



# Looked-after children and young people

Quality standard

Published: 3 April 2013

[www.nice.org.uk/guidance/qs31](http://www.nice.org.uk/guidance/qs31)

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This standard is based on NG205.

This standard should be read in conjunction with QS85, QS59, QS70, QS128, QS133, QS165 and QS179.

## Quality statements

Statement 1 Looked-after children and young people experience warm, nurturing care.

Statement 2 Looked-after children and young people receive care from services and professionals that work collaboratively.

Statement 3 Looked-after children and young people live in stable placements that take account of their needs and preferences.

Statement 4 Looked-after children and young people have ongoing opportunities to explore and make sense of their identity and relationships.

Statement 5 Looked-after children and young people receive specialist and dedicated services within agreed timescales.

Statement 6 Looked-after children and young people who move across local authority or health boundaries continue to receive the services they need.

Statement 7 Looked-after children and young people are supported to fulfil their potential.

Statement 8 Care leavers move to independence at their own pace.

# Quality statement 1: Warm, nurturing care

## Quality statement

Looked-after children and young people experience warm, nurturing care.

## Rationale

Fulfilling a child's need to be loved and nurtured is essential to achieving long-term physical, mental and emotional wellbeing.

This quality statement builds on the principle of encouraging warm and caring relationships between the child and carer that nurture attachment and create a sense of permanence. An important part of this is ensuring that carers are trained and supported to develop their skills and adopt a consistent parenting style that combines clear guidance and boundary setting with emotional warmth, nurturing and good physical care.

## Quality measures

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

## Structure

a) Evidence of local arrangements for all carers of looked-after children and young people to receive ongoing high-quality mandatory training and support packages that equip them to provide warm, nurturing care.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient records.

b) Evidence of local arrangements to ensure that all carers of looked-after children and young people receive specialist training and support that helps them to develop positive

attachments with children in their care.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient records.

## Outcome

a) Feedback from looked-after children and young people that they feel they receive warm, nurturing care.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient records and surveys.

b) Looked-after children and young people's self-reported wellbeing and self-esteem.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient records and surveys.

c) Carer satisfaction with provision of training and support.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from carer surveys.

## What the quality statement means for different audiences

**Service providers** (organisations providing care) ensure that systems are in place to provide all carers of looked-after children and young people with ongoing high-quality mandatory and specialist training and support to help them provide warm, nurturing care.

**Carers of looked-after children and young people** receive ongoing high-quality mandatory and specialist training and support to help them provide warm, nurturing care.

**Commissioners** (for example local authorities) ensure that they commission services that provide carers of looked-after children and young people with ongoing high-quality mandatory and specialist training and support to help them provide warm, nurturing care.

**Looked-after children and young people** experience warm, nurturing care.

## Source guidance

Looked-after children and young people. NICE guideline NG205 (2021), recommendations 1.2.1 and 1.3.13

## Definitions of terms used in this quality statement

### Carers

Carers include foster carers (including family and friends carers), residential carers and supported lodging providers. [Adapted from NICE's guideline on looked-after children and young people, and expert opinion]

### High-quality mandatory training

Training, delivered virtually or in person, that covers:

- Therapeutic, trauma-informed, parenting (covering attachment-informed, highly supportive and responsive relational care).
- Safeguarding procedures.
- How to communicate effectively and sensitively (for example, using de-escalation techniques).
- Life story work to promote a positive self-identity, which has a consistent, child-focused, and planned approach.
- How to be an educational advocate (this part of the training should be delivered by practitioners from the virtual school).
- Identifying problems with, and supporting, good oral health, diet, and personal



hygiene (particularly among those coming into care).

- Encouraging positive relationships and sexual identity (covering issues such as consent, encouraging healthy intimate relationships, 'coming out' and transitioning).
- Self-care for carers, preventing burn-out, and coping with placements ending.
- The importance of health assessments, supporting attendance and issues of consent for medical treatment.
- Record keeping and sharing the information in the record with the looked-after child or young person in a constructive and positive way, considering the need for confidentiality, and the impact the record may have on the looked-after person.

[[NICE's guideline on looked-after children and young people](#), recommendation 1.3.13]

## Sense of permanence

A sense of permanence relates to emotional permanence, and ensuring that children have a secure, stable and loving family to support them through childhood and beyond.

[Adapted from [Department for Education's Children Act 1989 guidance and regulations volume 2: care planning, placement and case review](#)]

## Specialist training and support

Comprehensive education and training for potential carers to prepare them for the challenges involved in looking after children and young people with attachment difficulties.

[[NICE's guideline on children's attachment](#), recommendation 1.1.9]

## Support packages

Support for primary carers, including:

- Involving and valuing the carer's input in decision-making in the broader care team.
- Keeping carers fully informed about a looked-after child or young person's care plan.
- Providing out-of-hours support services for carers to help resolve urgent problems.
- Facilitating peer support for carers at accessible times and places, including online if

people may find it difficult to attend a physical meeting.

- Thinking about the need for planned respite care (or 'support care') for carers as part of the care plan.
- Keeping carers fully informed and updated about the support services available to carers and looked-after children and young people in their local authority.
- Informing the looked-after child or young person's carers about any interventions used to support the looked-after child or young person, including the purpose of these interventions.

[[NICE's guideline on looked-after children and young people](#), recommendations 1.3.1, 1.3.2, 1.3.4, 1.3.5, 1.3.8 and 1.3.9]

## Equality and diversity considerations

The individual needs of carers should be considered when training and support is being delivered to ensure it is appropriate and meets their needs, for example it should be culturally sensitive.

Additional support may also be needed for carers of looked-after children and young people with particular needs, such as learning and physical disabilities, special educational needs or speech, language and communication difficulties.

# Quality statement 2: Collaborative working between services and professionals

## Quality statement

Looked-after children and young people receive care from services and professionals that work collaboratively.

## Rationale

Collaborative working between professionals and services, including carers, promotes high-quality and consistent care and a stable experience of placements for looked-after children and young people.

## Quality measures

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

## Structure

a) Evidence of local arrangements for the team working with the child or young person to work collaboratively to manage the multidisciplinary care plan, with the named lead social worker taking a lead professional role.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient records.

b) Evidence of effective local information-sharing protocols between health, social care and educational services.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from service level agreements.

c) Evidence of local arrangements to include the carer as part of the team working with the child or young person.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient records.

## Outcome

a) Feedback from looked-after children and young people that they do not have to re-tell their life and medical history when using services.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient records and surveys.

b) Feedback from looked-after children and young people that they feel information about them is shared appropriately between people working with them, and caring for them.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient records and surveys.

c) Feedback from carers that they feel involved as part of the team working with the child or young person.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from carer surveys.

d) Feedback from the team working with the child or young person that they have all of the information they need to work effectively.

**Data source:** No routinely collected national data for this measure has been identified.

Data can be collected from information recorded locally by health and social care professionals and provider organisations.

## What the quality statement means for different audiences

**Service providers** (organisations providing care) ensure that systems are in place for the team working with the child or young person to work collaboratively to meet the needs of the child or young person, and that information is shared effectively and appropriately.

**Health and social care practitioners and education staff** work collaboratively as part of the team working with the child or young person, sharing information effectively and appropriately.

**Commissioners** (for example, local authorities) ensure that they commission services that work collaboratively to meet the needs of the child, sharing information effectively and appropriately.

**Carers of looked-after children and young people** are part of the team working with the child or young person that works collaboratively, sharing information effectively and appropriately.

**Looked-after children and young people** are supported by a team, including their carer, who work together to meet their needs, sharing relevant information effectively and appropriately.

## Source guidance

Looked-after children and young people. NICE guideline NG205 (2021), recommendations 1.3.1, 1.4.1, 1.5.8, 1.6.13, 1.6.15 and 1.7.15

## Definitions of terms used in this quality statement

### Carers

Carers include foster carers (including family and friends carers), residential carers and

supported lodging providers. [Adapted from [NICE's guideline on looked-after children and young people](#), and expert opinion]

## **Team working with the child or young person**

The team working with the child or young person is a collaborative team of key professionals and frontline staff (staff working directly with or caring for looked-after children and young people, including but not limited to, carers, social workers, designated healthcare professionals and special educational needs coordinators) working to support a child or young person. [Adapted from [NICE's guideline on looked-after children and young people](#)]

# Quality statement 3: Stability and quality of placements

## Quality statement

Looked-after children and young people live in stable placements that take account of their needs and preferences.

## Rationale

Well-planned care that takes account of the needs and preferences of looked-after children and young people promotes stability and can reduce the need for placement changes and emergency placements.

## Quality measures

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

## Structure

a) Evidence of a strategy to commission a diverse range of placements for looked-after children and young people, which includes arrangements for considering sibling co-placement.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example local authority strategic plans.

b) Evidence of local arrangements to involve looked-after children and young people in choices and discussions about placement changes.

**Data source:** No routinely collected national data for this measure has been identified.

Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient records.

c) Evidence of local arrangements for identifying potential carers among extended family and friends and assessing them for suitability at the start of the care planning process.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient records.

d) Evidence of local arrangements to ensure that the child or young person gets to know their new carers and placement through visits and, where possible, overnight stays before they move to the placement.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient records.

## Outcome

a) Looked-after children and young people's satisfaction with their placement.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient records and surveys.

b) Carer satisfaction with decisions made to place children or young people in their care.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from carer surveys.

c) Feedback from looked-after children and young people that they were involved in decisions about placement changes.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient records and surveys.



d) Placement stability.

**Data source:** Contained within the [Children looked after data return \(SSDA903\)](#) and reported in the [Department for Education's statistics on children looked after in England including adoption](#).

e) Proportion of all placements that are emergency placements.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient records.

## What the quality statement means for different audiences

**Service providers** (organisations providing care) provide a diverse range of placements to enable matching that takes account of children and young people's needs and preferences.

**Health and social care practitioners and education staff** discuss placement changes with the child or young person, taking account of their preferences along with their best interests, and explaining and documenting any reasons why their wishes cannot be followed.

**Commissioners** (for example, local authorities) ensure they commission services that provide a diverse range of quality placements and that ensure placement decisions take account of children and young people's needs and preferences.

**Carers of looked-after children and young people** have children and young people placed with them who have been matched to the placement to take account of their needs and preferences.

**Looked-after children and young people** live in placements that take account of their needs and preferences, and understand how and why decisions about placement changes are made.

## Source guidance

Looked-after children and young people. NICE guideline NG205 (2021), recommendations 1.2.21, 1.2.24, 1.2.25, 1.3.2, 1.5.22, 1.5.34 and 1.7.1

## Definitions of terms used in this quality statement

### Care plan

The care plan will contain information about how the child's current developmental needs will be met as well as the arrangements for the current and longer-term care for the child. The health and education dimensions of the care plan are populated by the health plan and the personal education plan. [Adapted from Department for Education's Children Act 1989 guidance and regulations volume 2: care planning, placement and case review]

### Range of placements

A range of residential placements available to allow placements to be matched to each child's individual needs. Needs and placement options should be considered in advance of a placement being made to allow full consideration of the suitability of each option including the opportunity for a visit as part of the decision-making process. A strategy for placement decisions should also clearly set out how to meet the local authority's 'sufficiency duty' under the Children and Young Person's Act 2008. [Adapted from Department for Education's Children Act 1989 guidance and regulations volume 2: care planning, placement and case review and Department for Education's Securing sufficient accommodation for looked-after children]

### Stability

A secure, and loving family to support them through childhood and beyond and to give them a sense of security continuity, commitment, identity and belonging. [Adapted from Department for Education's Children Act 1989 guidance and regulations volume 2: care planning, placement and case review]

## Equality and diversity considerations

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. Specific groups identified through consultation as having potential additional needs include:

- very young children
- children and young people with special educational needs
- children and young people with learning or physical disabilities
- children and young people with speech, language and communication difficulties
- children and young people with a hearing or visual impairment.

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. This applies to all children and young people who do not have English as a first language, and to those with specific communication needs.

# Quality statement 4: Support to explore and make sense of identity and relationships

## Quality statement

Looked-after children and young people have ongoing opportunities to explore and make sense of their identity and relationships.

## Rationale

Developing a positive identity is associated with high self-esteem and emotional wellbeing. Life story work can contribute to this by helping children and young people to explore and make sense of their family history and life outside the care system. Having accurate and up-to-date personal health information is an important part of this and may also be important for the immediate and future wellbeing of children and young people during their time in care and afterwards.

Children and young people have needs and preferences for contact with people they value, for example siblings, who may be an important part of their identity. Good contact management is important for promoting a sense of belonging, positive self-esteem and emotional wellbeing.

## Quality measures

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

## Structure

a) Evidence of local arrangements to offer ongoing activities to looked-after children and young people to explore and make sense of their identity, including their life story and

appropriate health history.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations.

b) Evidence of local arrangements to coordinate ongoing contact with people that looked-after children and young people value, including former carers, siblings, other family members, friends or professionals, if this is desired and in their best interests.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations.

## Outcome

a) Feedback from looked-after children and young people that they feel supported to explore and make sense of their identity and life story, including their health history.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient records and surveys.

b) Feedback from looked-after children and young people that they feel supported to have continued contact with people they value.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient records and surveys.

c) Feedback from looked-after children and young people that they have a supportive peer network.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient records and surveys.

## What the quality statement means for different audiences

**Service providers** (organisations providing care) ensure systems are in place to offer looked-after children and young people ongoing opportunities to explore and make sense of their identity, and to maintain contact with people they value, if this is desired and in their best interests.

**Health and social care practitioners and education staff** offer looked-after children and young people ongoing opportunities to explore and make sense of their identity, and coordinate ongoing contact with people they value, if this is desired and in their best interests.

**Commissioners** (for example, local authorities) ensure they commission services that offer looked-after children and young people ongoing opportunities to explore and make sense of their identity, and to maintain contact with people they value, if this is desired and in their best interests.

**Looked-after children and young people** are offered ongoing opportunities to explore and make sense of their identity, and are supported to maintain contact with people they value, if this is desired and in their best interests.

## Source guidance

Looked-after children and young people. NICE guideline NG205 (2021), recommendations 1.2.3, 1.2.6, 1.2.7, 1.2.12 1.2.13, 1.5.23, 1.5.28 and 1.5.36

## Definitions of terms used in this quality statement

### Carers

Carers include foster carers (including family and friends carers), residential carers and supported lodging providers. [Adapted from NICE's guideline on looked-after children and young people, and expert opinion]

## Health history

A history compiled by healthcare professionals from the information held in their records and additional information given to healthcare professionals from other teams, to give practitioners and carers a clear sense of their past, present, and likely future physical and mental health needs. [[NICE's guideline on looked-after children and young people](#), recommendation 1.5.8]

## Life story

A personal or family history that helps the looked-after child or young person make sense of their journey through the care system and beyond, their significant relationships, and their identity. It 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 should include:

- the present – identity, strengths, and significant relationships
- the past – reasons for entering care and for any placement breakdowns, important memories and relationships
- the future – building independence, careers, hopes and dreams.

[[NICE's guideline on looked-after children and young people](#), recommendations 1.5.23, 1.5.24 and 1.5.25]

## Equality and diversity considerations

It is important for looked-after children and young people to be given the opportunity to develop their own identity, rather than assumptions being made by those working with and caring for them based on particular characteristics, such as ethnicity, faith or gender.

Certain groups of looked-after children and young people may face additional issues affecting their sense of identity. For example, children and young people in the following groups may face discrimination and isolation that can affect their ability to develop resilience and self-esteem:

- black, Asian, and other minority ethnic groups

- Gypsy, Roma and Traveller communities
- those from different religious backgrounds
- refugees and asylum seekers
- disabled people with complex needs
- autistic children and young people
- children and young people with a learning disability
- those from different socioeconomic groups
- LGBT+ people.



# Quality statement 5: Support from specialist and dedicated services

## Quality statement

Looked-after children and young people receive specialist and dedicated services within agreed timescales.

## Rationale

Looked-after children and young people have particular emotional needs, and often behavioural needs relating to their experiences before entering care and during the care process. They share many of the same health risks and problems as their peers, but often to a greater degree. Access to an appropriate level of services when needed is essential to meet their emotional, physical, behavioural and educational needs (including specialist educational needs).

## Quality measures

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

## Structure

a) Evidence of local arrangements to ensure that looked-after children and young people receive specialist and dedicated services to meet their needs. These services should be delivered on a continuing basis within agreed timescales.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient records.

b) Evidence of local arrangements for health plans to be monitored and updated by

independent reviewing officers, social workers and the lead health professional to ensure that the child or young person's continuing needs are being met.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient records.

c) Evidence of local arrangements 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.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient records.

## Process

Proportion of looked-after young people who are moving from child to adult mental health services, whose case management and treatment continues until a handover is completed with the adult service.

Numerator – the number of people in the denominator who have their case management and treatment continued until handover with the adult service.

Denominator – the number of looked-after young people who are moving from child to adult mental health services.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient records

## Outcome

a) Feedback from looked-after children and young people that they have access to the services they need.

**Data source:** No routinely collected national data for this measure has been identified.

Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient records and surveys.

b) Feedback from recognised assessment tools that the child, young person or care leaver's needs are being met through access to specialist and dedicated services when needed.

**Data source:** Local data collection. Providers may consider using the [Strengths and difficulties questionnaire](#) as part of an evaluation of whether needs are being met.

c) Feedback from carers that they feel the needs of children and young people that they look after are being met through access to specialist and dedicated services when needed.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from carer surveys.

## What the quality statement means for different audiences

**Service providers** (organisations providing care) ensure local arrangements are in place to refer looked-after children and young people to specialist and dedicated services within agreed timescales, and to monitor and update health plans to ensure their needs are continuously met.

**Health and social care practitioners and education staff** refer looked-after children and young people to specialist and dedicated services within agreed timescales, and monitor and update health plans to ensure their needs are continuously met.

**Commissioners** (for example, local authorities) ensure they commission services that provide looked-after children and young people with access to specialist and dedicated services within agreed timescales, and that health plans are monitored and updated.

**Looked-after children and young people** have access to specialist and dedicated services within agreed timescales.

## Source guidance

Looked-after children and young people. NICE guideline NG205 (2021), recommendations 1.5.3, 1.5.17, 1.5.18, 1.5.19, 1.5.20 and 1.6.7

## Definitions of terms used in this quality statement

### Agreed timescales

Access needs to be determined locally given the range of services. The aspiration is that looked-after children and young people receive services when needed and should not be subject to delays in access. [Expert opinion]

### Carers

Carers include foster carers (including family and friends carers), residential carers and supported lodging providers. [Adapted from NICE's guideline on looked-after children and young people, and expert opinion]

### Health plan

The health plan forms part of the care plan and is developed from the assessment of the child's health needs. It should include health history, current arrangements for healthcare, routine health checks and screening, preventive measures and health promotion. It should specify actions to be taken and services provided to meet the health needs identified in the assessment, the person or agency responsible for undertaking each action/providing each service, the likely timescales and the intended outcomes. Care leavers have a pathway plan that will include arrangements to meet their health and development needs (pathway plan is defined in quality statement 8). [Adapted from Department for Education's Children Act 1989 guidance and regulations volume 2: care planning, placement and case review]

## Equality and diversity considerations

Services should be available to meet the diverse needs of looked-after children and young people, including (but not limited to):

- babies and young children
- children and young people with special educational needs
- children and young people with learning or physical disabilities
- children and young people with speech, language and communication difficulties
- children and young people with a hearing or visual impairment.

Unaccompanied asylum-seeking children and young people need access to specialist psychological services (including child and adolescent mental health services), with the capacity, skills and expertise to address their particular and exceptional health and wellbeing needs. Professionals working with unaccompanied children and young people who are looked after should have a good understanding of cultural differences in attitudes to and beliefs about physical and mental health or wellbeing.

# Quality statement 6: Continuity of services for placements outside the local authority or health boundary

## Quality statement

Looked-after children and young people who move across local authority or health boundaries continue to receive the services they need.

## Rationale

Looked-after children and young people should not be disadvantaged when they move across local authority or health boundaries and should continue to receive the services they need. Good transition planning enables transfer of relevant information and continuity of services. Looked-after children and young people also value continued contact with the same professionals when they move areas.

## Quality measures

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

## Structure

a) Evidence of local arrangements to ensure the placing authority shares relevant information before a child or young person is placed across a local authority or health boundary.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations.

b) Evidence of 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.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient records.

c) 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.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations.

d) Evidence of local arrangements to ensure that looked-after children and young people have continued contact with key professionals when they are placed across a local authority or health boundary.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations.

## Process

a) Proportion of looked-after children and young people placed across a local authority or health boundary for whom relevant information was shared before the placement took place.

Numerator – the number of people in the denominator for whom all relevant information was shared before the placement took place.

Denominator – the number of looked-after children and young people placed across a local authority or health boundary.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care

professionals and provider organisations.

b) Proportion of looked-after children and young people for whom an assessment of health needs was carried out before they were placed across a local authority or health boundary.

Numerator – the number of people in the denominator who received an assessment of health needs before they were placed across a local authority or health boundary.

Denominator – the number of looked-after children and young people placed across a local authority or health boundary.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations.

## Outcome

a) Feedback from looked-after children and young people that they remain in contact with key professionals when they move across a local authority or health boundary.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient records and surveys.

b) Carer satisfaction with the arrangements made for children and young people placed with them from a different area.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from carer surveys.

## What the quality statement means for different audiences

**Service providers** (organisations providing care) ensure there are local arrangements for necessary services to be in place, for relevant information to be transferred and for



continued contact with key professionals before looked-after children and young people are moved across local authority or health boundaries.

**Health and social care practitioners and education staff** ensure all relevant information for looked-after children and young people is transferred before they move across local authority or health boundaries, and that contact is maintained with key professionals.

**Commissioners** (for example, local authorities) ensure they commission services with local arrangements for necessary services to be in place, for relevant information to be transferred, and for continued contact with key professionals before looked-after children and young people are moved across local authority or health boundaries.

**Carers of looked-after children and young people** are supported to meet the needs of the child or young person through looked-after children and young people having continued access to services they need and continued contact with key professionals if they move across local authority or health boundaries.

**Looked-after children and young people** continue to receive services they need and remain in contact with key professionals if they are moved across local authority or health boundaries.

## Source guidance

Looked-after children and young people. NICE guideline NG205 (2021), recommendations 1.2.13, 1.7.11, 1.7.18 and 1.7.19

## Definitions of terms used in this quality statement

### Carers

Carers include foster carers (including family and friends carers), residential carers and supported lodging providers. [Adapted from NICE's guideline on looked-after children and young people, and expert opinion]

### Relevant information

Multiagency information on the history of the looked-after child or young person's care

and their current health and care needs, transferred to the receiving authority before a child or young person is placed across a local authority or health boundary. [NICE's [guideline on looked-after children and young people](#), recommendations 1.7.14 and 1.7.15]

## Equality and diversity considerations

Continuity of services should take account of the diverse needs of looked-after children and young people, including (but not limited to):

- babies and young children
- children and young people with special educational needs
- children and young people with learning or physical disabilities
- children and young people with speech, language and communication difficulties
- children and young people with a hearing or visual impairment
- unaccompanied asylum-seeking children and young people.

# Quality statement 7: Support to fulfil potential

## Quality statement

Looked-after children and young people are supported to fulfil their potential.

## Rationale

Looked-after children and young people should enjoy the same opportunities as their peers. Like other children and young people, they should receive support to recognise, develop and achieve their full potential.

Stable education that is built on high aspirations and encourages individual achievement is central to improving immediate and long-term outcomes among looked-after children and young people. This includes encouragement and support to progress to further and higher education or training.

Taking part in activities that promote wellbeing and participation in the wider community provides an opportunity to meet and interact with others and can help improve social skills and self-esteem.

## Quality measures

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

## Structure

a) Evidence of local arrangements for the designated teacher to engage with the child or young person's social worker and carer in developing and monitoring their education plans.

**Data source:** No routinely collected national data for this measure has been identified.

Data can be collected from information recorded locally by health and social care professionals and provider organisations.

b) Evidence of supportive pathways into further and higher education and training.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations.

c) Evidence of supportive pathways into creative arts, physical activities and other hobbies and interests that support wellbeing and build self-esteem.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations.

## Outcome

a) Feedback from looked-after children and young people that they feel supported to access education, training or employment that is right for them.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient records.

b) Educational attainment among looked-after children and young people.

**Data source:** Data collected through the [Children looked after data return \(SSDA903\)](#) and reported in the [Department for Education's statistics on children looked after in England including adoption](#) include information on the percentage of children in care reaching level 4 in English at key stage 2, children in care reaching level 4 in maths at key stage 2 and children in care achieving 5 GCSEs at grades A\* to C (or equivalent) at key stage 4 (including English and maths) and the percentage of young people who were looked after at age 16 and were in higher education at age 19.

c) Education, employment or training status among looked-after children and young people.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations.

## What the quality statement means for different audiences

**Service providers** (organisations providing care) ensure systems are in place to encourage looked-after children and young people to develop and fulfil their potential.

**Health and social care practitioners and education staff** support looked-after children and young people to develop and fulfil their potential, including monitoring educational plans and supportive pathways to education and activities to support and encourage overall wellbeing and self-esteem.

**Commissioners** (for example, local authorities) ensure they commission services with local arrangements to encourage looked-after children and young people to develop and fulfil their potential.

**Carers of looked-after children and young people** ensure that they encourage looked-after children and young people to develop and fulfil their potential.

**Looked-after children and young people** are supported to develop and fulfil their potential by those working with and caring for them.

## Source guidance

Looked-after children and young people. NICE guideline NG205 (2021), recommendations 1.2.20, 1.5.36, 1.6.23, 1.6.26 and 1.8.4

## Definitions of terms used in this quality statement

### Designated teacher

An appropriately qualified and experienced member of staff who undertakes the responsibilities within the school to promote the educational achievement of looked-after

and previously looked-after children on the school's roll. [Department for Education's Designated teacher for looked-after and previously looked-after children]

# Quality statement 8: Support to move to independence

## Quality statement

Care leavers move to independence at their own pace.

## Rationale

The transition to adulthood can be difficult for young people in care. As with all young people, those leaving care value being able to move to independence at their own pace. This needs effective pathway planning and discussions.

Services designed for young people and delivered by friendly, approachable professionals can help young people find practical and emotional support and advice, at the right time, to prepare for independence.

## Quality measures

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

## Structure

a) Evidence of local arrangements to ensure pathway planning is responsive to the needs of young people preparing to leave care and equips them with the skills they need to live independently.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations.

b) Evidence of local arrangements to ensure that care leavers 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 in moving to live independently.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations.

c) Evidence that a range of accommodation and support is available for care leavers.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations.

## Outcome

a) Feedback from care leavers that they felt supported to move to live independently at their own pace.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient records and surveys.

b) Care leaver satisfaction with their accommodation.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient records.

c) Accommodation status of young people leaving care.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations.



## What the quality statement means for different audiences

**Service providers** (organisations providing care) ensure arrangements are in place to develop responsive pathway plans with young people preparing to live independently, and that young people have continued access to and support from services to ensure that they move to independence at their own pace.

**Health and social care practitioners and education staff** develop responsive pathway plans with young people preparing to live independently and offer continued access to and support from services to ensure that they move to independence at their own pace.

**Commissioners** (for example, local authorities) ensure they commission services that develop responsive pathway plans with young people preparing to live independently, and that provide continued access to and support to ensure care leavers move to independence at their own pace.

**Young people leaving care** have a pathway plan that prepares them for leaving care and have continued access to and support from services to ensure that they move to independence at their own pace.

## Source guidance

Looked-after children and young people. NICE guideline NG205 (2021), recommendations 1.8.1, 1.8.3, 1.8.4, 1.8.5, 1.8.6, 1.8.10, 1.8.11, 1.8.12 and 1.8.14

## Definitions of terms used in this quality statement

### Carers

Carers include foster carers (including family and friends carers), residential carers and supported lodging providers. [Adapted from NICE's guideline on looked-after children and young people, and expert opinion]

## Pathway plan

A pathway plan must be prepared for all eligible children and continued for all relevant and former relevant children. Each young person's pathway plan must include their care plan and how each young person will be provided with the services they need to enable them to make a successful transition to adulthood. [Adapted from [Department for Education's Children Act 1989 guidance and regulations volume 2: care planning, placement and case review](#)]

## Range of housing options

Semi-independent and independent accommodation options for care leavers that might include:

- enabling young people to remain in the accommodation in which they lived whilst being looked after, for example by converting a foster placement to a post-18 arrangement or supported lodgings
- supported lodgings, other than with former carers
- foyers and other supported housing, combining accommodation with support and opportunities for education, training and employment
- trainer flats where young people can practice living more independently without compromising their future housing options
- specialist accommodation, for example self-contained accommodation with personal assistance support, or therapeutic placements for young people with specific support needs
- independent accommodation in the social or private rented sectors, with flexible floating support as needed
- living with birth families.

[Adapted from [Department for Education's Children Act 1989 guidance and regulations volume 3: transition to adulthood for care leavers](#)]

## **Skills to live independently**

Problem-solving skills and practical skills, including life skills such as financial literacy, budgeting and household management. [[NICE's guideline on looked-after children and young people](#), recommendation 1.8.3]

## **Equality and diversity considerations**

Some groups of young people may need additional support in leaving care, 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.

# Update information

## Minor changes since publication

**October 2021:** This quality standard was updated to align with the updated [NICE guideline on looked-after children and young people](#). Source guidance references, data sources and definitions were updated throughout.

## About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See the [webpage for this quality standard](#) for details of the topic experts who advised on this quality standard.

This quality standard has been included in the [NICE Pathway on looked-after babies, children and young people](#), which brings together everything we have said on a topic in an interactive flowchart.

NICE has produced a [quality standard service improvement template](#) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

## Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance. Organisations are encouraged to use the [resource impact summary report for the NICE guideline on looked-after children and young people](#) to help estimate local costs.

## Diversity, equality and language

Equality issues were considered during development and [equality assessments for this quality standard](#) are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

ISBN: 978-1-4731-0102-9

## Endorsing organisation

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

## Supporting organisations

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

- [Royal College of Nursing \(RCN\)](#)
- [National Children's Bureau](#)

- [NSPCC](#)
- [Who Cares? Trust](#)
- [Children's Society](#)
- [Children and Family Court Advisory and Support Service](#)
- [Social Care Institute for Excellence](#)
- [Fostering Network](#)
- [Royal College of Paediatrics and Child Health](#)