. A separate statement has been retained on collaborative working. Different agencies will need to work closely together to achieve the level of care set out in the quality

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		working between Health and Social Care.	standard. The Department of Health and Department for Education have clarified where the quality standards fit within existing statutory frameworks.
Royal College of Paediatrics and Child Health	Quality statement 3	Placement choice is ideal but realistically all local authorities struggle to find enough placements let alone individually- tailored ones. Currently, health partners have no/little input into how placement is offered (but health medical advisors are writing health reports of adult foster carers/prospective adopters)	Thank you for your comment. The quality statement on placements has been amended following feedback from consultation and field testing to focus on quality and stability of placements that take account of the needs and preferences of looked-after children and young people. This includes commissioning a range of placements and involving looked-after children and young people in decisions about placement changes.
Royal College of Paediatrics and Child Health	Quality statement 1	The whole theme of this LAC QS must be about effective joint working between agencies SC, Health and Education so a big overarching statement or paragraph is crucial. This could then be interwoven into each QS statement that is set up after this as well.	Thank you for your comment. The quality statement on collaborative working has been retained as a separate quality statement and is underpinned by measures around effective information sharing. It is recognised that it is also threaded through statements, as services will need to work collaboratively across all aspects to meet the needs of looked-after children and young people.
Royal College of Paediatrics and Child Health	Quality statement 2	This standard is not only for the health component but every decision so specificity is important for health. This can be evidenced in the existing IHA/ RHA paperwork with a section to tick & comment about inclusion of child in the decision-making process. Any of his/her physical, emotional or health concerns could also be noted down here.	Thank you for your comment. Following feedback from consultation and field testing, the topic expert group have integrated certain quality statements and refocused others to ensure that there is a set of clear, focused and measurable quality statements. The quality statement on involvement in decisions about care has now been integrated into quality statement 3 on quality and stability of placements, with a stronger focus on involvement in care planning. Involvement is also

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			threaded throughout other quality statements. A number of outcome measures throughout the quality statement are intended capture children and young people's views and experience of care. The expectation is that quality statements and measures will be used and adapted at a local level.
Royal College of Paediatrics and Child Health	Quality statement 4	This can also be incorporated into their IHA/RHA and health care plan. Clear multiagency processes should be drawn up locally to ensure they all relevant organisations have access to this.	Thank you for your comment. Following a review of feedback from consultation and field testing access to health history is now included in quality statement 4 on support to explore and make sense of identity and relationships.
Royal College of Paediatrics and Child Health	Quality statement 7	Presently, there is no uniformity between Local Authorities (LA) and differences are expected to become greater. For this reason, realistically it will be very difficult to achieve this standard. Some LAs will have to look beyond their own boundaries to provide the best placement for difficult LAC and continuity of services will depend on what is available and the commissioning arrangements. The degree of health need of the child (primary-care/secondary-care/tertiary-care/mental-health/substance misuse etc.) should be graded, then the provider should be found to ensure that there are commissioning funds to go with the child. This is likely to remain a postcode lottery unless nationally there is a clear directive and total agreement and uniformity of how LAC should receive health input if placed out-of-area.	Thank you f or your comment. Following consultation and field testing feedback this quality statement is now focused on continuity of care for looked-after children and young people placed out of the local authority or health boundary. NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on the best available guidance. A supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers, however, the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk. NICE quality standards should be read in the context of relevant legislation and governance.
Royal College of Paediatrics and	Quality statement	All organisations should provide relevant multiagency training for carers/education/health staff who deal with	Thank you for your comment.

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Child Health	11	LAC.	Quality statement 1 on warm, nurturing care is underpinned by measures on core and specialist training and support for carers. The quality standard should be read in the context of national and local guidelines on training and competencies. All professionals involved in caring for and supporting looked-after children and young people should be sufficiently and appropriately trained and competent to deliver the actions and interventions described in the quality standard.
Royal College of Paediatrics and Child Health	Quality statements 1 and 2	Although having an integrated team working to support LAC is important, there needs to be a health person in each locality responsible for the health needs of LAC who often have multiple needs. This person should ensure that LAC have access to quality assessments and treatments and should advocate on behalf of these children and young people. This should be included in standard 1.	Thank you for your comment. A quality measure has been included in quality statement 2 on collaborative working which highlights the lead responsibility for management of the care plan. Quality statement 5 includes responsibilities for monitoring health plans. The quality standard should be read in the context of existing legislation and guidance.
Royal College of Paediatrics and Child Health	General Q6	Quality Statements 5,8,9 and 10 are not health specific and about the LAC directly and almost impossible to have an exact measure	Thank you for your comment. Following feedback from consultation and field testing, the topic expert group have integrated certain quality statements and refocused others to ensure that there is a set of clear, focused and measurable quality statements. Definitions have also been provided and refined where possible to help with measurability.
Royal College of Paediatrics and Child Health	Specific Q9	See comments above.	Thank you for your comment.
Royal College of	General	In order for this standard to be met it is important that	Thank you for your comment.

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Speech and Language Therapists		anyone working with looked-after children should be aware of the possibility that they might have speech language and communication needs (SLCN) (Lambros K. M., Hurley M., Hurlburt M., Zhang J. and Leslie L. K. (2010), Special education services for children involved with child welfare / child protective services, School Mental Health, 2, pp. 177-91) and of the fact that these needs are often unidentified (McCool S. and Stevens I. C. (2011) Identifying speech, language and communication needs among children and young people in residential care, International Journal of Language and Communication Disorders, 46(6) pp. 665-74). SLCN can impact on literacy, social and emotional development as well as participation. Looked-after children could be limited in their understanding of and participation in any planning for them if they have undetected and unaddressed SLCN. Advocates, in particular, will need to be aware of this issue and to modify their communication accordingly.	We agree that this is important. Speech, language and communication needs are included in the equality impact assessment that accompanies the quality standard. This is also highlighted in equality and diversity considerations sections of relevant quality statements.
Royal College of Speech and Language Therapists	Quality statement 1	In order to achieve the position described in this quality statement there would need to be social care referral routes to speech and language therapy with service provision to meet these needs. There is very strong evidence to suggest that looked-after children and those from lower socioeconomic backgrounds are much more likely to have speech and language difficulties which will impact negatively on their education. (Durkin K., and Conti-Ramsden G. (2010) Young people with Specific Language Impairment: A review of social and emotional functioning in adolescence, *Child Language Teaching and Therapy*, 26, pp. 105-21. Ginsborg, J. (2006) 'The effects of socio-economic status on children's language acquisition and use' in Clegg J. and Ginsborg J. (eds) *Language and Social disadvantage: Theory into Practice*,	Thank you for your comment. Speech and Language communication needs are included as a consideration within the equality impact assessment accompanying the quality standard. Equality and diversity considerations of relevant quality statements also highlight that children and young people with speech, language and communication difficulties may have potential additional needs. NICE quality standards are derived from the best available guidance such as NICE guidance and other evidence sources accredited by NICE. Please refer to the full public health guidance 28/SCIE guide 40 for a detailed summary of the underpinning evidence base for the

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		Chichester: Wiley.) There is also evidence that speech and language therapy services are not always available to such children when required. (Bercow, J. (2008) *A review of services for children and young people (0-19) with speech, language and communication needs*.)	recommendations on which the quality standard is based.
Royal College of Speech and Language Therapists	Quality statement 6	Children with complex needs may well have speech, language and communication difficulties. The "comprehensive and sensitive assessments" should include speech, language and communication skills. It is essential that communication difficulties are identified so that other assessments and interventions can be tailored to the child or young person's language level. Also, the child or young person may require speech and language therapy to enhance their skills so that they can benefit from other interventions most of which are verbally mediated.	Thank you for your comment. Quality statement 5 on access to specialist and dedicated services is intended to ensure that all looked-after children and young people have continued access to services to meet their needs. The equality and diversity considerations section highlights particular needs that some children and young people may have, including speech, language and communication difficulties.
Royal College of Speech and Language Therapists	Quality statements 7 and 9	This statement requires improved accessibility of services. The Bercow Report highlights lack of on-going support with speech, language and communication difficulties after children leave special schools or the care sector.	Thank you for your comment. Speech, language and communication difficulties have been highlighted within the equality impact assessment published alongside the quality standard. Specific issues have also been addressed in the equality and diversity considerations section of relevant statements.
Royal College of Speech and Language Therapists	Quality statement 8	Looked-after children who need speech and language therapy will be unlikely to achieve their full potential unless they receive intervention in a timely manner. (Hartshorne M. (2006) *The cost to the nation of children's poor communication*, ICAN talk series - issue 2, London: ICAN).	Thank you for your comment. The equality impact assessment and relevant equality and diversity considerations sections within statements highlight additional particular needs some looked-after children and young people may have, including speech, language and communication difficulties. Quality statement 5 covers access to specialist and dedicated services.
Royal College of	Quality	The "specialist training to support them [carers] to meet	Thank you for your comment.

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Speech and Language Therapists	statement 11	the particular needs of the child or young person" should include training about SLCN and the impact of SLCN on the child's educational, social and emotional development and on the child's behaviour. All professionals working with looked after children could benefit from training in identifying SLCNs and modifying their interactions, the environment and tasks set accordingly to maximise the engagement of the child or young person.	The equality and diversity considerations section of statement 1 on warm, nurturing care highlights additional needs that may require further training or support, including speech, language and communication difficulties.
Royal College of Speech and Language Therapists	General	It is important for anyone working with looked-after children to be alert to the possibility they may have SLCN.	Thank you for your comment. We agree. Speech, language and communication needs are included in the equality impact assessment that accompanies the quality standard. This is also highlighted in equality and diversity considerations sections of relevant quality statements.
Royal College of Speech and Language Therapists	General Q2	There ought to be mention of the potential impact of often undetected SLCN on the lives of looked-after children (see above).	Thank you for your comment. The topic expert group considered equality issues throughout development of the quality standard. An equality impact assessment is published alongside the final quality standard. A section on 'Diversity, equality and language' can be found in the final quality standard. The quality standard also contains an equality and diversity considerations section for specific quality statements, which highlights speech, language and communication needs.
Sheffield Children's Hospital	General	The proposals are for this standard is comprehensive and support the PH28 document Should this be a Social Care and Health document? Not purely social care. Where is the commissioning responsibility?	Thank you for your comment. We agree that the quality standard is relevant to health and social care. We have amended the title to reflect this. With regards to commissioning responsibility, it is intended

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		Feel that these are aspirational standards that can only be met if made mandatory for both health and social care. The collection of data proposes problems due to IT systems between health and social care being unable to 'talk' to each other Local outcomes become meaningless unless nationally agreed. All looked after children wherever they live should have the same quality and level of services. How does this fit with the proposal of a national tariff?	that the quality standard will be used by a range of audiences, including commissioners. The audience descriptors for each statement set out what this means for each audience. It is also expected that the quality standard will be read in the context of relevant legislation and governance, including the responsible commissioner guidance. Quality standards are intended to demonstrate what high quality care should look like and do not provide a new set of targets or mandatory indicators for performance management. Examples of existing national data collection which may be relevant, in part at least, to the quality measures are referenced where appropriate. It is expected that local data sources and audits where appropriate will be considered in order to measure the quality statements in full. We envisage that inclusion of these measures in the quality standard will ensure that they are measured at a local level, which may in time influence any national data collections. With respect to your query about the national tariff we expect that further advice about how quality standards should be used by the NHS will come from the National Quality Board and the NHS Commissioning Board
Sheffield Children's Hospital	Quality statement 9	Talks about a health assessment for those moving onto independence. Health assessments are statutory up 18 years so this is additional and will require further resources that are currently not available.	Thank you for your comment. Following further development of the quality standard by the topic expert group this specific measure is no longer

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			included. However, cost effectiveness is considered by the topic expert group during development of quality standards and a supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers, although the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk. We hope this will help to address your concerns.
Sheffield Children's Hospital	General Q1	The document needs to define quality and collaborative working. The outcomes are too specific which conflicts with this document setting aspirational targets. The quality measures are to be set locally but should be nationally agreed in order to provide consistency for all looked after children.	Thank you for your comment. NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on the best available guidance. It is not anticipated that the quality statements and measures be used as targets. The expectation is that quality statements and measures will be used and adapted at a local level. We envisage that inclusion of these measures in the quality standard will ensure that they are measured at a local level, and may in time influence any national data collections.
Sheffield Children's Hospital	General Q2	There is no reference to national tariffs which aim to improve the quality of care also	Thank you for your comment. We expect that further advice about how quality standards should be used by the NHS will come from the National Quality Board and the NHS Commissioning Board. The Department of Health and NICE have published a position statement on where the NICE quality standards fit within the care system. NICE quality standards are not mandatory and are

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			available as tools for quality improvement by a range of users.
Sheffield Children's Hospital	General Q6	Difficulty with measuring this data due to IT systems between health and social care that do not 'talk' to each other. It requires many audits. For example: How do you measure misplaced red books?	Thank you for your comment. This was considered during further development of the quality standard, including further refinement of quality measures. Quality measures relating to the red book now removed.
Sheffield Children's Hospital	General Q8	There are no quality measures that look at the long term outcomes for LAC although it is recognised that long term outcomes for looked after children are difficult to measure but some standards should be defined for this.	Thank you for your comment. The topic expert group have considered all suggestions for suitable outcome measures and prioritised measures they considered most important for measuring the quality statements. The quality measures aim to improve the structures and processes of care that are considered to be linked to outcomes, as well as specifying outcomes directly where the topic expert group felt able to define these.
Sheffield Children's Hospital	Specific Q9	Needs to be a clearly defined statement about equal partnership.	Thank you for your comment. Following a review of feedback from consultation and field testing, a quality statement on collaborative working has been retained as a separate quality statement. It is recognised that collaboration is embedded throughout the quality standard as a whole.
Social Care Institute for Excellence	General	The Social Care Institute for Excellence (SCIE) welcomes the publication of the Draft Quality Standard for Looked After Children. This Quality Standard has used public health guidance developed in collaboration between SCIE and the National Institute for Health and Clinical Excellence (NICE) and, as such, we think recognises the need for an integrated approach to supporting looked after young people. While there are some specific comments we wish to make, overall, we want to emphasise our view	Thank you for your comment. We agree that the approach to dissemination and adoption will require careful consideration. We plan to draw on the skills and partnerships we have already established in the sector, as well as drawing on the expertise of the newly established NICE Collaborating Centre for Social Care, to effectively disseminate and encourage adoption of the quality standards.

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		that successful dissemination and adoption of this standard will rely absolutely on innovative and multi-faceted approaches to engaging the disparate and diverse groups of service commissioners and providers supporting the wide-ranging needs of this user group. An example of such an approach can be found in SCIE's www.info4carekids.org.uk resource which was informed by the joint SCIE/NICE public health guidance on promoting the quality of life of looked-after children and young people. To ensure this Quality Standard supports the development of a truly child-centred health and social care system, we believe that dissemination and adoption methods will need to be founded on the principles of sector-led improvement being driven by such bodies as the Children's Improvement Board and the Association of Independent Chairs of Local Safeguarding Children Boards. It will also need dovetail with implementation of the Munro Review recommendations.	
Social Care Institute for Excellence	Quality statement 2	There could be more detail provided about how to measure the involvement of groups of young people who may be seldom-heard or more challenging to engage, for example: young children, learning disabled children, children who do not speak English. While	Thank you for your comment. This consideration is recorded in the equality impact assessment. Groups of children and young people who may have additional communication / involvement needs are also highlighted in the equality and diversity considerations sections of relevant quality statements.
Social Care Institute for Excellence	Quality statement 6	The word 'complex' used in the title here could sound pejorative. Perhaps the word 'complex' could be replaced with something more neutral such as 'wide-ranging'. The statement may also suggest that only complex needs should be addressed when it is the role of health and social care services acting in loco parentis to support all emotional and physical needs. On leaving care, a young person should be able to access support for emotional and	Thank you for your comment. Following feedback this quality statement has been amended and 'complex' removed. Quality statement 5 in the final quality standard covers access to all specialist and dedicated services that looked-after children and young people need to meet their needs,

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		physical needs; it may be difficult to define 'complex' within this context which could potentially limit access to support for some young people.	including emotional, physical, behavioural and educational needs. Quality statement 1 on warm, nurturing care sets out the training and support carers should receive to support them to meet the needs of children and young people in their care. Quality statement 8 on care leavers leaving care at their own pace includes a quality measure on responsive pathway planning.
Social Care Institute for Excellence	General Q1	The standard provides a clear, comprehensive summary of the core features of a quality service. As such it has the potential to focus providers' attention on the critical aspects of caring for looked after children and to give looked after children and their parents/carers clear information about what level of service they should expect. However, success in this respect will rely on the standard being 'translated' and communicated to the sector and to users via multiple platforms, recognising the hugely variable nature of social care provision and the diverse needs of young people themselves.	Thank you for your comment. We agree that an approach to dissemination and adoption support needs to be developed and we will work with our partners, and the NCCSC to develop this approach.
Social Care Institute for Excellence	General Q2	As per 'Looked-after children QS specific question' below, the need for multi-agency coordination is critical and should be made more explicit.	Thank you for your comment. We agree. A separate quality statement on collaborative working has been retained and the emphasis on multi-agency collaborative working strengthened.
Social Care Institute for Excellence	General Q3	Similarly, the quality statements will be useful provided they are 'translated' into meaningful outputs accessible to the sector and to users.	Thank you for your comment. NICE will be producing support for commissioners and others using the quality standard, as well as working with our partners and the NICE Collaborating Centre for Social Care to develop dissemination and adoption support tools.
Social Care	General Q4	In order to support children and young people through	Thank you for your comment.

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Institute for Excellence		their care journey, it is important to recognise that engagement with services at every stage presents both challenges and opportunities. Therefore, all statements are important.	
Social Care Institute for Excellence	General Q5	No	Thank you for your comment.
Social Care Institute for Excellence	General Q6	The proposed quality statements are measurable but perhaps the value and validity of different types of qualitative and quantitative could be made more explicit.	Thank you for your comment. The expectation is that local data sources and audits where appropriate will be considered in order to measure the quality statements in full.
Social Care Institute for Excellence	Specific Q9	It is important to have a separate statement on collaborative working as this is a critical issue. It should also feature throughout other statements.	Thank you for your comment. Following a review of feedback from consultation and field testing, a quality statement on collaborative working has been retained as a separate quality statement . It is recognised that collaboration is embedded throughout the quality standard as a whole.
South Essex Partnership Trust SCRIPT Team	General	Within the SCRIPT team we have an epistemology that is based this on a concept that we termed the child's "protective shield". This concept extends beyond the idea of the 'team around the child' and includes community, peer and family support. In knowing the relative importance and active participation of the community, peers and family in a LACYP, we feel we are better able to construct interventions that are more meaningful and digestible. This is only ever possible if appropriate and essential information is shared by all. The theme of a keynote speech at a conference on supporting children with severe emotional and behavioural needs was the idea of seeking irrefutable concepts – Eternal verities. One by one, the audience failed to come	Thank you for your comment. We agree that collaborative working is important. A quality statement on collaborative working by the team working with the child has been retained as a separate quality statement. Following a review of the quality standard based on consultation and field testing feedback, outcome measure 'c' has been removed from the quality statement on collaborative working.

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		up with any idea that was robust enough to reach the criterion of being an 'eternal verity'. What occurred to me however as a psychologist who has worked in health, education, social services and the voluntary sector was the fact that each agency had developed a culture of blame for the failure of a range of interventions to support these very damaged children? What also occurred to me was that when the agencies collaborated and communicated well, the outcome(s) were generally more beneficial to the child and in fact to all concerned. My eternal verity is that "You cannot do it alone!" The child needs and has a right to expect that the agents empowered to make a difference to his life places him central to the intervention instead of being a pawn in the middle of inter-agency rivalries, systemic flaws and competition. The success of the SCRIPT team was to work collaboratively with agencies and families in order to increase permanence of placements, and to meet the unmet emotional and mental health needs of referred children and their carers in order to disrupt a downward spiral. From our experience from the last 10 years, this is the ONLY way to ensure that the health needs of LACYP can be adequately met. With regard to QS1 in Luton there is a weekly multi-agency panel that assists case workers with making decisions and planning for the on-going care arrangements for the child. This meeting has an agenda and minutes are taken. The participation of CAMHS can be strengthened if written in to the SLA. The SCRIPT team have regular CAMHS reviews to discuss the LACYP's progress in therapy and monitor their behaviour in school and in the placement. This seems to work well. The outcome measure c) reads as a very unclear statement	

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South Essex Partnership Trust SCRIPT Team	General	PLEASE NOTE THAT UNLESS INDICATED, ALL OF THE COMMENTS FROM THIS POINT FORWARD RELATE TO THE AUDIENCE DESCRIPTORS	Thank you for your comment.
South Essex Partnership Trust SCRIPT Team	General Q1	The quality standard alone will not improve the quality of care to LACYP. From our experience, it is only what is explicitly monitored; measured and/or reviewed that impacts on the needs of LACYP. It is a commonly held view that "NICE is only guidance". The irony is that LACYP do not have a strong "parent" voice behind them because; corporate parents have incompatible goals and can replicate the neglect of the birth parent. We have also found from our experience that the professional system often mimics the flaws of the birth parents and we would suggest that just as the birth parents' behaviour has to meet the threshold of 'good enough parenting' then the corporate parent should not be expected to fall short of this level. The corporate parent should be explicitly a partnership of the Local Authority and Health just as a good partnership of the birth parent is shown to have the best outcomes for children regardless of residence. A clear example of the potential lack of an impact of the quality standard and the contrast between the birth parent and the corporate parent is the guidance relating to the responsible commissioner. LACYP who are placed outside of their 'home' authority are having significant delays or plain refusal to access the CAMH services in the area that they are resident due to this guidance. It is a disgrace and a scandal that because they are LACYP – who incidentally have up to 6x greater mental health needs than their non-looked after counterparts – that they are denied much needed mental health resources. It is a significant health inequality that this quality standard does not even acknowledge. If this is because of the lack of evidence of	Thank you for your comment. The Department of Health and NICE have published a position statement on where the NICE quality standards fit within the care system. NICE quality standards are not mandatory and are available as tools for quality improvement by a range of users. NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on the best available guidance. The quality standard is based on evidence-based recommendations from NICE accredited guidance, i.e. the NICE public health guidance 28 / SCIE guide 40. The quality standards do not seek to reassess, redefine or repeat the evidence base. Please refer to the full guidance for detailed summary of the underpinning evidence base for the recommendations on which the quality standard is based. Quality statement 5 focuses on access to specialist and dedicated within agreed timescales, which includes mental health services. Quality statement 6 now focuses on continuity of care for looked-after children and young people placed outside their local authority or health boundary.

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		this occurring then in our view this fact only serves to underline our earlier point that if processes and performance is neither monitored nor measured then such travesties will continue. We recognise from the minutes of the TEG on 26.1.12 that inequalities and discrimination is one of the key issues to highlight for LACYP.	
South Essex Partnership Trust SCRIPT Team	General Q2	The voluntary sector i.e. viable role of children's rights organisations such as children's rights charities, and Voice (of the child in Care). In our view there should be more explicitly a demarcation between the services for LACYP with significant learning and physical disabilities and those without. Clearly where there is an overlap, this should also be highlighted. With regard to QS2, QS3, QS4, QS5, (to a lesser extent) QS8, QS9. These are examples of where the QS can be clearer about the target group as many of the LACYP with significant learning disabilities, and/or complex medical needs may never be able to respond/ be included/ access their records in a meaningful way.	Thank you for your comment. The quality standard is intended to demonstrate what high quality care looks like for all looked-after children based on the best available guidance. It is recognised that the needs of looked-after children are often complex, and can only be met by a range of services operating collaboratively across different settings. The quality standard aims to promote equality for all looked-after children and young people. Looked-after children and young people who may have additional needs, for example looked-after children and young people with disabilities are included in the equality and diversity sections of relevant statements.
South Essex Partnership Trust SCRIPT Team	General Q3	In the process of reading the document, it felt appropriate to respond as two categories 1) essential and 2) desirable aspirations. With regard to the 12 quality statements, we consider that: 1, 2, 4, 5, 6, 7, 8, 9, 10, 11 are essential and 3 is desirable. We were ambivalent about QS12, we comment on this below.	Thank you for your comment. Following feedback from consultation and field testing, the topic expert group have integrated certain quality statements and refocused others to ensure that there is a set of clear, focused quality statements. For example, quality statement 12 has been integrated within the quality statement on collaborative working. Quality statement 3 has been refocused to focus on quality and stability of placements.
South Essex	General Q4	ESSENTIAL: QS1: See above re QS1.	Thank you for your comment.

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Partnership Trust SCRIPT Team		ESSENTIAL: QS5 and QS10: These are connected and are hugely important. There is so much research to show that a positive self-concept and high self-esteem are essential ingredients for self-actualisation: for a person to reach their true potential. It is extraordinarily difficult for LACYP to achieve a sense of 'personal identity' when they have a legacy of fractured family relationships – some due to birth family issues and some due to decisions of the 'corporate parent' separating siblings who are placed in care. In our view, the LACYP that need it most simply must be admitted to NHS CAMH services and any other specialist CAMH services e.g. in the voluntary sector that specialise in the specific psychological impact of being a LACYP. Such services must have a working knowledge of the impact of trauma, child abuse and neglect and entering the care system and have skills in post-abuse recovery work. They will need to be able to access the voluntary sector to meet some specific cultural/religious needs. ESSENTIAL: QS7: There appears to be a lack of recognition of the huge problems that the responsible commissioner guidance is causing in terms of allowing LACYP access too much needed CAMH services in the area in which they are placed. In order for this quality standard to be realised, the responsible commissioner guidance needs to be repealed. ESSENTIAL: QS9: Young people leaving care are offered continued access to and support from services when they need it to ensure that they move to independence at their own pace".	The quality statement on collaborative working has been retained as a separate quality statement. A quality statement has been included in the final quality standard that focuses on support to explore and make sense of identity and relationships. This includes life history work and coordination of contact with people that the child or young person values, where this is desired by the child and in their best interests. Quality statement 3 on quality and stability of placements includes consideration of sibling co placement. A quality statement has been included on support to fulfil potential which includes access to activities, as well as quality measures relating to education, training and employment. Quality statement 5 focuses on access to specialist and dedicated within agreed timescales, which should include mental health services. The quality standard is based on evidence-based recommendations from NICE public health guidance 28 / SCIE guide 40. The equality and diversity considerations section states that services should be available to meet the diverse needs of looked-after children and young people. The quality statement includes a quality measure on continuity of care for looked-after children and young people who move from child to adult mental health services, which includes a complete handover this is in live with the evidence-based recommendations within NICE public health guidance 28 / SCIE guide 40.Please refer to the full guidance for a detailed summary of the evidence base for

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		Consideration of the continued needs of care leavers from a mental health service which has specialist knowledge and a proven experience base with LAC is long overdue and much needed. Currently the only provision for support from the mental health services is a transition to adult mental health. LAC who has been receiving a service from CAMH can still be highly vulnerable and emotionally 'immature' at 18, and are also likely to be experiencing simultaneously at this time the loss of other supports and new sometimes highly stressful situations. Where appropriate CAMH should be in a position to deliver continued services to 18-20 year olds in order to offer a consistent service that can partner with social care. In this way we would provide an essential 'bridging' service to vulnerable care leavers in transition and will improve the outlook for LAC in later life. ESSENTIAL: QS11: The 'high-quality' training of foster carers, support and supervision is of paramount importance. Consideration should be given to including kinship carers and even adoptive parents. They need to know more than other carers as they are exceptional in being the only full-time, unrelated, and mainly unpaid social care workforce. It is because of this unique role in our society that they need a high quality of training. The SCRIPT team have been instrumental and visionaries in advancing Europe's first Accredited counselling skills course for foster carers in acknowledgement of the dire need to 'professionalise' foster carers and to increase the fit between the emotional needs of children in their care and the skills of carers to manage emotional conversations. This in turn will reduce the probability of the deterioration of the child's mental health and also to	recommendations on which the quality standard is based. Preparation and support for leaving care are recognised as important issues to support young people to leave care at their own pace. Quality statement 8 covers these issues. A quality statement has been developed on providing warm, nurturing care for looked-after children and young people; this includes supporting carers through ongoing core and specialist training and support, to meet the needs of looked-after children and young people. This includes kinship carers. However, adoptive parents are outside the scope of the quality standard. A supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers, however, the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk.

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		stabilise placements. This has been evaluated and is currently being prepared for publication. Linked to this, the responsible commissioner guidance means that LACYP with mental health needs are being randomly referred for mental health services which in the main – if identified and funded – are being provided solely to the child outside of the ideal of the 'protective shield' and the team around the child model. This means that child mental health practitioners cannot enhance carers' important role in supporting a LACYP who is in active therapy. The vicarious learning about child and adolescent mental health that foster carers receive from direct supportive work will not be possible. The SCRIPT team allocate a minimum of two clinicians to each case that is admitted – one to each individual child (or family group if that is the needed intervention) and one to each foster placement. The provisions of the expanding group of private fostering agencies are difficult to track.	
South Essex Partnership Trust SCRIPT Team	General Q5	The SCRIPT team are clear that foster carers are part of the child's protective shield, but what needs to be borne in mind is that too many LACYP are in placements that do not match their needs therefore with regard to QS12, this should only be considered with the LACYP's consent where appropriate and certainly if they are care leavers. Similarly, the paucity of carers will make QS3 merely an aspiration whilst this bleak landscape persists.	Thank you for your comment. Quality statement 3 on placements has been refocused on to quality and stability of placements that take account of the needs and preferences of looked-after children and young people. Commissioning of a range of placements is included as a quality measure to enable matching. The quality statement on involvement of carers has been integrated within the quality statement on collaborative working, so that carers are part of the team working with the child.
South Essex Partnership Trust	General Q6	QS1 is easily measured by stipulating e.g. that there should be a published protocol on how the partnership	Thank you for your comment.

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SCRIPT Team		works and the desired outcomes/aspirations for this group. In our 10 years of existence, we found that our CODE of PRACTICE was a valuable source of communication on the expectations of our social care and education partners, and on our admission criteria as well as a profile of the complexity and range of difficulties of many of the youngsters that we admit. Such was our commitment to transparency in our processes that we convened annual focus groups to review the previous 12 months and the 'hotspots' and to plan the next 12 months in terms of priorities. Evidence for all quality statements can be collated by asking for the production of minutes/notes of such meetings with an accompanying expectation that the statutory data is shared between the partners e.g. numbers/percentages LACYP SATs, GCSE, FE/HE, participation in employment; numbers/percentages LACYP admitted to Youth Offending Services; numbers/percentages LACYP referred and admitted to CAMHS; numbers/percentages LACYP SDQ/mental health measures pre- and post- treatment; numbers/percentages transitioned between CAMHS and adult services; numbers/percentages of those who had a LAC medical; numbers/percentages LACYP receiving specialist Paediatric services. In the SCRIPT team we also annually produced a table of Outcomes that showed (much like a mileage graph) the destination/placement outcomes for each referral. On each axis is the type of placements available (e.g. foster care, birth family/kinship, adopted, residential, independence) when the LACYP was referred and the type of placement that they were in at the end of the intervention or after 12 months (i.e. annual data). This	Quality statement 2 on collaborative working includes a quality measure on effective information sharing protocols. An outcome measure has also been included which relates directly to assessing whether the team working with the child or young person had all of the information they required to meet the needs of the looked-after children and young people. A supporting document has been published alongside the standard for commissioners. Supporting documents are available from www.nice.org.uk.

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		information has been able to show conclusively that our methods prevent the deterioration of the LACYPs mental health needs as the vast majority of children were able to remain in foster care. It also showed the numbers of children that moved back to their birth families or any other type of placement. Such meetings can follow a similar format to the PEPs and the LAC reviews which have prescribed/pre-set areas to review and evidence. The pre-set format encourages adherence to monitoring and reviewing the espoused outcomes for each LACYP. These proformas should always include information on if/how their identity needs are being met. If the responsible commissioner guidance is not repealed there should be data on numbers/percentages of LACYP successfully transitioned to appropriate health, CAMH and education services in their new locality and also to adult services when appropriate.	
South Essex Partnership Trust SCRIPT Team	General Q7	With regard to QS1 in Luton there is a weekly multi-agency panel that assists case workers with making decisions and planning for the on-going care arrangements for the child. This meeting has an agenda and minutes are taken. The participation of CAMHS can be strengthened if written in to the SLA. The SCRIPT team have regular CAMHS reviews to discuss the LACYP's progress in therapy and monitor their behaviour in school and in the placement. This seems to work well. The outcome measure c) reads as a very unclear statement. We would be surprised if QS3 could be easily evidenced due to the current paucity of carers. However, LACYP are already interviewed on satisfaction with their placements as part of the carer's annual review. With regard to d) there will need to be a clear definition of 'breakdown' as	Thank you for your comment. The topic expert group reviewed all quality measures in the draft quality standard and have prioritised and refined those they considered most important to measure the quality statements. Outcome measure 'c' has been removed from the quality statement on collaborative working following feedback from consultation and field testing. The topic expert group recognise the importance of the quality of placements. Quality statement 3 on placements has been refocused on to quality and stability of placements that take account of the needs and

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		some placements end when a LACYP or a carer requests an end to the placement, but continues until a planned move can be made and others end abruptly. Both scenarios can be seen as a 'breakdown' in the placement, but they have completely different psychological implications for the LACYP and the carers alike. With regard to e) we recognise that placement stability is ideal, but equally recognise that the ending of some placements need to be encouraged because of the poor fit between the carer's household and the LACYP or for other good safeguarding reasons. This also applies to some school placements. Some foster placements also need to end because in their very nature the carers are only registered as respite carers or the placement is very short-term due to lack of immediate potentially, longer placements and this may corrupt/distort the definition of placement stability. The relevance to Health services (for physical and mental health) are omitted, but there may be a role for health services in enhancing the quality of placements with direct support and/or training such as sexual development, supporting educational needs of LACYP, caring for a sexually abused child, mental and emotional health and well-being. With regard to QS2, QS3, QS4, QS5, (to a lesser extent) QS8, QS9. These are examples of where the QS can be clearer about the target group as many of the LACYP with significant learning disabilities, and/or complex medical needs may never be able to respond/ be included/ access their records in a meaningful way.	preferences of looked-after children and young people. The outcome measure on placement breakdown has been refined to improve clarity and support measurability. Looked-after children and young people's satisfaction with their placement has been retained as an outcome measure. The quality standards are based on evidence-based recommendations from NICE accredited guidance. The quality standards do not seek to reassess or redefine the evidence base. Please refer to the full NICE public health guidance 28 / SCIE guide 40 for a detailed summary of the underpinning evidence base for the recommendations on which the quality standard is based. It is expected that the quality standards will promote equality across all of looked-after children and young people population. The equality impact assessment that accompanies the quality standard, and equality and diversity considerations sections of relevant statements highlights additional considerations for particular children and young people. A number of quality statements in the quality standard, including support from dedicated and specialist services, and support to make sense of identity and relationships aim to support looked-after children and young people to access support to make sense of their experiences and identity. A quality statement has been developed following consultation and field testing feedback that focuses on looked-after children and young people receiving warm, nurturing care; the underpinning quality measures include high quality core and specialist trainers from carers, which

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		With regard to QS5, From the experience of the SCRIPT team, we find that the impact of loss is underestimated and that commissioners are not sufficiently aware of how these recurrent losses have a powerful impact on LACYP who are undergoing therapy as they often cause setbacks in the treatment. The current drive to do brief interventions are highly inappropriate for the majority of LACYP not just for this reason, but also because the threshold for entering care can be so high that these children are experiencing intensely abusive experiences for relatively long periods of time and are therefore often very traumatised – hence they are 6x more likely to have significant mental health needs than their non-LAC counterparts. The broad aim of therapy is to promote the strengthening of the 'personality' or the 'self' to adapt to the inevitability of conflict and disappointment. The SCRIPT team find that in order to build resilience with LACYP can be a long process due to their trawl of unrelenting losses. Like the Mental Health Foundation, the SCRIPT team agree that research into the mental health needs should be an on-going and integral part of CAMHS services and those commissioners should write this in the SLA.	includes understanding the impact of loss.
South Essex Partnership Trust SCRIPT Team	General Q8	That attempts to involve the voluntary sector is monitored.	Thank you for your comment. NICE quality standards define what high quality care should look like. The topic expert group prioritised the areas of care they felt were most important for looked-after children and young people. It is expected that quality standards will be used and adapted at a local level, as appropriate.
South Essex	Specific Q9	It is the view of the SCRIPT team that this needs to be a	Thank you for your comment.

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Partnership Trust SCRIPT Team		theme that threads through all of the QS for LAC. We have been able to demonstrate that it can thread through all elements as with the counselling course for foster carers which came to life through collaboration between the voluntary sector, the local authority, health and Higher Education Sectors.	Following a review of feedback from consultation and field testing, a quality statement on collaborative working has been retained as a separate quality statement and is underpinned by measures around effective information sharing. Collaborative working is also threaded throughout the quality standard as a whole. The topic expert group recognise that different agencies will need to work closely together across health, social care and educational services to achieve the level of care set out in the quality standard.
Southend-on-Sea Borough Council	General	Whilst we welcome the theory behind setting quality standards/statements for looked after children and the benefits a single set of standards could bring for commissioners of services, the draft standards/statements do not seem to link with the existing statutory guidance for care planning & placements, care leavers, promoting the health of looked after children or to the NMS for fostering and residential providers. It is also unclear as to how these link with the Ofsted inspection framework. Each of these draft standards also outlines that part of each standard/statement would require local data collection to measure – this seems to work against the government drive to reduce the burden.	Thank you for your comment. It is expected the quality standard would be read in the context of relevant legislation and governance. Appendix 1 to the quality standard lists documents considered by the topic expert group during development to be most relevant to the scope of the quality standard. Examples of existing national data collection which may be relevant, in part at least, to the quality measure are referenced where appropriate. It is expected that local data sources and audits where appropriate will be considered in order to measure the quality statements in full.
Southend-on-Sea Borough Council	Quality statement 6	It would be helpful if the measures for this statement refer to substance misuse services alongside mental health services.	Thank you for your comment Quality statement 5 in the final quality standard focuses on access to specialist and dedicated services to meet the needs of looked-after children and young people. Given the range of needs this may cover, the statement is not

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			explicit about what services this may include.
Southend-on-Sea Borough Council	Quality statement 8	The statement would benefit from being expanded to stress here that more early support and intervention is key to ensure that these young people are given as much opportunity to develop and work towards their next steps regarding education, training and potential career. The structure measure relating to training for carers could be expanded to ensure carers are fully aware of the opportunities available to young people.	Thank you for your comment. There is now a quality statement on warm, nurturing care which is underpinned by measures on core and specialist training and support for carers. The definitions of training packages are more clearly defined and include opportunities available to young people. Quality statement 7 on support to fulfill potential now has greater emphasis on monitoring of education plans, and quality statement 5 on access to specialist and dedicated services includes support for educational needs.
Southend-on-Sea Borough Council	General Q1	A single set of standards could bring benefits to support improved commissioning of services.	Thank you for your comment.
Southend-on-Sea Borough Council	General Q2	We would also like to see a quality standard relating to the involvement of children, young people and their families in the strategic development of services and how services are delivered over and above their involvement in the decision making at an individual level. We would also like to see a quality standard that covers the training, development and support for the professional network (including the foster/residential carer) to ensure they can develop and nature appropriate relationships with children, young people and their families. A quality standard that relates to the Corporate Parenting responsibilities of the Local Authority and individuals within it would also be of value.	Thank you for your comment. The topic expert group considered prioritised the areas of care they felt were most important for looked-after children and young people within the scope of the quality standard, based on the development sources listed. Further development considered comments received from consultation and field testing. A separate quality statement has been developed which focuses on warm, nurturing care. This is underpinned by quality measures on training and support for carers to enable them to meet the needs of looked-after children and young people and includes training around attachment and nurturing relationships. The quality standard should be read in the context of national and local guidelines on training and competencies. All

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			professionals involved in caring for and supporting looked-after children and young people should be sufficiently and appropriately trained and competent to deliver the actions and interventions described in the quality standard. The quality standard should be read in the context of existing legislation and guidance.
Southend-on-Sea Borough Council	General Q3	On the whole the 12 quality statements set out what would be good practice for any looked after children's service and they do focus on the high priority areas for looked after children.	Thank you for your comment.
Southend-on-Sea Borough Council	General Q4	All the standard areas are important in contributing to a service delivered in line with good practice. However statement one does sit well as the opening standard.	Thank you for your comment. The draft statement on collaborative working has been retained as a separate statement, which now follows a quality statement about warm, nurturing care.
Southend-on-Sea Borough Council	General Q5	No	Thank you for your comment.
Southend-on-Sea Borough Council	General Q6	Some clarity is required as to what the expectation to evidence these will be. An additional reported data collection would add to the burden of Local Authorities. A more appropriate means could be an expectation that LAs cover their position against the standards as part of the already existing self-evaluation processes as part of the regional CIB work. Some of the outcome measures relating to children and young people may have implications for measuring. Whilst we strongly believe these outcomes are important, we would want to see them being measured through on-going interactions front line practitioners have with these children and young people, being embedded in their core practice standards. We would not want them to develop into a	Thank you for your comment. Examples of existing national data collection which may be relevant, in part at least, to the quality measure are referenced where appropriate. It is expected that local data sources and audits where appropriate will be considered in order to measure the quality statements in full.

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		whole industry requiring additional surveys that would be burdensome for both the LA and the children and young people themselves.	
Southend-on-Sea Borough Council	General Q7	No	Thank you for your comment.
Southend-on-Sea Borough Council	General Q8	It may be appropriate to try and build into some of the outcome measures links to the Munro drive to ensure assessment is seen as an on-going task and not a one off tick box or isolated moment in time.	Thank you for your comment. Examples of existing national data collection which may be relevant, in part at least, to the quality measure are referenced where appropriate. It is expected that local data sources and audits where appropriate will be considered in order to measure the quality statements in full.
Southend-on-Sea Borough Council	Specific Q9	We think that collaboration should be threaded throughout all the statements.	Thank you for your comment. Following a review of feedback from consultation and field testing, a quality statement on collaborative working has been retained as a separate quality statement and is underpinned by measures around effective information sharing. However, collaboration is embedded as a principle throughout the quality standard as a whole, as services and professionals are required to work together to achieve the level of quality set out.
Teenagers and Young Adults with Cancer (TYAC)	General	TYAC is a professional organisation representing those that work with teenagers and young adults with cancer. We appreciate that cancer in children and young adults is very rare, affecting less than 1% of all cancer diagnoses. We also appreciate that there can be delays in diagnosis for this age group. We would support any quality standard that aims to improve the health and wellbeing of young people. We believe that greater awareness needs to be made about cancer in young people so that diagnosis is made earlier and young people, their carers and families	Thank you for your comment. There is a quality statement on access to and support from dedicated and specialist services in the published quality standard. Given the range of potential physical, emotional, behavioural, educational or health needs, specific services are not referenced. The topic expert group identified the development sources they felt were most relevant to developing the standard,

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		feel empowered to approach health services to report concerns and worries. I imagine that some of the 'looked after children and young people' will be vulnerable and symptoms may be missed and go unreported. Overcoming this in whatever way would be supported by TYAC. Young people and their carers and families should also be aware that specialist services exist across the country for children and young people that are diagnosed with cancer, so that they can be supported through any cancer experience.	within the framework of the quality standards development process. Quality standards are based on evidence-based recommendations from NICE accredited guidance. The quality standards do not seek to reassess or redefine the evidence base. Please refer to the full NICE public health guidance 28 / SCIE guide 40 for further detail of the underpinning evidence base for the recommendations on which the quality standard is based.
The British Association of Dramatherapists	Quality statement 6	This statement is limited to children and young people with complex emotional needs. A definition of 'complex' is not provided but the inclusion of this word could limit access to services for those whose needs may not meet qualifying criteria at the time of an assessment for referral but could develop into complex needs. We therefore suggest that the word 'complex' is removed or the standard reads 'who have or are at risk of developing complex emotional and physical needs.'	Thank you for your comment. Following a review of feedback from consultation and field testing the word 'complex' has been removed from the quality statement.
The British Association of Play Therapists (BAPT)	Quality statement 1	It is essential that agencies work collaboratively around the needs of LA children and young adults. Concerns and agency involvement needs to be shared, a good example of this is when agency involvement is entered onto the 'child index' so all agencies who have access to this can see who is currently involved. However this needs to be done with respect for confidentiality for that child / YP. It is very easy to blur these boundaries when the LA has parental responsibility as so much info is shared and viewed almost like 'common knowledge' as often they are seen as being at a higher level of risk to children and YP who live within their own families. As with non-LAC, children and YP have a right to confidentiality and privacy, particularly around their health or personal issues.	Thank you for your comment. The quality statement on collaborative working has been retained as a separate quality statement. This includes a quality measure on using effective information protocols to ensure information is shared appropriately. The quality statement also includes an outcome measure on whether looked-after children and young people feel their information was shared appropriately, as well as a quality measure from the team working with the child to ascertain whether they had all of the information they needed.

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The British Association of Play Therapists (BAPT)	Quality statement 2	Children and young people are not always able to give their opinion or view verbally. This might be because they are too young or just that they find it hard to verbalise their feelings / opinion on their own situation. There should be guidance about using more creative or non-verbal ways of communicating with children and young people to get a more honest picture of their thoughts and feelings. This also relates to the 'diversity, equality and language' section.	Thank you for your comment. Following a review of feedback from consultation and field testing, quality statement 2 has been removed, and involvement of looked-after children and young people integrated within other quality statements. This issue is highlighted in the equality impact assessment and the equality and diversity section of quality statement 2 on care planning.
The British Association of Play Therapists (BAPT)	Quality statement 4	This is essential as it will help them piece together their own history, which often is fragmented and confused.	Thank you for your comment. Following a review of feedback from consultation and field testing access to health history is now included in quality statement 4 on support to explore and make sense of identity and relationships.
The British Association of Play Therapists (BAPT)	Quality statement 5	Very much agree with this but there is a challenge in doing this in an authentic or meaningful way. For example if a child is dual heritage yet regards themselves as completely White British, then work around their dual heritage might feel meaningless to them, maybe even offensive. This needs to be done with sensitivity and on an individual basis. Additionally, often children / YP in care have a limited sense of self and orientate their identities around the values and cultures of the families / living environments they grow up in (these are often multiple) in order to survive and prevent the placement breaking down (in their eyes). Their relationship with their birth family can also be very confused or unrealistic – idealising parents or not really knowing what their family history is. Contact with birth family members will help piece this together but only when appropriate and safe for the child / YP.	Thank you for your comment. Following a review of feedback from consultation and field testing, clearer definitions have been included for the quality statement on support to explore and make sense of identity and relationships, including a definition of what life history work encompasses. The quality measure on contact with people the child or young person values stipulates that this is when contact is desired and in the best interests of the child or young person. The equality and diversity considerations section highlights the importance of ensuring children and young people are able to determine their own identity.
The British	Quality	It is very difficult for LA children and young people to have	Thank you for your comment.

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Association of Play Therapists (BAPT)	statement 8	or maintain high aspirations if their lives have been characterised by rejection and or not being sufficiently 'claimed' in a family. They need access to therapeutic or supportive services to help them resolve underlying emotional difficulties or negative beliefs about themselves. Strong and consistent attachments in foster families / with residential staff can also massively help this to occur. Only then will they build a strong enough belief in themselves to achieve and hold onto aspiration.	Following review of feedback from consultation and field testing there is now a quality statement on warm, nurturing care which includes high quality ongoing core and specialist training and support packages that will support development of secure attachments. Quality statement 5 on access to dedicated and dedicated services includes services to address emotional needs.
The British Association of Play Therapists (BAPT)	Quality statement 9	Going at the child's pace is very important. Many LA children / yp experience significant disruptions to their development; emotionally, academically, psychologically or otherwise due to trauma, abusive or neglectful attachments or general difficult experiences. Therefore they might be in many ways be much younger than their chronological age and thus have limitations to what they can manage or achieve. Moves towards more independence in terms of support or services needs to be carefully considered – not one size will fit all, and should be individually assessed with flexibility in the systems to meet these differing needs.	Thank you for your comment. The quality statement on young people moving to independence at their own pace has been retained. The quality measure on pathway planning has been strengthened to stipulate that pathway planning is responsive to the needs of young people and equips them with the skills they require to live independently. Quality statement 5 focuses on access to specialist and dedicated services. The equality and diversity considerations section of quality statement 8 highlights the need to consider particular additional needs that some care leavers may have.
The British Association of Play Therapists (BAPT)	General Q1	Hopefully it will encourage child-centred thinking in professional practice around these children / YP's. Give a genuine voice to the child in their own care process without giving up the role of the adults to manage this for them – getting the balance between hearing the child / YP and holding onto appropriate adult responsibility to care for that child, until they are able and old enough to do so themselves. Hopefully ensure that all relevant agencies can share info	Thank you for your comment. A quality measure is included in quality statement 3 on quality and stability of placements that relates to involvement of children and young people in decisions about placement changes. Measures of the child or young person’s perspective on information-sharing have been retained.

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		and knowledge about a child /YP without disregarding the child / YP's need for privacy, confidentiality and positive regard. The child should be asked, at least informed, before info is shared about them and have an understanding of why.	
The British Association of Play Therapists (BAPT)	General Q2	The quality standard has covered the main areas of care and services. Another important area of work for LAC is life story work which enables the child / YP to gain a comprehensive narrative of their often very disjointed lives. Usually families 'fill in the gaps' of a childhood / family history but if you are estranged or separated from your family this is not an option.	Thank you for your comment. The quality statement on personal identity and relationships includes life history (life story) work. The topic expert group recognise that this is an important part of supporting looked-after children and young people to understand their identity.
The British Association of Play Therapists (BAPT)	General Q3	They are all useful as guiding statements but the real challenge lies in whether professionals and care services around the children and young people have the time and resources to ensure they are carried out. Particularly around giving the child / young person choice around placements and their own care plans – good foster placements can be sparse so promising choice to children and young people and not being able to deliver this may be worse than not offering this at all.	Thank you for your comment. Following feedback from consultation and field testing, the topic expert group have refocused the quality statement on placements; this now includes a focus on quality and stability of placements which meet looked-after children and young people needs. It is expected that looked-after children and young people will be involved in care planning and will have their preferences met where it is practicable and does not conflict with their best interests. However, where wishes cannot be followed looked-after children and young people should be able to understand decision-making.
The British Association of Play Therapists (BAPT)	General Q4	They are all important but particularly statements 2, 3 and 4 as often LA children have very little control of their situation and destinies so ensuring they have a sense of control and choice is essential. Statements 5 and 10 are also significant in strengthening the child or young person before adulthood and leaving care – a strong identity and belief in themselves as competent and successful are essential building blocks. I also support statement 11 as their foster / residential carers are so important in giving them a positive experience of a parental attachment or	Thank you for your comment. Following feedback from consultation and field testing, the topic expert group have further developed the quality statements. As part of this, certain quality statements have been integrated and others refocused to ensure that there is a set of concise, measurable quality statements. Choice and control is recognised throughout the quality standard. In particular, quality statement 3 on quality and

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		relationship so the more aware, reflective and understanding they will be the better chance the child / young person has of developing a secure and positive self-image and future relationships. However this requires a great deal of support and supervision of the foster carers / residential staff – without this carers are often overwhelmed and 'burnt out' by what the child / YP projects into them emotionally and psychologically.	stability of placements includes a quality measure about involving children and young people in decisions about placements. The views and perceptions of children and young people are also captured throughout the outcome measures of statements. Support for young people leaving care and becoming independent has been retained, particularly within the quality statement 8 on becoming independent at their own pace. The statement on identity and relationships has also been retained, with a key focus on life history work, including health history. Following a review of consultation and field testing responses, a quality statement has been developed on warm, nurturing care. This includes measures on core and specialist training and support for foster carers and is intended to support looked-after children and young people to develop secure attachments and achieve long-term physical, mental and emotional wellbeing.
The British Association of Play Therapists (BAPT)	General Q5	No – they are all appropriate	Thank you for your comment.
The British Association of Play Therapists (BAPT)	General Q7	(Quality statement 2) It would be interesting to see how 'consultancy services' would operate in helping thinking and support around complex cases. Again there needs to be time and resources found to support this service to happen in the busy working environments of social and health care for children / YP's. This would need to be prioritised and valued within teams and cultures of these institutions so it gets used properly and doesn't get lost.	Thank you for your comment. NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on the best available guidance. It is expected that quality standards will be used and adapted at a local level, as appropriate. A supporting document has been published alongside the

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			standard reviewing the potential cost impact and implications for commissioners and service providers, however, the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk.
The British Association of Play Therapists (BAPT)	Specific Q9	Both! I think it needs to be definitive statement to serve as a strong reminder that a lack of effective collaborative working and information sharing is almost always the reason for the need for Serious Case Reviews. However I think this should also be implied and underlie the rest of the more specific statements.	Thank you for your comment. Following a review of feedback from consultation and field testing, a quality statement on collaborative working has been retained as a separate quality statement and is underpinned by measures around effective information sharing. Collaborative working is also threaded throughout the quality standard as a whole. The topic expert group recognise that different agencies will need to work closely together across health, social care and educational services to achieve the level of care set out in the quality standard.
The British Psychological Society	Quality statement 2	d) There are times when children cannot be included in decision making e.g. where they are too young or when the needs of a sibling override the needs of a specific child so their wishes are not able to be met. Where this is the case, support should be provided to the child to help them understand this decision making, if the child is of an age to engage with this, and in both situations information should be provided on the child's file that explains decision making so the child can understand as an adult why certain decisions were made e.g. separating siblings.	Thank you for your comment. A quality measure has been included in quality statement 3 on quality and stability of placements on evidence of local arrangements to involve looked-after children and young people in choices about placement changes. The definition of involvement includes discussing decisions with the child or young person, including any reasons why wishes may not be followed. It also highlights the child or young person's rights to independent advocacy.
The British Psychological Society	Quality statement 3	e) Although this can be a good outcome for children, the Society believes that these assessments should ideally be done early in the care planning process so as not to further delay for the child.	Thank you for your comment. This has been amended.

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The British Psychological Society	Quality statement 4	States that “e) Proportion of young people leaving care who have been given the name and contact number of relevant healthcare professionals who they can contact when necessary to help them understand their health history.” The Society would encourage the provision of details of who this might be e.g. the child’s GP within the guidance.	Thank you for your comment. Following feedback from consultation and field testing and further refining of the quality standard this quality measure has been removed.
The British Psychological Society	Quality statement 5	a) The Society believes that it can be beneficial for children to be given age-appropriate information on an on-going basis throughout care planning decision-making to help their adjustment – care needs to be taken that children do not receive this information via other sources, leaving them feeling unsupported with this, or that professionals do not avoid sharing this information with children, often with the aim of protecting the child. This may mean that professionals require support to be confident in what information to share when and how to support the child with the resulting feelings. Therefore, the quality statement could include a quality statement to ensure that professionals responsible for undertaking this work are skilled and supported in sharing information. b) At times the decision is made to separate siblings and one child may not wish to pursue on-going contact where another child does. It would be beneficial for services to go further and try and be creative in helping children repair these relationships, where appropriate, recognising the benefits for the children as they develop into adulthood. Therefore, the quality standard could go further in including this responsibility for professionals.	Thank you for your comment. The quality standard should be read in the context of national and local guidelines on training and competencies. All professionals involved in caring for and supporting looked-after children and young people should be sufficiently and appropriately trained and competent to deliver the actions and interventions described in the quality standard. Quality statement 3 is now focused on quality and stability of placements and includes a quality measure of children and young people’s involvement in decisions about placement changes. Quality statement 4 on identity and relationships sets out in the definitions section that life history work can be an organised activity with a person trained to support this type of work, or an informal process reflected in the everyday conversations between carers and looked-after children or young people. It sets out more clearly what life history work should encompass to meet the needs of the child or young person. Quality statement 4 includes a quality measure on supporting the looked-after child or young person, or care

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			leaver to maintain relationships they value, where this is felt to be in their best interests, including with siblings. The topic expert group prioritised quality statements based on evidence-based recommendations from the key development source, i.e. NICE public health guidance 28 / SCIE guide 40. Quality standards do not redefine the evidence base.
The British Psychological Society	Quality statement 6	c) The statement includes access to mental health services when a child is placed out of area. Whilst the Society agreed that this is of course positive, we believe this could go further to suggest that a child should not be disadvantaged from being placed out of area by having to be placed on the end of a waiting list to receive treatment. Each area may need to differ in their protocols, however if a child in one area has been on a waiting list for mental health services for 6 months, and moves out of that area, they should not be disadvantaged by being placed at the end of a new waiting list. We acknowledge that this is a complex area. However many LAC become disadvantaged by current protocols and therefore would recommend that. the statement be extended, to indicate that their access to treatment and waiting times should not change from moving areas so access to treatment should therefore happen at a similar time (where appropriate and needed) as would have happened in the previous area. For example, the following wording could be added: "Children placed out of area should not be disadvantaged by having to be placed on a waiting list again if they have previously waited for the same service in another area" We also believe that services across localities should have agreements in place regarding funding responsibilities to prevent children waiting for services whilst funding	Thank you for your comment. The topic expert group recognise the additional issues that children and young people living in placements out of their local authority or health boundary may face. Quality statement 6 is now focused on continuity of care in this area. It includes a quality measure on ensuring there is agreement between placing and receiving teams about schooling and healthcare arrangements before a child or young person is placed across a local authority or health boundary.

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		agreements are decided.	
The British Psychological Society	Quality statement 10	In addition to access to activities that may help promote health and wellbeing, The Society believes that some young people require self-esteem or wellbeing courses or more intensive input around these issues. E.g. in addition to the package for carers, courses or more intensive individual work around self-esteem or wellbeing should be made available to looked after children and young people where this is required.	Thank you for your comment. The topic expert group prioritised the areas of care they felt were most important for looked-after children and young people, based on the development sources listed. The importance of supporting looked-after children and young people to develop positive self-esteem is recognised throughout the quality standard. For example, quality statement 4 includes support for looked-after children and young people to develop a positive identity, which is associated with high self-esteem and emotional wellbeing. Quality statement 7 on support to fulfil potential includes a quality measure on supportive pathways into creative arts, physical activities, and other hobbies and interests that support wellbeing and build self-esteem. Quality statement 5 on access to specialist services considers access to services to address emotional and behavioural needs. It remains important that other evidence-based guidance recommendations continue to be implemented.
The British Psychological Society	Quality statement 11	The Society suggests it may be appropriate for Supervising Social Workers to be equally trained in specialist knowledge and skills. It may be beneficial for foster carers and supervising social workers to receive the same training to allow the social worker to help generalise the carers learning and facilitate on-going development.	Thank you for your comment. The quality standard should be read in the context of national and local guidelines on training and competencies. All professionals involved in caring for and supporting looked-after children and young people should be sufficiently and appropriately trained and competent to deliver the actions and interventions described in the quality standard.
The British	General Q2	(Also fits into QS 6). LAC have poorer behavioural health	Thank you for your comment.

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Psychological Society		as well as mental health. Whilst the Society agrees that there is a needed focus on mental health service in quality statement 6, we would encourage that this be extended to include behaviours. Research shows there is a higher prevalence of risky sexual behaviours, pregnancies, smoking, alcohol use and some drug use in LAC. Therefore due to the complexities of LAC that make them more vulnerable to mental health issues and sometimes more complex to treat, this is similarly the case for health behaviours. Therefore it may be beneficial to include access to specialist services around health behaviours as part of this statement, in addition to the access to mental health services. These would target the range of behaviours relevant to LAC, including sexual health and relationships, drug and alcohol use, smoking, exercise and diet. These may need to go beyond the community-based or General questions Comments general services already offered in some areas to be a higher tier of intervention, taking into account the complexities of LAC around health behaviour change.	Following a review of consultation comments and field testing responses, the topic expert group agreed that the quality statement on access to specialist services should encompass dedicated and specialist services to support mental and physical health, behavioural and educational needs.
The British Psychological Society	General Q6	Throughout the outcomes, it frequently states 'feedback that looked after children and young people…' and 'evidence that…' We believe that the proposed measures within the guidance may need to be further specified. For example, feedback could be written or verbal feedback from every LAC in an authority, or it could be a sample of a group of LAC, which may be deemed sufficient. How would evidence be specifically measured? It does give an idea of data sources or indicators; however, this lacks detail and would need further development. Perhaps these can't be so explicit, however could there be examples of what would be seen as the 'minimum' evidence and 'best standard' of evidence? Therefore in its current state, it	Thank you for your comment. It is expected that quality statements and measures will be used and adapted locally. Examples of existing national data collection which may be relevant, in part at least, to the quality measure are referenced where appropriate. The expectation is that local data sources and audits where appropriate will be considered in order to measure the quality statements in full.

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		requires more sufficient details around how something should be measured, as it currently may be problematic to assess the impact of the guidance for many of the statements.	
The British Psychological Society	Specific Q9	Due to the complex nature of LAC and the reported problems with collaborative working and appropriate information sharing, we agree that it is appropriate to have this as a separate statement. Collaborative working should underpin all work, however by making this a quality statement in its own right it enables the potential for measureable outcomes and ensures it is a priority. In addition to the structure listed for QS1, if the child is old enough, we believe that it may be beneficial to involve them in what information is shared. There is no direct mention of this and of course there will be times when this is not possible (e.g. child protection), however by involving young people, in particular, in looking at what information will be shared, it may help them feel that their confidentiality rights are not being violated and assist them in not re-telling their life stories.	Thank you for your comment. Following a review of feedback from consultation and field testing, a quality statement on collaborative working has been retained as a separate quality statement and is underpinned by measures around effective information sharing. It is recognised that collaboration is embedded throughout the quality standard as a whole. All suggestions for quality measures were considered by the topic expert group. There is an outcome measure about looked-after children and young people feeling their information is shared appropriately, and another on looked-after children and young people feelings about re-telling their life history.
The Children's Society	Background information	Our submission is based on our direct work with looked after children and care leavers, and is informed by our recent report on advocacy and a dedicated consultation exercise with this group of young people on the proposed NICE standards. It is also informed by our research into the subjective well-being of children and young people. The write up of the dedicated consultation exercise with looked after children and care leavers is presented in Appendix 1.	Thank you for your comment.
The Children's Society	General	• The quality standards should improve the consistency in quality and availability of services for looked after children and care leavers in different local areas	Thank you for your comments. The topic expert group prioritised the areas of care they felt were most important for looked-after children and

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		• A quality measurement of children's self-reported well-being should be included within all standards to assess how decisions and processes are impacting on young people. • Multi-agency arrangements for supporting children with special educational needs and/or disabilities, children who run away or go missing from care and unaccompanied asylum seeking and migrant children should be included in measures under standard 1 • An additional measure under standard 2 should be included to consider the evidence that local authorities are using reports produced by advocacy organisations on issues they supported individual young people with to improve the quality of care experiences for all children in their care. • As an additional measure under this standard 9 we would welcome the inclusion of evidence that transition planning for disabled children starts early and that that disabled children in out of local authority placements do not experience unnecessary delays because of funding arrangements around adult services. • Our consultation with children and young people on these quality standards identified the number of issues important for children and young people such as quality of relationships with key people in their lives, lack of emotional support, lack of preparation for transition from care. We would like these experienced to be included when further measures for monitoring of standards are considered. • A set of standards should be produced in young people friendly language to inform looked-after children and care leavers of the services and support they are entitled to from professionals working with them and	young people, based on the development sources listed. The topic expert group prioritised areas of care where practice is variable, or where implementation could have a significant impact on care and improved outcomes, and where there is potential to generate measurable indicators. All suggestions for additional statements were discussed by the topic expert group who considered they were inappropriate for inclusion (for example, outside the scope of the quality standard), or already covered by existing statements. The quality standard contains key markers of care. It remains important that other evidence-based guidance recommendations continue to be implemented. Certain groups of young people who may require additional support, such as young people with physical or learning disabilities, unaccompanied asylum seekers, children with special education needs and children with speech, language and communication difficulties have been included under the equality and diversity considerations of quality statements e.g. support to move to independence. The topic expert group reviewed all measures in the draft quality standard and have prioritised and refined those they considered most important to measure the quality statements in the final standard. A number of suggestions have been adopted into the final quality standard e.g. feedback from care leavers that they felt supported to move to live independently at their own pace. A number of measures have also been revised for the final quality standard to improve clarity.

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		should be available in alternative accessible formats and languages where young people have communication or language barriers.	NICE will publish a supporting document alongside the quality standard explaining what each statement means to looked-after children and young people. This will be available on the NICE website. Tailored products will also be produced in due course by the NICE Collaborating Centre for Social Care, this may include products in language that children and young people find accessible.
The Children's Society	Quality statement 2	• Draft quality statement 2: Engaging and involving children and young people We welcome the recognition of the importance of children and young people to have a voice when decisions are made about their lives and the importance of advocacy in supporting children communicate their wishes and feeling. We would like to see included as an additional measure under this standard the evidence that local authority is using reports produced by advocacy organisations on issues they supported individual young people with to improve the quality of care experiences for all children in their care. Reports from the advocacy services providers, looking at the breakdown of issues young people require support with and including advocates in discussion would help provide a helpful insight into the performance of local authority as the example below demonstrates. The value of independent advocacy for looked after children The Children's Society's recent report based on the review of 142 advocacy cases - 'The value of independent advocacy for looked after children' - identified that one third of cases focused on resolving issues around placements, including issues related to the quality of placements, and frequent and abrupt changes to	Thank you for your comment. 'Involvement' has been more clearly defined. This states that the child or young person should also have enough notice of any planned change to arrange for an advocate to support them in their review meeting. We have considered all suggestions for suitable outcome measures. The topic expert group prioritised measures they considered most important for measuring the quality statements. The quality measures aim to improve the structures and processes of care that are considered to be linked to outcomes, as well as specifying outcomes directly where the topic expert group felt able to define these. Quality statement 3 now focuses on quality and stability of placements that take account of the needs and preferences of looked-after children and young people. It is recorded within the equality impact assessment that accompanies the quality standard that looked-after children and young people with special educational needs

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		placements. The review also identified that children with Special Educational Needs and/or disabilities were overrepresented in cases related to education, including the suitability of education, bullying and responses to their challenging behaviour.	and disabilities may have additional needs. This is also highlighted within relevant equality and diversity consideration sections of the quality standard.
The Children's Society	Quality statement 9	• Draft quality standard 9: Support in leaving care and becoming independent The standard for supporting care leavers effectively must recognise that some young people will need additional support as they transition into adulthood and gain independence. We would recommend that additional measures are included for disabled young people and migrant care leavers to ensure better transition planning. We would particularly welcome the inclusion of evidence that transition planning for disabled children starts early and that disabled children in out of local authority placements do not experience unnecessary delays because of funding arrangements around adult services. Disabled children and young people we work with tell us that transition to adulthood can be an extremely stressful experience for them and their families. There is considerable research indicating the difficulties they face including poorly coordinated transition planning, a lack of accessible, comprehensive information about their options for the future and a lack of opportunities for young people to have a say in decisions about their lives. Different working cultures and eligibility criteria in adults and children's services can also make it difficult for disabled young people and their families to navigate the system without support and to access services they need. Research highlights that disabled young people who are looked after, or who are living in out of area placements at residential schools or colleges are often disadvantaged in	Thank you for your comment. The topic expert group prioritised the areas of care they felt were most important for looked-after children and young people, based on NICE public health guidance 28/ SCIE guide 40. The quality measure on pathway planning, which is included in quality statement 8 on moving to independence has been strengthened to ensure pathway planning is responsive to the needs of all young people and equips them with the skills they require to live independently. The topic expert group recognise that some children and young people may need additional support. This is highlighted in the equality and diversity considerations box within relevant quality statements. Quality statement 5 focuses on access to specialist services. This is intended to ensure that all looked-after children and young people receive the services they need. Quality statement 6 on placements outside the local authority or health boundary is intended to promote continuity of care for all looked-after children and young people. Outcome measures throughout the quality standards

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		accessing information and making choices at transition . The situation is aggravated by the lack of regular contact with their friends and families, vulnerability to abuse and a lack of control of over decisions made about their lives. Yet they are one of the most vulnerable groups of children and young people at risk of abuse and neglect because of their isolation, high level of care needs and the higher number of people involved in their care. Where a young person is placed outside of local authority their leaving care experiences are often complicated by local authorities not being able to agree on funding for adult social care services. For these reasons we believe it is very important to evaluate the quality of they receive, how timely and comprehensive their care planning is and whether they have support to advocacy services to participate in decision about their lives. Transition to adulthood for unaccompanied children, who are subject to immigration control and are in the UK alone without family, are also very difficult. As the majority of unaccompanied children seeking protection are refused a durable solution such as refugee status or Humanitarian Protection but given a temporary status – Discretionary Leave – to remain in the UK until 17.5, turning 18 is typically a time when their leave to remain comes to an end and they are likely to face destitution, immigration detention and return to their country of origin where their lives could still be at risk. Research on pathway planning for unaccompanied young people suggests that the duty to provide written pathway plans is rarely exercised for unaccompanied young people: one study showed that only 12% of eligible young people had a written pathway	gather the perceptions and experiences of looked-after children and young people, as the topic expert group recognise the importance of measuring this to ensure that care is meeting needs. Quality statement 8 on moving to independence is intended to support all looked-after children and young people to move to independence at their own pace. It includes a quality measure that young people are given the option to remain in a stable foster home or residential home beyond the age of 18, and to return to the care of the local authority, including their previous placement (if possible) if they experience difficulty moving to live independently. The quality standard is intended to improve quality of care for all looked-after children and young people and to promote equality across all groups. It is intended to demonstrate what high quality care looks like for a particular topic based on the best available guidance. Cost effectiveness is considered by the Topic Expert Group during development of quality standards and a supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers, however, the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk.

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		plan on file contrasting with around 70% of citizen young people in an earlier study. The research suggests that this is linked to the uncertainty of a young person's immigration status as well as the support received from local authorities while they were looked-after . From our experience of working directly with refugee and migrant care leavers, some young people continue to be denied full leaving care services because of their immigration status. We see very few care leavers for whom planning is conducted is such a way as to help them prepare for all eventual outcomes (e.g. twin/triple-planning). This leaves many feeling uncertain, anxious, and depressed and leads some to self-harming behaviour. The situation becomes particularly desperate for young people if they are cut off from local authority services upon turning 18 because they have become 'Appeal Rights Exhausted', leaving them homeless, destitute and living in limbo. This inevitably has an impact on their mental health, particularly if this means they are no longer able to attend college or their counselling support is terminated prematurely .	
The Children's Society	Quality statement 1 and general	Consultation with children and young people on NICE standards On 29 September a group of children and young people involved in Children in Care Councils in several different local authorities came together to share their experiences, achievements and talk about care experiences. All together there were 25 young people and around 14 of them took part in discussion about the NICE standards for looked after children. To facilitate discussion a simple questionnaire was produced with 12 standards written in young people	Thank you for your comment. It is important to ensure that children and young people's views are understood and fully considered during development of the quality standard. The quality standard uses NICE public health guidance 28 / SCIE guide 40 as a key development source, which took a range of evidence into account, including feedback from looked-after children and young people about what matters to them to support their wellbeing. In addition, the quality standard has been developed in consideration of service user experience

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		friendly language and 2 scoring scales for each standard. Young people were asked to score each standard from 1 to 5 based on the importance of the standard for their care experiences and based on how they experience it in their day to day life in care. Key messages from children and young people: • Young people's experiences of care vary greatly from one local authority to another. Young people are aware of this and frustrated with the lack of choice for them and the lack of mechanisms to challenge negative experiences and behaviours of some professionals who work with them • Most of all children and young people in care want the same opportunities to succeed in life as their peers have who grow up outside the care system • Young people believe that there is no direct link between the type of placement they are in and their experiences of care and the quality of relationships with those people who are supposed to care for them determines their pathway through care and during transition • Young people would like to have a choice of social workers, placements, when to leave care and participate in decisions about their lives as well as to have explanations about decision made about them. Quality standard 1. The average score for the importance of this standard was 4.5. The average score based on children's day to day experience was 2.8. Young people's agreed that it was important for professionals to know and understand children's experiences to help them stay safe. Young people thought that there is some crucial information that professionals	data and current practice information from a range of sources including surveys of looked-after children and young people . Field testing was also conducted with a range of groups to consider the content of the quality standard, including looked-after children and young people, and there care leaver representatives on the topic expert group developing the quality standard. The topic expert group prioritised areas of care where practice is variable, or where the quality standard could have a significant impact on care and improved outcomes. Your comment was considered by the topic expert group during further development of the quality standard. Many of the themes identified in your comment have been incorporated in quality standard statements, such as support to reach potential, relationships with carers, involvement in decisions about care planning and leaving care and understanding of decisions made. Areas of care were prioritised using the NICE public health guidance 28 / SCIE guide 40. Please refer to the full guidance for a detailed summary of the evidence base for guidance recommendations. A separate quality statement on collaborative working has been retained. This includes an outcome measure that children and young people feel information about them is shared appropriately. There is also an outcome measure that they do not have to retell their life history.

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		should know about a young person, but overall felt that too much information was shared. It made them feel insecure and different from other young people. Young people stressed that where they had positive relationships with professionals it did not feel very intrusive but where there were multiple placements and frequent changes in social workers they did not have much control or understanding what information was held about them and how it was being shared.	
The Children's Society	Quality statement 2	Quality standard 2. The average score for the importance of this standard was 5. The average score based on children's day to day experience was 2.5. Young people felt that being involved in decisions about their own lives was very important. Being able to understand how decisions were made was seen as an important part of this standard. Young people shared their experiences of how social workers and other professionals involved them in decision making processes, particularly in care plans and pathway plans. From discussion it became clear that practices vary greatly in different areas. While some young people felt that they understood the purpose of the review meetings and the purpose of their care plans and pathway plans and felt that their views, wishes and aspirations were central to care planning processes, others felt that care planning was a tick box exercise meant to establish whether they were aware of dangers of drugs or risky behaviours rather than focussing on what young people considered as important issues for them. 'My pathway plan is a waste of paper, waste of a tree. They may as well let the tree live longer' Young people told that it was important that social workers	Thank you for your comment. Following a review of feedback from consultation and field-testing the quality statement on involvement of children and young people has been incorporated as a quality measure within a quality statement 3 on quality and stability of placements. This is to strengthen involvement in care planning. This statement includes outcome measures intended to capture children and young people' and carer views of placement decisions. The definition of involvement is now more detailed, and additional considerations are highlighted in the equality and diversity considerations sections of individual statements. Quality statement 2 on collaborative working now includes the lead professional (named social worker) as the lead coordinating the care plan. Quality statement 5 includes a quality measure that independent reviewing officers monitor health plans. Quality statement 8 on leaving care focuses on care leavers leaving care at their own pace and commissioning

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		told them about their right to be involved in decisions or the role of different professionals involved in the review meetings. 'Social workers should listen to you' They are very good at not you your rights' 'I did not even know that I had IRO. I thought my IRO was a social worker' 'I did not know who was in my reviews' 'You have review and you get minutes 8 months later after you had another review by that time' Some of the issues that young people thought very important for young people to have a say about and to be considered under this standard: • Choice of social worker • Choice of placement • Choice of when to leave care 'At 16 a young person from a normal family thinks about getting a car and having driving lessons but all you can think about is being homeless' • Choice of where to live when they leave care 'Local authority made decision about housing providers for care leavers and they do not consult with you on this' • Looked after children to have a say on who is in their review meetings • When a young person 'wants something but it is not possible, this has to be explained to you' • Young people wanted an opportunity to have regular chats about their lives with someone. Some suggested that it would be good to have regular 6 weekly informal meetings with their social worker 'because sometimes you do not understand the badness of the thing you are in' • How decisions are taken forward. Some young	a range of accommodation options. There is an accompanying outcome measure on feedback from care leavers that they were offered a range of accommodation. The quality statement on access to specialist services includes monitoring of health plans by the IRO, social worker and the practitioner. The topic expert group identified the development sources they felt were most relevant to developing the standard, within the framework of the quality standards development process. The quality standard is based on evidence-based recommendations from NICE public health guidance 28 / SCIE guide 40. Please refer to the full guidance for a detailed summary of the underpinning evidence base for the recommendations on which the quality standard is based. The quality standard scope does not cover children and young people at risk of entering care. However, the topic expert group recognise the importance of ongoing contact with people that looked-after children and young people value where this is desired and in their best interests and this is included in a quality measure within quality statement 4 on support to explore and make sense of identity and relationships. Please note that NICE will be developing guidance and a quality standard on child maltreatment, which may cover some of the points you have raised. For more information please refer to the following web page.

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		people felt that even when they have a say actions agreed were not delivered on by professionals and they had to go back and keep reminding. • Young people talked about decision made to take them into care. They did not feel like that had a say when these decisions were made and that they were separated from their birth families too suddenly and would have preferred to be prepared gradually to such separation where it possible.	
The Children's Society	Quality statement 3	Quality standard 3. The average score for the importance of this standard was 4.8. The average score based on children's day to day experience was 2.3. Discussion about placements focussed on three issues – the quality of decision making about placements, the choice of placement (or the lack of choice) and the support available in each placement. Choice of placement was also associated for young people with leaving care arrangements and being able to move on when they felt ready rather than on their 18th birthday. Young people understood very well that financial considerations played important role in decisions about placements. They did not feel that it was their right to expect to live in the nicest areas as 'it was not always optional'. 'You have to live where there is a vacancy that is reasonable and affordable'. All young people agreed that their experiences in placements depended on how much notice they were given about placement move, how much delay there was in finding a new placement and how long they had to stay in temporary placements. They all agreed that the most important thing was support	Thank you for your comment. The quality statement on placements has been amended following feedback from consultation and field testing to focus on quality and stability of placements that take account of the needs and preferences of looked-after children and young people. This includes a quality measure that looked-after children and young people are involved in decision about placement changes. There is a quality measure on commissioning a range of placements. The definition of involvement states that the child or young person should also have enough notice of any planned change to arrange for an advocate to support them in their review meeting. The quality statement on leaving care includes supporting care leavers to move to independence at their own pace. There is a new quality statement on warm, nurturing care which should strengthen support for the child and improve stability. Support to maintain contact with people looked-after children and young people value, where this is desired

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		and opportunity to find solutions to their issues. This support would be a person like support worker to sort out things or help with everyday things like bus passes. 'I had to live for 2 years in a place where I had no friends. I was told to get contact details for friends in previous placement but I was not allowed to be on facebook so could not get in touch with old friends.' 'Care system is isolated place so you do not want to isolate people further.' Local transport networks was another issue associate with placement experiences. Young people from London, for example, could travel around London as passes are free for young people, while in Lancashire where there are multiple bus operators young people felt they needed support financial as well as practical with arranging bus passes.	and in their best interests is included in quality statement 4 on support to explore and make sense of identity and relationships. This measures whether looked-after children and young people have a supportive peer network in the outcome measures. The quality standards are based on evidence-based recommendations from NICE accredited guidance, in this case NICE public health guidance 28 / SCIE guide 40. Please refer to the full guidance for detailed summary of the underpinning evidence base for the recommendations on which the quality standard is based.
The Children's Society	Quality statement 4	Quality standard 4. The average score for the importance of this standard was 5. The average score based on children's day to day experience was 4.6. Young people felt that having access to their health history was important. As it was important to have someone to support them with their health needs. In relation to health support their experiences were different in some areas they were seen by their nurse or a GP and a dentist every six months and had good links with these practitioners while in other areas these contacts were less frequent or less regular.	Thank you for your comment. Following a review of feedback from consultation and field testing, access to health history is now included in quality statement 4 on support to explore and make sense of identity and relationships. Quality statement 1 on warm, nurturing care includes quality measures on training and support for carers. This includes knowledge and awareness of how to promote, improve or maintain good health. There is also a separate quality statement on access to specialist and dedicated services.
The Children's Society	Quality statement 5	Quality standard 5. The average score for the importance of this standard was 5. The average score based on children's day to day	Thank you for your comment. A quality statement on support to explore and make sense

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		experience was 3. Young people agreed that being able to explore their identity and personal relationships was important. But their perception was that this was not always seen as a priority by their social workers. Young people experienced breakdown in agreed contact arrangements because frequent placement moves and social workers not following through on what was agreed. In one case young person lost contact with his younger sibling who was adopted and most likely not asked contact as he was disabled. Young person did not feel that the fact that his sibling was disabled meant that he was not able to have opinion about contact. In this case the young person thought his best option was to wait till his siblings turned 18 and try to make contact then. In relation to placements young people were very aware of the cost implication for the local authorities	of identity and relationships has been retained in the final version of the quality standard. This includes coordination of ongoing contact with people that the child or young person values where this is desired and in their best interests. Quality statement 3 is now focused on quality and stability of placements.
The Children's Society	Quality statement 6	Quality standard 6. The average score for the importance of this standard was 5. The average score based on children's day to day experience was 4. Young people felt very strongly about the lack of emotional support at a time when a young person moves into care. They were aware that therapy can be arranged for them if needed although it might take up to 6 months to be seen. They would like to have continuous support, someone to talk to on a regular basis, other than a health professional. Some young people felt that because they were in care some professionals rather than talking to them jumped to conclusions that young people suffered from depression or had some mental health issues. 'who fights your corner if they think you are depressed or bipolar. Who do I have to support me saying that you have	Thank you for your comment. The quality statement on access to services to meet the needs of children and young people has been retained and now includes access to specialist and dedicated services. It also includes a quality measure on ongoing monitoring of health plans to ensure needs are continually met. A statement has been added on warm, nurturing care which is underpinned by quality measures of core and specialist training and support to enable carers to meet the needs of children and young people in their care. Quality statement 4 focuses on the importance of relationships for looked after children and young people,

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		no bipolar. And it goes on your file' 'She looks pretty miserable – so it means you have mental illness' 'no one thinks there is a problem with a placement – it is always a child'	including contact key people that they value where this is desired and in their best interests. It also includes an outcome measure that the child or young person has a supportive peer network. The importance of gathering feedback from looked-after children and young people, as well as their carers is recognised to ensure their needs are being met. Appropriate outcome measures have been included throughout the quality standard.
The Children's Society	Quality statement 7	Quality standard 7. The average score for the importance of this standard was 5. The average score based on children's day to day experience was 2.5. Young people felt that continuity in support is important but it is not something they experience on a regular basis.	Thank you for your comment. Following consultation and field testing feedback this quality statement is now focused on continuity of care for looked-after children and young people placed out of the local authority or health boundary. This, and statement 5 on access to specialist and dedicated services are intended to support continued access to services to ensure needs are met.
The Children's Society	Quality statement 8	Quality standard 8 The average score for the importance of this standard was 5. The average score based on children's day to day experience was 3.5. Young people felt it was important but again dependent on the quality of relationships with professionals.	Thank you for your comment. Following feedback from consultation and testing, a quality statement has been developed on warm, nurturing care which includes high quality ongoing core and specialist training and support packages for carers. This includes the importance of encouraging achievement.
The Children's Society	Quality statement 9	Quality standard 9 The average score for the importance of this standard was 5. The average score based on children's day to day experience was 1.4. Leaving care experiences was a topic that many young people in the discussion groups felt very emotional about. The discussion started with looking at how young people	Thank you for your comment. The topic expert group prioritised areas of care where practice is variable, or where implementation could have a significant impact on care and improved outcomes. The quality statement on leaving care has been refined

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		were prepared for independent living while still in care. They looked, for example, at pocket money allowances, birthday and Christmas presents and how they are taught how to budget and make financial decisions or taught how to cook and take care of other domestic chores that they would need to do when they move to become independent. All their experiences were very different depending on the local authority area and the type of placement. There were considerable differences in the pocket money allowances, monthly clothes allowances, allowances for special celebrations, for setting up home etc. While some young people new what their allowances were, others were not aware of them. Turning 18 was seen as a milestone that younger children in care feared and care leavers had very negative associations with. They talked of experiences of being 'kicked out' 'You are given a world in care and then it gets taken away from you' My foster mum kept all my pocket money, kicked me out on my 18th birthday and then posted through the door [a bill] for everything I owned her for' 'No matter what I do I am still going to end in debt' 'My wish for Santa is to be debt free' 'They give you a certain amount of money but no support of how to manage your money. At the moment I have no gas so I have to knock at my next door neighbour for shower' In addition to financial worries young people told about their experiences of breakdown in communication with their leaving care worker. 'my worker went on 1 month leave. I was behind on my rent and did not know who to call'	during further development of the quality standard to prioritise quality measures that the topic expert group considered would support care leavers to move to independence at their own pace. Quality statement 1 on warm, nurturing care, which includes measures on training and support for carers to help them meet the needs of looked-after children and young people. Within quality statement 8 on moving to independence, the quality measure on pathway planning has been strengthened to stipulate that pathway planning is responsive to the needs of young people and equips them with the skills they require to live independently. The quality measure on young people being given the option to remain in a stable foster home or residential home beyond the age of 18, and to return to the care of the local authority, including their previous placement (if possible) they experience difficulty moving to live independently has been retained.

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		'I don't know what to do but they still did not help because they thought I am good because I stayed on top' Another person reported that the outreach support which was agreed for him was not being met and was constantly being cut down even though the social worker said that it could not be reduced without prior agreement with social services. Young people thought that it was important for them to know agreements in place of what support they would receive on leaving care and if that agreement was not followed that they should be able to take providers to court.	
The Children's Society	Quality statement 10	Quality standard 10 The average score for the importance of this standard was 4.5. The average score based on children's day to day experience was 3.8. Young people felt that this was an important standard and also an area where positive things were happening.	Thank you for your comment. This quality statement is now included as a quality measure within quality statement 7 on fulfilling potential.
The Children's Society	Quality statement 11	Quality standard 11 The average score for the importance of this standard was 5. The average score based on children's day to day experience was 3.5. Young people felt that this was a very important standard. Some felt that foster carers are not always supervised properly and that there is a greater need to tighter monitoring of what's going on in foster placements.	Thank you for your comment. Following a review of feedback from consultation and field testing, a quality statement has been added on warm, nurturing care. This is underpinned by quality measures on ongoing core and specialist training and support. An outcome measure is included to measure looked-after children and young people's self-reported overall wellbeing and self-esteem. Quality statement 3 on quality and stability of placements includes looked-after children and young people's satisfaction with their placement.
The Children's Society	Quality statement 12	Quality standard 12 The average score for the importance of this standard was 3.3. The average score based on children's day to day	Thank you for your comment. The quality standard has been further developed with

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		experience was 4.8. That was the only standard that did not get the high score for its importance. Young people felt that carers were involved enough in decision made about their lives and that in some situations where the young person's assessment of situation was compared to a carer's assessment the social worker were more likely to listen to adult carers than to what young people had to say.	consideration given to feedback received through consultation and field testing. There is s no longer a standalone quality statement on carer involvement. However, as this was highlighted as a key issue of importance in feedback, quality statement 2 on collaborative working includes a quality measure on the carer being involved in the team working with the child or young person and a quality measure that the team (including the carer) feel they have all of the information they require. It includes an outcome measure that children and young people feel information is shared appropriately. The topic expert group recognise the importance of looked-after children and young people having a say in their care and this is reflected throughout outcome measures in the quality standard. There is a quality measure that looked-after children and young people are involved in decisions about placement changes in quality statement 3 on quality and stability of placements.
The Children's Society	General Q1	1. How will this quality standard improve the quality of care provided? From our direct experience in supporting looked after children and care leavers tell us that the quality of care varies considerably from one local area to another. The proposed standard may help improve the quality of care in all local areas and ensure that looked-after children and care leavers do not experience a 'post code lottery' in relation to services they receive and the quality of their interaction with different professionals.	Thank you for your comment. The topic expert group prioritised areas of care where practice is variable, or where implementation could have a significant impact on care and improved outcomes, and where there is potential to generate measurable indicators.
The Children's Society	General Q8	Are there additional quality measures that should be included? • Measuring children's experiences and well-being	Thank you for your comment. The topic expert group recognise the importance of

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		across all standards of care We believe that in monitoring the quality of care it is very important to include the voices of children and young people, which can help public authorities to design and deliver more effective services that meet children and young people's needs. One approach to understanding how changes and processes are affecting looked-after children is by asking them questions about their well-being. Since 2005 The Children's Society, in collaboration with the University of York, has run a research programme which has developed robust methods for measuring and understanding the self-reported well-being of children and young people across the UK . We have established a national dataset on self-reported well-being through asking well-being questions to over 30,000 children and young people aged 8 to 16 .The Children's Society's well-being tool enables children and young people to be asked questions about their overall life satisfaction, satisfaction within particular aspects of their lives, including living arrangements, school life and friendships, and their life experiences and circumstances. For all of these metrics the responses can be broken down by the characteristics of the children and young people surveyed. This sets baselines against which surveys of children's well-being, including those in care, can be compared. Over 50 organisations, including mainstream primary and secondary schools, Pupil Referral Units and local authorities, have used questions from our well-being tool to understand the subjective well-being of the children they support and have used the evidence to encourage approaches to working with children that promote their	gathering looked-after children and young people' perspectives and experience of their care. Outcome measures are included throughout the quality standard to capture this feedback. Examples of existing national data collection which may be relevant, in part at least, to the quality measures are referenced where appropriate. Suggested data sources are not definitive sources of data to support quality measures. The expectation is that quality statements and measures will be used and adapted at a local level.

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		well-being. Recommendation: We therefore recommend that a quality measurement of children's well-being should be included within all standards. Surveys can be administered via a straight forward questionnaire, and can be tailored to suit the standard or process being monitored.	
The Children's Society	Quality statement 9	• Draft quality statement 1: professional collaboration and multi-agency working We believe that the measures under this statement should explicitly refer to multi-agency arrangements for supporting children with special educational needs and/or disabilities, children who run away or go missing from care and unaccompanied asylum-seeking and migrant children. From our practice and research we know that these children require additional support and co-ordination of services to achieve their full potential and have positive experiences in care . Evidence also suggests that standards of care for these children vary considerably from one local authority to another. The recent APPG inquiry on children missing from care, for example, highlighted inadequate responses to children who go missing, which leaves them particularly vulnerable to abuse and sexual exploitation . Evidence suggests that looked after children are three and a half times more likely to have special educational needs compared to all children. Many of them have behavioural, emotional and social difficulties or speech language or communication needs. These children are also more likely to be placed out of their local authorities in residential provision and less likely to have access to advocacy services . In cases involving unaccompanied children who are subject to immigration control, children will have a range of needs and be involved with a number	Thank you for your comment. The topic expert group have prioritised areas of care based on NICE public health guidance 28/ SCIE guide 40, within the framework of the Quality Standards development process. Quality standards describe what NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on the best available guidance. They should be used within the context of existing legislation and governance. It is recognised that some children and young people with particular needs may require additional support. Equality and diversity considerations are highlighted within the equality impact assessment and, where relevant, within the equality and diversity considerations sections of quality statements. Following feedback from consultation and field testing, a quality statement has been prioritised on placements outside the local authority or health boundary, as the topic expert group recognises that children and young people in these placements may face additional challenges. Quality statement 2 is focussed on collaborative working to meet the needs of the child or young person. This involves support for collaboration on complex casework.

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		of different agencies requiring effective multi-agency. However, some local authorities are not always open to collaborative work with other agencies particularly NGO advocates and support workers in order to ensure that children's needs are being met. Despite this, multi-agency work is critical in such cases where children have complex immigration issues that need to be resolved, may need to have their age assessed, are potential victims of trafficking and are vulnerable to further abuse, or need specialist support to overcome mental health issues having suffered trauma and abuse in the past.	Quality statement 5 focuses on access to specialist and dedicated services.
The Fostering Network	Quality statement 1	This statement is extremely necessary. Foster carers frequently report that they do not have access to full information about the child(ren) they foster . One foster carer has told us she is providing long-term foster care. A student social worker recently found important information in the children's files which had not been passed on, nearly 2 years after placement.	Thank you for your comment. The quality statement on collaborative working has been retained as a separate quality statement and is underpinned by measures around effective information sharing. A quality measure has been included on the carer being involved in the team working with the child to strengthen their involvement.
The Fostering Network	Quality statement 2	Insert "appropriate" before "decisions". This process should be age-appropriate and in the child's best interests	Thank you for your comment. Following a review of feedback from consultation and field-testing the quality statement on involvement of children and young people has been incorporated as a quality measure within a quality statement 3 on quality and stability of placements. A quality measure has been included on evidence of local arrangements to involve looked-after children and young people in choices about placement changes. The definition of involvement includes fully taking the child or

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			young person's wishes into account, along with consideration of their best interests. It also involves discussing decisions with the child or young person, including any reasons why wishes may not be followed and the child or young person's rights to independent advocacy.
The Fostering Network	Quality statement 3	Often there is no choice of placements	Thank you for your comment. The quality statement on placements has been amended following feedback from consultation and field testing to focus on quality and stability of placements that take account of the needs and preferences of looked-after children and young people. This includes commissioning a range of placements and involving looked-after children and young people in decisions about placement changes.
The Fostering Network	Quality statement 4	This should also be age appropriate	Thank you for your comment. Following a review of feedback from consultation and field testing access to health history is now included in quality statement 4 on support to explore and make sense of identity and relationships, as part of life-history work. The definition of life-history work states that that careful consideration should be given to the timing and person who delivers life-story information and the extent of information given at any one time, according to the developmental stage and emotional needs of the child or young person.
The Fostering Network	Quality statement 6	Delete "complex". All young people with emotional and physical needs should have access to services. How is complex defined?	Thank you for your comment. Following feedback from consultation and field testing, 'complex' has been removed from the statement.
The Fostering	Quality	This statement is too vague. Does this refer to financial	Thank you for your comment.

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Network	statement 9	support? Does this refer to support from their previous carers? Does this refer to semi-independent arrangements like supported lodgings? Some young people will make the transition to life with “shared lives” carers.	NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on the best available guidance. It is expected that quality statements and measures will be used and adapted locally. The quality statement on support to live independently has been refined following feedback. For example, the housing options are more clearly defined in the definitions section.
The Fostering Network	Quality statement 11	This statement is considered to be extremely important by foster carers. Statements 8 and 10 depend on the calibre of foster carers and social workers. Statement 3 is clearly linked with this statement.	Thank you for your comment. Following consultation and field testing feedback, a quality statement has been added on carers providing warm, nurturing care. This is underpinned by quality measures of ongoing core and specialist training and support for carers.
The Fostering Network	Quality statement 12	With Statements 1 and 11 this is arguably especially important for foster carers in enabling them to foster well. Without well-trained, motivated carers who are able to advocate for the young people for whom they care, the majority of other statements are less likely to be met. Many foster carers report that the quality of supervision and support they receive is patchy and inadequate.	Thank you for your comment. Following a review of feedback from consultation and field testing, this is no longer a standalone quality statement. Quality statement 2 on collaborative working includes a quality measure of the carer being involved in the team working with the child or young person and an outcome measure that the team (including the carer) feel they have all of the information they require. This is intended to strengthen the role of the carer in the team. A quality statement has been developed on warm, nurturing care, which is underpinned by quality measures on training and support. This is recognised as a key area where practice is variable, or where implementation could have a significant impact on care and improved outcomes

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The Fostering Network	General Q5	There are some overlaps between the statements but none of them is inappropriate. One point which could be added is the need for sufficient funding and efficient financial administration. Respect for children, young people and for the professionals caring for them is at the heart of the standards.	Thank you for your comment. The quality standard has been further refined following feedback from consultation and field testing to ensure that statements and measures are as clear and concise as possible. Cost effectiveness is considered by the topic expert group during development of quality standards and a supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers, however, the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk.
The Royal College of Nursing	General	The Royal College of Nursing welcomes proposals to develop this standard. It is timely. The document is comprehensive. Title of the standard ought to read 'health and social care'	Thank you for your comment. We agree that the quality standard is relevant to health and social care. We have amended the title to reflect this.
Torbay Care and Southern Devon NHS and Care Trust	Quality statement 1	How can outcome (a) be achieved as this conflicts with (c)? How much should be shared and in what format?	Thank you for your comment. During further development of the quality standard, outcome 'c' has been removed, as the topic expert group agreed that this is incorporated within 'b'. It is expected that effective information-sharing protocols will support agencies to share information that is relevant and appropriate to be shared.
Torbay Care and Southern Devon NHS and Care Trust	Quality statement 2	We feel the voice of the disabled young person should also be included here.	Thank you for your comment. The aspiration is that quality statements will apply to all looked-after children and young people wherever possible. The potential for additional needs of looked-after children and young people with disabilities is highlighted in the

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			equality impact assessment and the equality and diversity considerations sections of relevant quality statements.
Torbay Care and Southern Devon NHS and Care Trust	Quality statement 3	This would be ideal in theory, but practicalities frequently limit choice and this might be an unrealistic or unachievable statement. Structure (d) is essential	Thank you for your comment. The quality statement on placements has been amended following feedback from consultation and field testing to focus on quality and stability of placements that match the needs and preferences of looked-after children and young people. Structure measure 'd' has been retained and included in quality statement 6 about continuity of care for looked-after children and young people living in placements outside out their local authority or health boundary.
Torbay Care and Southern Devon NHS and Care Trust	Quality statement 4	Process (c). How can this information be easily collected, recorded and accessed for audit purposes?	Thank you for your comment. Following a review of feedback from consultation and field testing access to health history is now included in quality statement 4 on support to explore and make sense of identity and relationships. Measures on the red book have been removed.
Torbay Care and Southern Devon NHS and Care Trust	Quality statement 5	We feel this is not within our brief in health but is important	Thank you for your comment. It is envisaged that life history work can be an organised activity with a person trained to support this type of work, or an informal process reflected in the everyday conversations between carers and looked-after children or young people.
Torbay Care and Southern Devon NHS and Care Trust	Quality statement 6	We agree with the vision, but is this achievable, particularly around CAMHS?	Thank you for your comment. This quality statement has been further developed following feedback from consultation and field testing.

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			NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on the best available guidance. A supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers, however, the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk. We hope this will help to address your concerns.
Torbay Care and Southern Devon NHS and Care Trust	Quality statement 7	We thoroughly support structure (c)	Thank you for your comment. As part of further development of the quality standard this quality statement is now focused on continuity of care for looked-after children and young people placed out of the local authority or health boundary. This, and statement 5 on access to specialist and dedicated services are intended to support continued access to services for all looked-after children and young people to ensure needs are met.
Torbay Care and Southern Devon NHS and Care Trust	Quality statement 8	What is structure (d) doing here? It doesn't seem to fit with quality statement 8, although this is a valid statement but is it in the right place?	Thank you for your comment. This structure measure has now been removed. However, quality statement 1 includes training and support for carers, which covers this issue.
Torbay Care and Southern Devon NHS and Care Trust	General Q1	It sets very high standards against which to audit services.	Thank you for your comment.
Torbay Care and Southern Devon NHS and Care Trust	General Q2	None	Thank you for your comment.
Torbay Care and	General Q3	Some are more relevant to health and others to social	Thank you for your comment. The quality standard is

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Southern Devon NHS and Care Trust		care	aimed at both health and social care, but there are areas which are more relevant to one group than the other. In revising the quality standard we have tried to adopt an approach to intopic expert grouprating health and social care throughout the quality standard as per comments received during consultation.
Torbay Care and Southern Devon NHS and Care Trust	General Q4	Statements 1, 2, 4, 6 7 and 11 most important from health perspective	Thank you for your comment. Following feedback from consultation and field testing, the topic expert group have further developed the quality statements. As part of this, certain quality statements have been integrated and others refocused to ensure that there is a set of concise, measurable quality statements.
Torbay Care and Southern Devon NHS and Care Trust	General Q5	No	Thank you for your comment.
Torbay Care and Southern Devon NHS and Care Trust	General Q6	Many of the quality statements are laudable, but difficult to collect the data and to evidence.	Thank you for your comment. We recognise the challenges of data collection. Following feedback from consultation and field testing, the topic expert group have integrated certain quality statements and refocused others to ensure that there is a set of clear, focused and measurable quality statements. Definitions have also been provided and refined where possible to help in measurability.
Torbay Care and Southern Devon NHS and Care Trust	General Q7	No, although some are not within the remit of health	Thank you for your comment. It is recognised that the needs of looked-after children and young people vary, but are often complex, and can be met only by a range of services operating collaboratively across different settings.
Torbay Care and	General Q8	No	Thank you for your comment.

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Southern Devon NHS and Care Trust			
Torbay Care and Southern Devon NHS and Care Trust	Specific Q9	We feel it needs to be both a separate statement AND threaded throughout.	Thank you for your comment. Following a review of feedback from consultation and field testing, a quality statement on collaborative working has been retained as a separate quality statement and is underpinned by measures around effective information sharing. Collaboration is also embedded as a principle throughout the quality standard as a whole, as services and professionals are required to work together to achieve the level of quality set out.
University of York	Quality statement 3	Sub-section Structure (a) and definition of 'diversity profile' The recommendation that there should be 'local arrangements for producing a local diversity profile' raises a number of problems. The first is practical. In the context of a serious national shortage of foster carers, it seems unlikely that (i) local authorities will be able to recruit foster carers from all of the larger minority ethnic groups resident in its area (and there may be many in some authorities) and (ii) that placements with carers from specific ethnic groups will have a vacancy available just when a child from that group requires a placement. Also, it is important to bear in mind that the largest minority ethnic group of looked after children are those of mixed heritage – which means an even greater degree of diversity in the looked after population. These practical problems would undoubtedly lead to delay in finding appropriate placements and increase the risk of placement instability, if children were placed short-term while waiting for a	Thank you for your comment. Quality statement 3 on placements has been amended following feedback from consultation and field testing to focus on quality and stability of placements that take account of the needs and preferences of looked-after children and young people. This includes a quality measure that children and young people are involved in decisions about placement changes. Following feedback the measures relating to the diversity profile have been removed. There is now a quality measure that a range of placements are commissioned to enable matching to the needs and preferences of looked-after children and young people. Outcome measures include satisfaction with placement and feedback from looked-after children and young people about involvement in decisions on placement changes. The definition of

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		suitable match. The damaging consequences of placement instability for children's psychosocial development are well known. Second, there are conceptual problems. As Quinton's review of the research on ethnic matching points out, the classifications of ethnicity used in research and practice (for both fostering and adoption) are variable and extremely crude, and these problems in defining ethnicity make it difficult to match on it. Recent research has shown that social workers seriously try to take ethnicity into account, but lack advice on how to do this and what degree of similarity is good enough (Julie Selwyn 2010: Pathways to Permanence for Black, Asian and Mixed Ethnicity Children). Quinton found no research evidence that might help them. While personal and political arguments have been made in support of ethnic matching, Quinton's review indicates that there is no solid research evidence on the outcomes of matching, or not matching, on ethnicity to support this use of racialised categories. Third, there has been little attention to children and young people's agency in constructing their own identities. Identities have multiple dimensions and children and young people do not always view their ethnic identity as the sole, or principal, definer of who they are. However, professionals often make assumptions about how they should view their identity. These are complex issues (see David Quinton 2012 Rethinking Matching in Adoption from Care. A Conceptual and Research Review for a full discussion). Although due consideration should of course be given to children's	involvement states that any reasons why wishes cannot be followed should be explained to the child or young person and these reasons recorded. It is noted in the equality and diversity considerations section of quality statement 4 that covers identity that children and young people should be supported to develop their own identity. Assumptions about identity should be avoided.

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		ethnic and religious identity, and these should certainly be taken into account if they are important to the children concerned, what matters most of all is finding high quality placements that can meet their needs in a range of ways. Placement quality is the key issue. Sub-sections Structure (c) and Outcome (b) Choice of placements should undoubtedly be informed by children's views. Children should always be consulted and listened to properly. However, their views should be just one important factor that is taken into account, in the context of a full assessment of their placement needs. Looked after children often have complex feelings about their families and these sometimes influence their views about where they want to be. In this context, there will be some occasions when what children want is not necessarily in their best interests. These decisions are further complicated by the question of children's age. For example, research on runaways from care has shown that adolescents may 'vote with their feet,' choosing to return to environments that may be harmful to them. Finding a placement that not only provides high quality care tailored to the needs of an individual, and in which the young person, feels able to settle, involves skilled work with both the child and carer. This quality standard rightly states that decisions about placements should be informed by the needs of the looked after child or young person as well as by their preferences, but it will be hard to provide hard evidence of this (as suggested in the section Structure (c) for this standard). A simple consumer satisfaction survey about whether children's preferences have been taken into account will not capture the range and complexity of situations in which they might not be. In some cases, placements might meet children's needs (one would hope)	

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		but not their preferences. Without a thorough analysis of individual cases it will be difficult to judge whether this standard has been met. Such an analysis would be costly.	
University of York	Quality statement 6	Early screening, assessment and intervention by a team around the child are key. Access to services by children and young people with complex needs will depend on this work being done carefully at an early enough stage. From research on leaving care we know that where young people experience a broad range of metal health and emotional/behavioural problems, and where these are unresolved at the point of leaving care, these young people tend to fare relatively badly in relation to housing, education and employment outcomes after leaving (Wade and Dixon 2006). How these services are organised and delivered will be critical. Access, though important, is not the only issue. Mental health professionals need to work with primary carers, social workers and personal advisers to help them to meet young people's mental health and emotional needs. Flexibility is critical. In this regard, the formal therapies offered by CAMHS and the general requirement for young people to situated in a stable placement are not always most helpful. Care leavers and unaccompanied asylum-seeking young people often reject these talking therapies or treat them with suspicion and would sometimes benefit from group based support, including mentoring and peer support.	Thank you for your comment. Quality statement 5 in the final quality standard focuses on looked-after children and young people having continued access to specialist and dedicated services to meet their needs. The equality and diversity considerations section of the quality statement highlights children and young people who may have particular issues. The topic expert group prioritised the areas of care they felt were most important for looked-after children and young people, based on evidence-based recommendations from NICE public health guidance 28 / SCIE guide 40. NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on the best available guidance. A supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers, however, the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk.
University of York	Quality statement 9	Structure: a) Evidence of local arrangements to ensure pathway planning pays attention to the emotional needs and developmental capacity of young people preparing to	Thank you for your comment. NICE quality standards define what high quality care should look like. The topic expert group prioritised the

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		move into independent accommodation. Research reviewed in Stein (2012) and Stein and Morris (20100 shows: Pathway plans are an important part of both preparation and supporting young people after they leave care. Just over two-thirds (69%) of young people surveyed by the Children's Rights Director knew they had a pathway plan, just over a third had had their plan reviewed and just over a half said that their plans were being followed to some extent, although a quarter of young people reported that none of what was in their plan was being kept to (Morgan and Lindsay 2012).In preparation for leaving care, young people want assistance with: practical skills, including budgeting, shopping, cooking and cleaning; self-care skills, including personal hygiene, diet and health, sexual health, drugs and alcohol advice, and; emotional and interpersonal skills, including personal well-being, and negotiating skills, such as managing encounters with officials, landlords and employers. There is evidence that how well young people are prepared in these three main areas is significantly associated with how well young people cope after leaving care, practical skills and self-care skills having the most measurable effect. Young people who left care later and young women generally did better, the former emphasising the importance of being ready to leave care and the latter suggesting that more attention should be paid to the preparation skills of young men (Dixon and Stein 2005). b) Evidence of local arrangements to ensure that there is an effective and responsive leaving-care service which provides all young people with opportunities to develop the full range of life skills needed to make the transition to independent living and adulthood	areas of care they felt were most important for looked-after children and young people, based on the development sources listed. Quality standards should be read in the context of existing legislation and guidance. The topic expert group prioritised areas of care where practice is variable, or where implementation could have a significant impact on care and improved outcomes, and where there is potential to generate measurable indicators. The quality standard has been further developed following a review of feedback from consultation and field testing. Within statement 8 on moving to independence, the measure on pathway plans has been strengthened to stipulate that pathway planning should be responsive to the needs of young people and equip them with the skills they require to live independently. The focus of the quality statement is support for care leavers to move to independence at their own pace. The range of available housing options has been more clearly defined and includes supported lodgings and family. Quality statement 5 on access to specialist services now has increased focus on effectiveness through inclusion of a quality measure on monitoring of health plans to ensure the needs of looked after children and young people are met. It also includes a quality measure on continuity of care for young people moving from child to adult mental health services. A quality statement has been developed on warm, nurturing care, which is underpinned with measures on core and specialist training and support..

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		In respect of 'effective and responsive' leaving care services, the introduction of the Children (Leaving) Care Act 2000, the Children and Young Person's Act 2008 and the Guidance and Regulations on Transitions to Adulthood for Care Leavers have led to the development of a 'corporate parenting case model'. This model has resulted in first, more clearly defined structures and defined roles and responsibilities, centring on the role of personal advisers, needs assessment and pathway planning; second, more formalised multi-agency work, under 'corporate parenting' and, third; to the increased profile of leaving care services. Research shows that many young people have a very positive view of leaving care teams and the support they receive from personal advisers, although there is evidence of variation in the quality of services in both research and official data. As detailed above, research shows that young people need to be well prepared in practical, self-care and emotional and interpersonal skills and be ready to move on. Evaluations of good practice highlight: the importance of needs assessment and pathway planning; involving young people fully; providing on-going support; opportunities for risk taking; the gradual learning of skills; continuity of carers, and; carers being trained to assist young people. c) Evidence of local arrangements to ensure that looked-after young people receive a comprehensive health assessment when they move to independent living. Young people's physical and mental health problems may increase at the time of leaving care and this is associated with coping with the physical and psychological demands of accelerated and compressed transitions, combined with earlier pre-care and in care problems (Dixon 2008).	Support to maintain contact with people looked-after children and young people value, including family, is covered in quality statement 4 on personal identity and support to understand relationships. A supporting document has been published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers, although the configuration of services will be determined locally. Supporting documents are available from www.nice.org.uk.

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		Young people can be assisted by more gradual transitions from care, on-going support by their personal advisers, and access to mental health and psychological services. Young people may experience problems in moving from child and adolescent mental health services to adult services. These should be addressed by planning ahead, involving young people and carers, having a clearly identified lead professional, providing clear advice and information, and effective and flexible multi-agency work. In regard to comprehensive health assessments research highlights the need for improvement in three main areas first, widening the range of topics covered in the health assessments – only just over one in five recorded information about family history, and there was a lack of information about the health needs of teenagers; second, using the assessment process as means to promote children's and young people's health - many assessments were seen as a disease screening exercise, and third, ensuring the recommendations contained within the health assessments are carried out. The review also identified the need to improve time-frames for health assessments and the variation in the quality of health plans, including a failure to consistently implement their recommendations ((Mooney et al 2009). d) Evidence of local arrangements to ensure that looked-after young people receive information about their entitlements to leaving-care services and how to access them. e) Evidence of local arrangements to ensure that young people are given the option to remain in a stable foster home or residential home beyond the age of 18 and those who experience difficulty moving to independent living can	

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		return to the care of the local authority. Reviews of research (Stein and Morris, 2010) and Stein (2102) show: Young people who remain in foster care until they are prepared and ready to leave (up to the age of 21) can be assisted to make a better transition to adulthood than those who leave care early. There is little evidence of young people being given the opportunity to remain in children's homes beyond the age of 18, or young people from foster or residential care returning to the care of the local authority when in difficulty Young people may also be assisted by supported lodging schemes. These may include extended placements (e.g. a seamless transfer from foster placements) and both short and longer-term options for young people. 'Staying put' options are less likely to be available to young people with more complex needs. Both foster and residential carers do often provide on-going support to young people who have left their care, although this receives little formal recognition in terms of pathway planning. There is very little research on young people leaving care either by moving into, or moving on from, kinship care. The limited evidence does suggest that it is seen as very positive by young people. Its potential should, therefore, be further explored. Positive birth family relationships can provide young people with both practical and emotional support but negative relationships can be very damaging for young people. Young people also identify a wide range of family members beyond their birth families who they see as their 'closest family' and who could also be seen as	

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		a potential source of support. But, there is little evidence of their involvement in the pathway planning process. Good quality assessments and using family group conferences as part of pathway planning is the key to identifying supportive family and social networks.	
Virgin Care	Specific Q9	Is it important to have a separate statement on collaborative working to meet the needs of the child or young person or can this being threaded through? In my opinion to kick start effective collaboration between health and social care there will have to be a separate statement AND a constant thread through as an overarching theme. It is my experience in working in this area that the majority of staff in either health or social care, however well intentioned, find it almost impossibly difficult to jump the cultural divides between the services. This is often particularly the case for senior staff now in their 50s who have been used to a hierarchical form of leadership for many years and find it very difficult to adapt to shared leadership and learning cultures. Health professionals often lack the language second nature to care staff- child and family centred thinking, Hear our Voice or Participation Projects, Outcome Frameworks etc.	Thank you for your comment. Following a review of feedback from consultation and field testing, a quality statement on collaborative working has been retained as a separate quality statement and is underpinned by measures around effective information sharing. It is also recognised that collaboration is embedded throughout the quality standard as a whole.
Virgin Care	Quality statement 4	The red book or personal child health record is almost never updated by GPs. We enter data on computer systems within our surgeries and use the red book only for regulated checks e.g. 6 week check... This paragraph seems unrealistic to me as a GP	Thank you for your comment. Following a review of feedback from consultation and field testing measures on the red book have been removed.
Virgin Care	Specific Q9	Is it important to have a separate statement on collaborative working to meet the needs of the child or young person or can this be threaded through? In my opinion to kick start effective collaboration between	Thank you for your comment. Following a review of feedback from consultation and field testing, a quality statement on collaborative working has been retained as a separate quality statement and is

Stakeholder	Section	Comment	Response
		health and social care there will have to be a separate statement AND a constant thread through as an overarching theme. It is my experience in working in this area (www.doctorsarah.co.uk) that the majority of staff in either health or social care, however well intentioned, find it almost impossibly difficult to jump the cultural divides between the services. This is often particularly the case for senior staff now in their 50s who have been used to a hierarchical form of leadership for many years and find it very difficult to adapt to shared leadership and learning cultures. In addition health professionals often lack the language second nature to care staff- child and family centred thinking, Hear our Voice or Participation Projects, Outcome Frameworks etc.	underpinned by measures around effective information sharing. It is also recognised that collaboration is embedded throughout the quality standard as a whole.