

# Children's attachment

Quality standard

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This standard is based on NG26.

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

## Introduction

This quality standard covers the identification, assessment and treatment of attachment difficulties. It focusses on children and young people up to age 18:

- on the edge of care (those considered to be at high risk of going into care)
- looked after by local authorities in foster homes (including kinship foster care)
- in special guardianship
- adopted from care
- in residential settings and other accommodation.

For more information see the [children's attachment topic overview](#).

## Why this quality standard is needed

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

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

Attachment difficulties include insecure attachment patterns and disorganised attachments, which may evolve into coercive controlling or compulsive caregiving patterns in children of preschool age or older. The term 'attachment difficulties' in this quality standard also covers attachment disorders in the [Diagnostic and statistical manual of mental disorders, 5th edition](#) (DSM-5; reactive attachment disorder and disinhibited social engagement disorder) and the [International classification of diseases and related health problems, 10th revision](#) (ICD-10; reactive attachment disorder and disinhibited attachment disorder).

Children and young people in the care system, on the edge of care, or those who have previously been in care are at particular risk of attachment difficulties. The number of children and young people in the care system has risen in recent years. On 31 March 2015, there were approximately 69,540 looked-after children and young people in England<sup>[1]</sup>.

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

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

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

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

- children's social and emotional development
- children's behavioural functioning
- quality of parent or carer child relationship
- wellbeing and quality of life for children and parents or carers
- mental health problems in children and parents or carers
- breakdown in fostering placements or adoption
- youth offending rates

- educational progress and attainment
- school absences and exclusions.

## How this quality standard supports delivery of outcome frameworks

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

- [NHS outcomes framework 2016–17](#)
- [Public health outcomes framework for England, 2016–19.](#)

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

**Table 1 [NHS outcomes framework 2016–17](#)**

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

**Table 2 [Public health outcomes framework for England, 2016–19](#)**

Domain	Objectives and indicators
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<p>1 Improving the wider determinants of health</p>	<p><b>Objective</b></p> <p>Improvements against wider factors that affect health and wellbeing and health inequalities</p> <p><b>Indicators</b></p> <p>1.02 School readiness</p> <p>1.03 Pupil absence</p> <p>1.04 First time entrants to the youth justice system</p> <p>1.05 16–18 year olds not in education, employment or training</p>
<p>2 Health improvement</p>	<p><b>Objective</b></p> <p>People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities</p> <p><b>Indicators</b></p> <p>2.05 Child development at 2–2½ years</p> <p>2.08 Emotional wellbeing of looked-after children</p> <p>2.23 Self-reported wellbeing</p>

## Safety and people's experience of care

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

## Coordinated services

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

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality children's attachment service are listed in [related quality standards](#).



## Training and competencies

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

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

## List of quality statements

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

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

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

Statement 4. Health and social care provider organisations provide training, education and support programmes for carers of school aged children and young people with attachment difficulties.

# Quality statement 1: Comprehensive assessment

## Quality statement

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

## Rationale

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

## Quality measures

### Structure

Evidence of local arrangements to undertake comprehensive assessment before any intervention programme for attachment difficulties.

*Data source:* Local data collection.

### Process

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

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

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

*Data source:* Local data collection.

## Outcome

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

*Data source:* Local data collection.

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

*Data source:* Local data collection.

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

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

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

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

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

Children and young people who may have attachment difficulties, and their parents and carers, have an assessment of their personal, parental and environmental circumstances before any intervention programme. This will help ensure any future support related to attachment difficulties is appropriate.

## Source guidance

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

# Definitions of terms used in this quality statement

## Comprehensive assessment

A comprehensive assessment can include assessment of:

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

[Recommendation 1.3.2 in NICE's guideline on [children's attachment](#)]

## Equality and diversity considerations

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

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

- have a disability or a mental health problem
- are from the UK or overseas.

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

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

## Quality statement 2: Education plan

### Quality statement

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

### Rationale

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

### Quality measures

#### Structure

Evidence of local arrangements to develop education plans for all children and young people with attachment difficulties that set out how they will be supported in school.

*Data source:* Local data collection.

#### Process

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

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

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

*Data source:* Local data collection.

## Outcome

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

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

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

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

## What the quality statement means for education providers and local authorities

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

Education staff (such as designated teachers, virtual school heads and other identified teachers) work with health and social care practitioners to develop and maintain education plans for children and young people with attachment difficulties. Teachers, through the [framework of core content for initial teacher training \(ITT\)](#) should have an awareness of the importance of emotional development such as attachment issues and mental health on pupils' performance.

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

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

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

## Source guidance

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



# Definitions of terms used in this quality statement

## Education plan

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

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

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

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

[Adapted from recommendations 1.2.4 and 1.2.5 in NICE's guideline on [children's attachment](#), and expert opinion]

# Quality statement 3: Video feedback programmes

## Quality statement

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

## Rationale

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

## Quality measures

### Structure

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

*Data source:* Local data collection.

### Process

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

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

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

*Data source:* Local data collection.

## Outcome

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

*Data source:* Local data collection.

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

*Data source:* Local data collection. Department for education (2016/2017) [Looked after children return](#), collects return to care after or during previous permanent arrangement. National Audit Office (2014) [Children in care](#).

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

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

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

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

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

Parents and carers of preschool aged children identified to have or be at risk of attachment difficulties are recorded interacting together on video. This helps the parent or carer see how they react and behave with the child or young person, and the social care professional give help on how to change any behaviour that could cause problems.

## Source guidance

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

## Definitions of terms used in this quality statement

### Carers

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

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

### Video feedback programmes

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

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

[Adapted from recommendation 1.4.2 in NICE's guideline on [children's attachment](#)]

# Quality statement 4: Training and support for carers

## Quality statement

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

## Rationale

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

## Quality measures

### Structure

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

*Data source:* Local data collection.

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

*Data source:* Local data collection.

### Outcome

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

*Data source:* Local data collection. Department for education (2016/2017) [Looked after children return](#), collects return to care after or during previous permanent arrangement. National Audit Office (2014) [Children in care](#).

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

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

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

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

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

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

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

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

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

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

## Source guidance

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

## Definitions of terms used in this quality statement

### Carers

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

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

### Training, education and support programmes

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

# Using the quality standard

## Quality measures

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

We have indicated if current national indicators exist that could be used to measure the quality statements. If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See [how to use quality standards](#) for more information, including advice on using quality measures.

## Levels of achievement

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

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

## Using other national guidance and policy documents

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



## Diversity, equality and language

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

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

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

## Development sources

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

## Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the quality standards advisory committee to develop the quality standard statements and measures.

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

## Policy context

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

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

- Department for Education (2011) [Children Act 1989: fostering services](#)
- Department for Education (2011) [Supporting looked-after children with communication needs](#)
- Centre for Excellence and Outcomes in Children and Young People's Services (2010) [Vulnerable children: knowledge review 1: Improving educational outcomes for looked after children and young people](#)
- Centre for Excellence and Outcomes in Children and Young People's Services (2010) [Vulnerable children: knowledge review 2: Improving the emotional and behavioural health of looked after children and young people](#)
- Centre for Excellence and Outcomes in Children and Young People's Services (2010) [Vulnerable children: knowledge review 3: Increasing the numbers of care leavers in 'settled, safe accommodation'](#)
- Department for Education (2010) [Children Act 1989: care planning, placement and case review](#)
- Her Majesty's Stationery Office (2002) [Adoption and Children Act 2002](#)
- Her Majesty's Stationery Office (2000) [Children \(Leaving Care\) Act 2000](#)

## Definitions and data sources for the quality measures

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

## Related NICE quality standards

### Published

- [Early years: promoting health and wellbeing in under 5s \(2016\)](#) NICE quality standard 128
- [Looked-after children and young people \(2013\)](#) NICE quality standard 31

### Future quality standards

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

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

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

# Quality standards advisory committee and NICE project team

## Quality standards advisory committee

This quality standard has been developed by quality standards advisory committee 2. Membership of this committee is as follows:

**Mr Ben Anderson**

Consultant in Public Health, Public Health England

**Mr Barry Attwood**

Lay member

**Professor Gillian Baird**

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

**Dr Ashok Bohra**

Consultant Surgeon, Royal Derby Hospital

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Freelance GP and Clinical Commissioning Lead for Learning Disability, North, East and West (NEW)  
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Governing Body Nurse, Gloucester Clinical Commissioning Group

**Mr Michael Fairbairn**

Senior Clinical Quality Manager, NHS Improvement

**Mr Derek Cruickshank**

Consultant Gynaecological Oncologist/Chief of Service, South Tees NHS Foundation Trust

**Mrs Jean Gaffin**

Lay member

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Principal Lecturer, Teesside University

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Consultant Obstetrician and Gynaecologist, Luton and Dunstable University Hospital NHS Foundation Trust

**Dr Ulrike Harrower**

Consultant in Public Health Medicine, NHS Somerset

**Mr Gavin Lavery**

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**Dr Tessa Lewis**

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

**Ms Robyn Noonan**

Area Service Manager Learning Disability, Oxfordshire County Council

**Dr Michael Rudolf (Chair)**

Hon. Consultant Physician, London North West Healthcare NHS Trust

**Dr Anita Sharma**

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

**Dr Amanda Smith**

Director of Therapies and Health Service, Powys Teaching Health Board

**Ms Ruth Studley**

Director of Strategy and Development, Healthcare Inspectorate Wales

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

**Mrs Joanne Alper**

Director of Services, Adoptionplus

**Prof Jane Barlow**

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

**Mr Tony Clifford**

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

**Dr Kim Golding**

Clinical Psychologist, Kim S Golding Ltd

**Professor Jonathan Green**

Professor of Child Psychiatry, University of Manchester

**Mrs Cheryl Kimber**

Foster carer, Surrey County Council

**Mrs June Leat**

Adoptive parent, The Potato Group

## **NICE project team**

**Nick Baillie**

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**Esther Clifford**

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**Jenny Mills**

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**Alison Tariq**

Senior Technical Analyst

**Nicola Cunliffe**

Coordinator



## Update information

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

## About this quality standard

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

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

This quality standard has been incorporated into the NICE pathway on [attachment difficulties in children and young people](#).

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

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## Endorsing organisation

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

## Supporting organisations

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

aware of and encouraged to use the quality standard.

- Association of Child Psychotherapists
- Royal College of General Practitioners (RCGP)
- Royal College of Paediatrics and Child Health