**National Institute for Health and Clinical Excellence**
**Pilot social care quality standard**
**Looked after children and young people: The health and wellbeing of looked-after children and young people**
**Scope Consultation Comments and Responses**
**14th March – 13th April 2012**

| Stakeholder | Section No | Section Letter | Comments<br>Please insert each new comment in a new row. | Developer's Response<br>Please respond to each comment |
|---|---|---|---|---|
| Association for Improvements in the Maternity Services | General | | As a national support and pressure group we are contacted by expectant and recent parents from all ethnic and social groups. Since all pregnant women are now screened for potential risk factors to their children, their infants and older siblings are at greater risk than other age groups of being taken into care. Babies' vulnerability means there is a low threshold for their removal, especially in the wake of a tragic abuse case like Baby P. Many – probably most – will be returned. THE AREA WHICH IS UNEXPLORED, IS THE POTENTIAL FOR HARM CAUSED BY SEPARATION AT A TIME WHEN PARENTS' OXYTOCIN LEVELS ARE HIGHEST FOLLOWING BIRTH AND BONDING IS CEMENTED.<br>There seems to be little official interest in the unmet needs of this specific group of children: they are largely seen as "prime adoption material". WE WANT THEM TO BE CONSIDERED AS A SPECIAL GROUP and highlight various points below.<br>SEPARATION OF SIBLINGS The need to safeguard the newborn or infant means that older siblings are also removed from home. The baby is invariably placed with a foster carer who specialises in infants, and separated from siblings placed elsewhere, who feel this separation keenly. Older siblings have told us how strongly they feel about separation, and they often feel protective towards younger brothers and sisters. The baby is seen as "theirs" but is often placed far from them and contact is not seen as important – especially since social workers are more likely to see the baby as part of their adoption target, but older siblings are more problematic. Sometimes the older siblings are returned to the supposedly unsafe parents, while the baby is adopted.<br>The Children's Rights Director for England has produced a number of excellent reports (on the Rights4me website) giving children's views about separation from each other in care, and also their preference for placement with kinfolk where suitable, and continued contact with family. | Thank you for your comment.<br><br>The specialist needs of looked-after babies and young children and ongoing contact with family, including siblings is recognised as important.<br><br>Coordination of ongoing contact with family, including siblings is recognised as important and this will be considered by the topic expert group during drafting of the quality statements and associated measures. |

| Stakeholder | Section No | Section Letter | Comments<br>Please insert each new comment in a new row. | Developer's Response<br>Please respond to each comment |
|---|---|---|---|---|
| | | | BREASTFEEDING Mothers of breastfed infants report inadequate contact and continual discouragement, despite all the evidence on benefits of breast milk. A two-hour contact on 5 days a week is totally inadequate. We have had numerous instances reported of foster carers sabotaging breast feeding, since it is inconvenient for them.<br>OBSERVATION OF CONTACT Since we are used to observing a wide range of parents' interactions with their babies in their own homes (eg with breast-feeding problems), and listening to countless parents' (and grandparents') stories on the telephone, we have more experience with babies than social workers and contact centre workers. Often reports are prepared on the behaviour of experienced parents at contact which are critical of parents on the most surprising grounds, and clearly show the ignorance of the observer, who has little or no training. (eg Mum did not make a fuss of toddler when she changed her nappy. Mum "She hates being interrupted when she wants to join in the game with the others, so when she's in that mood, I do it as quickly as possible and don't tickle her tummy etc., so she can get back to them.")<br>Another comment was made about the lack of fuss two young children made at the end of contact – but the mother had tearfully described to us how hard she worked on every occasion to prepare them for the end of the meeting, and to turn it into a game which was fun for them, so they would not be distressed.<br>Since infants and young children cannot speak for themselves, observation of their behaviour and body language is important, since that is all they have – and it can speak volumes. But it is often mis-interpreted by social workers and contact centre workers, who will often decide it means what they want it to mean | |
| Association for Improvements in the Maternity Services | Evidence base | | There is little research evidence for many of the approaches and Interventions used. We hope that the need for research in many areas will be emphasised | Thank you for your comment.<br><br>The NICE Quality Standards programme is unable to make research recommendations. The topic expert group prioritised the areas of care they felt were most important for patients, based on the development sources listed. |

| Stakeholder | Section No | Section Letter | Comments<br>Please insert each new comment in a new row. | Developer's Response<br>Please respond to each comment |
|---|---|---|---|---|
| Association for Improvements in the Maternity Services | Children in care as patients | | We have had a number of contacts with expectant parents, especially mothers, who were brought up in care. Attempts are invariably made by social services – with a high success rate – to remove their babies at birth and place them for adoption. This is compelling evidence that the State has been an unfit parent. We hope that.<br>producing young people seen as fit to be parents themselves will be an aim. | Thank you for your comment.<br><br>This issue will be considered by the topic expert group during drafting of the quality statements and associated measures. |
| Association for Improvements in the Maternity Services | Supporting relationships | | In this scope, reference is made to creating a good relationship with "THE carer". As we pointed out in our evidence to the House of Commons Select Committee on Looked After Children (already sent to NICE) relationships with parents can be an important and useful factor for children in care, yet often it is seen as either one, or the other, and ties and contacts with parents are discouraged, even if children wish for more contact (as shown in some Rights4Me reports). Flexibility and support, openness, and recognition that children may pick and choose among different sources of support (as we all do as adults) should be encouraged.<br>One way of discouraging this choice in older children is denying them access to mobile phones or computers long after their contemporaries have them. We have had a number of indignant complaints about this from older siblings. | Thank you for your comment.<br><br>Ongoing contact with family and previous carers, is recognised as important. This suggestion will be considered by the topic expert group during drafting of the quality statements and associated measures. |
| Association for Improvements in the Maternity Services | Cultural Ignorance | | We have seen a number of examples where placement of children in care has shown a simplistic and sometimes damaging approach to ethnic and cultural needs. In our 2008 evidence to the House of Commons Select Committee on Children, Schools and Families on Training of Social Workers (http://www.aims.org.uk/submissions) we give examples in Section 3. | Thank you for your comment.<br><br>This issue will be considered by the topic expert group during drafting of the quality statements and associated measures. |
| Association for Improvements in the Maternity Services | Disbelieving Children | | We have had a number of cases where children complained of mistreatment in foster homes. When they raised this with birth parents on contact visits, contact was stopped, so the children learned they had to say nothing if they were to be allowed to see their parents.<br>In one case a girl reported sexual abuse by a foster carer's older son, but was disbelieved. Only when this was followed by a serious sexual assault was action taken. In another, two brothers report that they have to go up to their bedrooms as soon as they get home from school, and are not allowed | Thank you for your comment.<br><br>Safeguarding issues will be considered by the topic expert group during development of the quality standard.<br><br>The importance of ensuring looked-after children and young people feeling |

| Stakeholder | Section No | Section Letter | Comments<br>Please insert each new comment in a new row. | Developer's Response<br>Please respond to each comment |
|---|---|---|---|---|
| | | | downstairs with the foster family, or near any food or drink apart from that provided at mealtimes.<br>They have the impression that the social workers are so cosy with foster carers, that it is useless to complain. Systems to allow children's information to get through and be heard do not always work. | supported to have a say in their care will be considered by the topic expert group during development of the quality standard. |
| Association for Improvements in the Maternity Services | Fatal effects of social Services involvement | | The latest report of Confidential Enquiries into Maternal Deaths, Saving Mothers' Lives (2011) http://www.publichealth.hscni.net/publications/saving-mothers-lives-2006-2008 like the two previous triennial reports, gives details of antepartum and postnatal suicides in mothers who feared, or had suffered, removal of their children by social services. Suicide had been the largest single cause of death associated with childbirth in the two previous reports, and is still a major cause, and there was a social service link in many cases. The latest report now urges more caution in social service referral in cases of postnatal mental illness.<br>We think the working party needs to be aware of this. Loss of a parent through suicide is known to have long term effects on children. | Thank you for your comment.<br><br>It is recognised that looked-after children and young people often have complex emotional needs and are exposed to traumatic experiences. This issue will be considered by the topic expert group during drafting of the quality statements and associated measures. |
| Barnardo's | General | | Young People looked after often want a choice in gender of workers. This can make a difference in the way they respond to interventions. We believe this should be made explicit in the care quality standards. | Thank you for your comment.<br><br>This issue will be considered by the topic expert group during development of the quality standard. |
| Barnardo's | General | | Standards for out of hours care for looked-after children with mental health conditions should be explicit. | Thank you for your comment.<br><br>This issue will be considered by the topic expert group during development of the quality standard. |
| British Association for Adoption & Fostering | General | General | This response is being submitted on behalf of the BAAF Health Group, which is also a special interest group of the Royal College of Paediatrics and Child Health (RCPCH). The Health Group was formed to support health professionals working with children in the care system, through training, the provision of practice guidance and lobbying to promote the health of these children. With over 500 members UK-wide, an elected Health Group Advisory Committee with representation from community paediatricians working as | Thank you. |

| Stakeholder | Section No | Section Letter | Comments<br>Please insert each new comment in a new row. | Developer's Response<br>Please respond to each comment |
|---|---|---|---|---|
| | | | medical advisers for looked after children and adoption panels, specialist nurses for looked after children, psychologists and psychiatrists, the Health Group has considerable expertise and a wide sphere of influence. Our area of concern is the particularly vulnerable group comprised of looked after and adopted children and young people. | |
| British Association for Adoption & Fostering | General | General | We very much welcome the development of quality standards to support the recent guidance 'Promoting the quality of life of looked after children and young people'. Such standards are sorely needed as we know from our practitioner members that there is lack of consistency in both availability and quality of many services for LAC in different regions. | Thank you. |
| British Association for Adoption & Fostering | 3.3.1 | e | While 3.3.1.e. mentions outcomes of comprehensive assessments, we would strongly suggest that the comprehensiveness and quality of health assessments, especially the initial one upon entry to care, be specifically addressed. We know from inspections and reports from members that there is considerable variation in the quality of these assessments, particularly with regard to whether full child and family health histories are obtained, and concerning mental health difficulties. As these assessments are crucial to identifying health inequalities which are well recognised within the LAC population, to formulating health plans and lead to improved outcomes, it is essential that standards are set to ensure they are truly comprehensive in all health domains. | Thank you for your comment.<br><br>This will be considered by the topic expert group during development of the quality standard. |
| British Association for Adoption & Fostering | 3.3.1 | | Following on from our comments above, it would be very helpful to develop a standard concerning how well the health recommendations are implemented. Audits of health care plans have revealed poor completion of items on the plans. | Thank you for your comment.<br><br>NICE produces implementation support tools alongside its guidance and quality standards products and produces uptake reports. We have passed your comments to NICE's implementation team to consider. |
| British Association for Adoption & Fostering | 3.3.1 | h | We are pleased to see the intention to look at how effectively information already known about the child, and that gathered in assessments/expert reports is shared with other professionals. Our health practitioners often express concerns as to whether social workers have read the health reports. For example, a medical adviser may provide lots of detail about the inadequacy | Thank you for your comment.<br><br>The importance of appropriate sharing of information is recognised and how is this available to support looked- children and |

| Stakeholder | Section No | Section Letter | Comments<br>Please insert each new comment in a new row. | Developer's Response<br>Please respond to each comment |
|---|---|---|---|---|
| | | | of children's care before they were looked after (obtained from GP and health visitor notes) yet it later becomes clear that this information was not used to inform care planning as the plan is to return the children to parental care. | young people to understand their health history and identity.<br><br>This issue will be considered by the topic expert group during development of the quality standard. |
| British Association for Adoption & Fostering | 3.3.1 | i | This is a welcome point. This should be an ongoing process as appropriate to their age, stage and understanding and should be supported by those with the appropriate expertise. We are concerned that accurate sharing of their early circumstances with children and young people, at an appropriate later stage, often fails to happen and can be detrimental to development of their identity and mental health. It is crucial that young people leaving care have information about their health and early life, yet this is still sadly neglected. | Thank you for your comment.<br><br>It is recognised that ongoing sharing of health history at different stages is important.<br><br>This issue will be considered by the topic expert group during development of the quality standard. |
| British Association for Adoption & Fostering | 3.3.1 | | We would strongly recommend inclusion of a standard dealing with the training/expertise of the range of professionals delivering services for LAC. There are still lots of areas where initial health assessments are done poorly through lack of expertise/training of those completing them. | Thank you for your comment.<br><br>Training and expertise is recognised as an important marker of quality. We feel that this is covered by area 3.3.1 given that the term carers encompasses a wide range of people around the child.<br><br>This issue will also be considered by the topic expert group during development of the quality standard. |
| British Association for Adoption & Fostering | 3.3.1 | | There is no mention of a standard relating to care of children placed outside of the LA area, and this is essential. Health practitioners have identified these placements as fraught with difficulty in arranging health assessments, variable standards and practice, and lack of availability of needed services. This should be addressed. | Thank you for your comment.<br><br>It is recognised that out of area placements can present particular challenges for looked-after children and young people.<br><br>This issue will be further considered by the topic expert group during development of |

| Stakeholder | Section No | Section Letter | Comments<br>Please insert each new comment in a new row. | Developer's Response<br>Please respond to each comment |
|---|---|---|---|---|
| | | | | the quality standard. |
| British Association for Sexual Health and HIV (BASHH) | General and 3.1.2 | | Children and YP who have been looked after in the past may continue to have same vulnerabilities as those who have continued in social care and may benefit from the same quality standards. These are excluded if no leaving care arrangements but may need to be a 'sub group' that covers them. Particularly thinking of YP who may remain vulnerable to eg sexual exploitation. Is there possibility of considering them in the scope? | Thank you for your comment.<br><br>The scope has been developed through discussion of the topic expert group. It is closely based on the scope of the underpinning primary development source, which is the joint public health NICE / SCIE guidance on the health and wellbeing of looked-after children and young people.<br><br>The topic expert group felt that those at risk of being looked-after should be excluded as they are outside of the remit of the quality standard which only covers children formally looked-after where the Children Act 1989 (section 20) applies. |
| British Association for Sexual Health and HIV (BASHH) | 3.3.1 | b | Providing encouragement on what and to whom?. Greater clarity needed. I presume this means encouraging YP to take responsibility for their care and involvement in decision making, with evidence of action being taken by someone (?who) on their feedback? | Thank you for your comment.<br><br>The scope of this quality standard provides a general outline of the areas and activities that the topic expert group agreed to consider during development of the quality standard.<br><br>The topic expert group will consider your comments during development of the quality standard. |
| British Association for Sexual Health and HIV (BASHH) | 3.3.1 | c | Am surprised that this has to be stated as if carers are looking after children and YP how can they not be involved in decisions? Is it more strategic involvement in the planning and delivery of care? | Thank you for your comment.<br><br>The topic expert group felt that it was important to consider carer engagement as a separate area for consideration. The term "carers" encompasses a wide range of |

| Stakeholder | Section No | Section Letter | Comments<br>Please insert each new comment in a new row. | Developer's Response<br>Please respond to each comment | |
|---|---|---|---|---|---|
| | | | | people that maybe involved in the care of looked-after children and young people.<br><br>This will be considered by the topic expert group during development of the quality standard. | |
| British Association for Sexual Health and HIV (BASHH) | 3.3.1 | d | Suggest split into 2 sentences. After needs this should take into account….what is kinship care? Also cultural and religious may not have to be the overriding issues. One could omit as those aspects will be thrashed out in the standard development | Thank you for your comment.<br><br>This area (3.3.1h) has been broadened as it was recognised by the topic expert group that these and other aspects would need to be considered using a broader approach. The high-level area therefore allows consideration of your and other aspects of quality and choice of placements. Cultural needs and religious background has been removed from this area as it would be considered in the drafting of all quality statements.<br><br>Please note that any terms used in the quality standard that are not widely understood will be clearly defined.<br><br>This will also be taken into account by the topic expert group during drafting of the quality statements and associated measures. | |
| British Association for Sexual Health and HIV (BASHH) | 3.3.1 | e | Is it necessary to state the words in brackets? As ditto above these should form part of producing standards | Thank you for your comment.<br><br>The topic expert group agreed that this should be considered more fully during development of the quality standard and this area has been removed from the | |

| Stakeholder | Section No | Section Letter | Comments<br>Please insert each new comment in a new row. | Developer's Response<br>Please respond to each comment |
|---|---|---|---|---|
| | | | | scope as a distinct area for consideration.<br><br>Your comments will be considered by the topic expert group during drafting of the quality statements and associated measures. |
| British Association for Sexual Health and HIV (BASHH) | 3.3.1 | f | Not sure I understand the stem here. Encouraging and support for whom. Social services? Those providing education, placements. | Thank you for your comment.<br><br>This area was broadly defined to ensure stability and quality in the bullets listed for the benefit of the looked-after child or young person. It has been recognised that this is important but is not a distinct area for inclusion in the scope as this will be covered under the high-level areas now defined following consultation and in discussions with the topic expert group. |
| British Association for Sexual Health and HIV (BASHH) | 3.3.1 | h | Availability of relevant info to whom. Is it getting the information/how to and then deciding who has access/where kept? | Thank you for your comment.<br><br>This area highlighted the importance of appropriate information sharing and access to information for young people is recognised.<br><br>Following consultation and in discussion with the topic expert group, this area has been clarified to mean access to personal health information (3.3.1a).<br><br>This will be taken into account by the topic expert group during drafting of the quality statements and associated measures. |
| British Association | 3.3.1 | i | On going life story activities. What does that mean? Suggest omit as agree the first part of sentence crucial | Thank you for your comment. |

| Stakeholder | Section No | Section Letter | Comments<br>Please insert each new comment in a new row. | Developer's Response<br>Please respond to each comment |
|---|---|---|---|---|
| for Sexual Health and HIV (BASHH) | | | | Ongoing life story work is an activity to support looked-after children and young people to understand their identity. There is evidence that looked-after children and young people strongly support this. The area has been broadened and unclear terms removed (3.3.1k).<br><br>Definition of particular terms will be included in the final quality standard within the definitions of quality statements. |
| British Association for Sexual Health and HIV (BASHH) | 3.3.1 | M,n | Excellent. But no mention of accessible treatment and care services. YP have particular needs in accessing health care. Some mention of appropriate services for age group taking into account You're welcome criteria for YP? Suggest another 'section' needed and could highlight the particular areas for YP such as sexual health/sexual exploitation/drug and alcohol use/mental health | Thank you for your comment.<br><br>Access to services has been identified as an important issue and the areas merged into 3.3.1j to broaden the activities this could cover.<br><br>Your comments will also be considered by the topic expert group during drafting of the quality statements and associated measures. |
| British Association for Sexual Health and HIV (BASHH) | 3.3.1 | o | Transition should refer to all health care settings and custodial settings. Identifying mental health specifically may 'downgrade' other equally important services. So if mental heatlh left in I would suggest enlarging further to include sexual health. Our view is best to leave broad brush as a focus on transition and ensuring that changing from children's to adults services is fully thought through ( not just for looked after children/YP but this could/should be a topic that NICE is undertaking) | Thank you for your comment.<br>A range of transitions for looked-after children and young people have been identified and a broad area (3.3.1c) has been agreed to cover this wide range of transitions.<br><br>These will also be considered by the topic expert group during drafting of the quality statements and associated measures. |

| Stakeholder | Section No | Section Letter | Comments<br>Please insert each new comment in a new row. | Developer's Response<br>Please respond to each comment |
|---|---|---|---|---|
| | | | | We have passed your suggestion for a potential topic to the social care programme team. |
| British Association for Sexual Health and HIV (BASHH) | 3.3.1 | q | Maybe better to put community activity in a separate section. Can be involved in community as distinct from higher education/training/employment. Having a separate section may be helpful in increasing the focus on it | Thank you for your comment.<br><br>This specific area has been removed and will be considered more generally and separately from education, training and employment.<br><br>These will also be considered by the topic expert group during drafting of the quality statements and associated measures. |
| Care Quality Commission | General | | The draft scope of this social care standard is appropriate and logical and covers most of the key areas and activities that are essential to ensuring the health and wellbeing of looked-after children and young people. From the draft scope it seems that this standard will help the social care sector focus on delivering the best possible outcomes for service users.<br><br>The proposed areas being covered in this standard also appropriately cover the role of partners of social care organisations such as health service providers and commissioners. Therefore this will also help them fulfil their obligations in promoting the health and wellbeing of looked after children. Looked after children often (although by no means, always) have poorer life chances and often poorer health and access to health services (for example dentistry). They may also have emotional or psychological problems which mean that they need effective and timely access to good quality health services.<br><br>The final quality standard will need to reflect the roles and responsibilities of different organisations in promoting the health and wellbeing of looked after children. When considering the role of NHS it would be helpful to set out how the standard may apply to commissioners of health care, providers of health | Thank you for your comment.<br><br>Timely access to services is recognised as important to meet the needs of looked–after children and young people. This issue will be considered by the topic expert group during development of the quality standard.<br><br>It is expected that the quality standard would be used in the context of relevant legislation and governance.<br><br>The quality standard is intended to provide aspirational but achievable markers of high quality care. It will set out what statements mean for different audiences. |

| Stakeholder | Section No | Section Letter | Comments<br>Please insert each new comment in a new row. | Developer's Response<br>Please respond to each comment |
|---|---|---|---|---|
| | | | care and individual professionals working within healthcare. For example, when considering health assessments, it is the local authority which has the responsibility to make sure that health assessments are carried out for each looked after child; commissioners of health care (currently PCTs) have a duty to comply with such requests; provider organisations will play a role in delivering health assessments and individual practitioners also play a role in carrying out the assessments.<br><br>If the quality standard is to be applied to services working together to promote the health and wellbeing of looked after children then it will need to be clear about these different roles and responsibilities of the various organisations. It will also need to take into account any changes to this as a result of the Health and Social Care Act 2012. | |
| Care Quality Commission | 3.2 | | The standard will apply to all settings and services applicable to looked after children and young people, and children and young people covered by leaving care arrangements. This includes health service providers which are registered and regulated by the CQC. CQC monitors provider's compliance against essential standards of quality and safety. There are likely to be some overlaps between the essential standards against which CQC monitors compliance and the final quality standard (for example the essential standard – cooperating with other providers may include overlaps with the section of the quality standard on professional collaboration and multi-agency working) . In addition, CQC currently takes part in a joint inspection programme with Ofsted which look at local arrangements for safeguarding children and the care of looked after children. | Thank you for your comment.<br><br>It is expected the quality standard would be used in the context of relevant legislation and governance.<br><br>The quality standard is intended to provide aspirational but achievable markers of high quality care. It will build upon minimum standards and consider current practice, including variations in care. |
| Care Quality Commission | 3.3.1 | a | Professional collaboration and multi-agency working to support person-centred care is essential in ensuring the health and wellbeing of looked after children. When further work is done on this section it would be helpful to include reference to the desired outcomes or impact of such multi-agency working as well as emphasising the need for professionals to collaborate and share any relevant and sensitive information. | Thank you for your comment.<br><br>Professional collaboration, including appropriate information sharing and communication across different services working with looked-after children and young people is recognised as important. This issue will be considered by the topic expert group during development of the |

| Stakeholder | Section No | Section Letter | Comments<br>Please insert each new comment in a new row. | Developer's Response<br>Please respond to each comment |
|---|---|---|---|---|
| | | | | quality standard. |
| Care Quality Commission | 3.3.1 | | There is no explicit mention of safeguarding or child protection being included within this quality standard. It may be that this is implied, given that these children are already looked after, but it is important to include this area in the scope of this quality standard.<br><br>Looked after children are often at a higher risk of abuse, and are often vulnerable to self harm and suicide for example. For example, disabled children are more likely to be looked after children and evidence suggests that they are particularly vulnerable to abuse. Because of the vulnerability of looked after children we recommend explicitly including safeguarding and child protection for looked after children as an area to be explored in this quality standard. | Thank you for your comment.<br><br>Safety and safeguarding issues will be considered by the topic expert group during development of the quality standard in relation to development of individual quality statements. As this is included as part of the process for developing quality standards, we do not feel it is necessary to add a specific area on safeguarding. |
| Care Quality Commission | 3.3.1 | b | We support the focus on engaging and involving looked after children and young people in decisions about their individual care, and service design and delivery. When developing the quality standard on this activity it would be useful to focus on the impact of engaging and involving looked after children – what difference it has made in a child's care and what difference it has made in service design. | Thank you for your comment.<br><br>Outcomes for looked-after children and young people will be considered throughout development of the quality standard. Appropriate outcome measures will be developed. |
| Care Quality Commission | 3.3.1 | i | Access to mental health services is essential to promote the health and wellbeing of looked after children and young people. There is variation in the availability of mental health services for looked after children although there are some examples of good practice of providing targeted CAMHS provision for looked after children.<br><br>Whilst timeliness and priority access to a range of specialist health services to meet emotional and physical needs is important, the quality of such services is as important and should also be emphasised in the final quality standard.<br><br>Timely and priority access to the range of specialist services relies on appropriate health assessments and health plans for looked after children. These assessments are a fundamental part of care provided to looked after children and they are essential in ensuring the health and wellbeing of looked after children. | Thank you for your comment.<br><br>Access to services to meet complex emotional needs is recognised as an important issue to support positive outcomes for looked-after children and young people, and a marker of high quality care. This issue will be considered by the topic expert group during development of the quality standard.<br><br>The role of health assessments will be considered further by the topic expert group during drafting of the quality statements and associated measures. |

| Stakeholder | Section No | Section Letter | Comments<br>Please insert each new comment in a new row. | Developer's Response<br>Please respond to each comment |
|---|---|---|---|---|
| | | | Research has indicated that whilst health assessments are able to identify health needs that may otherwise not have been recognised, there is variation in the extent to which recommendations from these assessments are followed. We have also found this in some of our joint inspection activity with Ofsted. In some cases assessments are not used to promote children's health as far as they could. Health assessments need to be flexible and be focused on the individual needs of the child or young person. In the final standard it might be helpful to focus on the quality of health assessments as well as also exploring the quality and implementation of a child's health plan. | |
| Children and Young People's Mental Health Coalition | 3.3.1 | J | We would like to see more emphasis on the quality of training and support offered to foster carers.<br>Having a positive experience as a looked after child is very dependent on the skills, knowledge, commitment and expertise of foster parents.<br>The Maudsley run a course for foster parents in Southwark, and provide 6 training sessions and follow up mentoring for foster carers specifically on emotional well - being, behavioural problems, self- harming, bereavement, attachment etc. This service has showed a significant improvement in outcomes for the young people involved.<br>This best practice example would make a big difference if it was rolled out nationally. | Thank you for your comment.<br><br>The importance of the quality of training for foster carers is recognised and is encompassed in area 3.3.1l. The term "carers" encompasses a wide range of people that maybe involved in the care of looked-after children and young people.<br><br>This issue will be also considered by the topic expert group during development of the quality standard. |
| College of occupational therapists | General | | The College of Occupational Therapists welcomes the development of the social care quality standards on the health and wellbeing of looked after children. We have the following comments to make at this stage, which we hope the Topic Expert Group will consider when finalising the scope. | Thank you. |
| College of occupational therapists | 3.3.1 | a | **Multi agency-working:**<br>This is crucial to effective working and the quality standards should recognise that for Looked After Children this often needs to be across disciplines, agencies and localities as the placement locality liaise with the previous placement area/home locality. Developing client-centred, single assessment paperwork and approaches could assist with this liaison, but these needs to include non LAC staff, i.e. those from core services that happen to work with | Thank you for your comment.<br><br>Professional collaboration, including appropriate information sharing and communication across different services working with looked-after children and young people is recognised as important. |

| Stakeholder | Section No | Section Letter | Comments<br>Please insert each new comment in a new row. | Developer's Response<br>Please respond to each comment |
|---|---|---|---|---|
| | | | any given Looked After Child.<br><br>Having staff with dedicated LAC hours that are specifically funded to work with Looked After Children and young people either in the local area or with those from their local area can widen the remit of multi-agency working within the LAC team and promotes multidisciplinary/ agency working. For example, the employment of an occupational therapist by London Borough of Hackney has enabled the Borough to meet the needs of Hackney children wherever they are placed and address local needs more effectively. | This issue will be considered by the topic expert group during development of the quality standard. |
| College of occupational therapists | 3.3.1 | j | **Training and support of carers:**<br>This should include training so that carers can understand the sensory needs of the child or young person, given the high rates of sensory attachment problems within this group of children and young people (please contact the College of Occupational Therapists if more details are required).<br><br>Please also see comment for 3.3.1 m), n), o), p) regarding carer training for independent living skills. | Thank you for your comment.<br><br>This will be considered by the topic expert group during development of the quality standard. |
| College of occupational therapists | 3.3.1 | l | For many children and young people with physical/ learning/ specific learning or mental health needs access to specialist health services is slow and piecemeal, particularly if the placement is not stable and they move between localities. Severe needs where immediate risks need to be met urgently *may* be addressed, but many children and young people wait for services and move before they are able to access support, as local services do not allow them to 'leap frog' children already on a waiting list. Schools are obliged to prioritise Looked After Children in their application process; local health services do not all have the same obligation.<br><br>Staff who are funded to have protected time to meet the needs of Looked After Children can alleviate this problem and also promote the multi-agency working (see 3.3.1 a) as they are then part of the LAC team.<br><br>The funding of specialist items of equipment for children with physical | Thank you for your comment.<br><br>Access to services to meet complex emotional needs is recognised as a key issue. This issue will be considered by the topic expert group during development of the quality standard.<br><br>The additional requirements of looked-after children and young people with a disability will be considered by the topic expert group during development of the quality standard. |

| Stakeholder | Section No | Section Letter | Comments<br>Please insert each new comment in a new row. | Developer's Response<br>Please respond to each comment |
|---|---|---|---|---|
| | | | disabilities is contentious and often delays provision, as funding arguments between agencies holds up an already lengthy process. This places extra stress on carers and reduces access to daily living activities for children and young people.<br><br>The guidelines could address this by clarifying responsibilities for equipment for:<br>• Home<br>• School<br>• Mobility at home and school<br>• Communication<br><br>The debate between health/ education/ social care regarding whether the equipment addresses a health/ social care / education need also needs to be addressed, so that there is not a 'debate' regarding every item of equipment required, which again delays the process. | |
| College of occupational therapists | 3.3.1 | M,n,o,p | There is a crucial part of maintaining a healthy lifestyle and Leaving Care/ transitioning in a positive way that is not covered in the scope and this relates to the need for all Looked After young people to develop independent living skills, such as those required for budgeting, cooking, domestic chores and employment. These skills are rarely 'taught' in school and often need to be addressed in the home environment. Looked After Children are often given fewer opportunities to develop these skills; carers benefit from training and support to understand their role in helping young people develop independent living skills.<br><br>Occupational therapy programmes with Looked After young people and their carers can identify client goals relating to leaving care and independent living and help young people and their carers to work together to promote skills such as money management, time management, self-organisation and to learn specific independence tasks. | Thank you for your comment.<br><br>The importance of supporting looked-after children and young people to develop skills for independent living is recognised and area 3.3.1i has been updated to incorporate this.<br><br>This issue will also be considered by the topic expert group during development of the quality standard. |
| Department of | General | | It is important to say in the draft scope how the NICE quality standard for the | Thank you for your comment. |

| Stakeholder | Section No | Section Letter | Comments<br>Please insert each new comment in a new row. | Developer's Response<br>Please respond to each comment |
|---|---|---|---|---|
| Health and Department for Education | (DfE) | | health and wellbeing of looked after children and care leavers relates to the National Minimum Standards. Otherwise it will lead to confusion. Ideally, what is covered in the NICE quality standard should build upon and unpack the very headline statements that relate to health and wellbeing in the NMS standards that relate to services provided in the settings where looked after children are placed. | NICE QS build on evidence-based guidance that is prioritised by the Topic Expert Group at the first TEG meeting.<br><br>It is expected that the QS would be used in the context of relevant legislation and governance. The quality standards do not restate National Minimum Standards. The intention is that they are mutually supportive and complementary.<br><br>The quality standard is intended to provide aspirational but achievable markers of high quality care. It will build upon minimum standards and consider current practice, including variations in care. |
| Department of Health and Department for Education | General (DfE) | | The scope also needs to make clear what the status of these standards will be. It needs to be absolutely explicit the extent to which they will bite on the NHS as well as local authorities. | Thank you for your comment.<br><br>We agree, and it is expected that the QS would be used in the context of relevant legislation and governance and may be used by commissioners in their commissioning decisions.<br><br>We are working with our partners to identify how they may be used in the health and social care systems in the future.<br><br>The quality standard is intended to provide aspirational but achievable markers of high quality care. It will build upon minimum standards and consider current practice, including variations in care. |

| Stakeholder | Section No | Section Letter | Comments<br>Please insert each new comment in a new row. | Developer's Response<br>Please respond to each comment |
|---|---|---|---|---|
| | | | | |
| Department of Health and Department for Education | General (DfE) | | It would be useful to spell out why this work is being done. Who is the audience? What tangible difference should these standards make to the health and wellbeing of looked after children and young people? | Thank you for your comment.<br><br>It is expected the QS would be used in the context of relevant legislation and governance.<br><br>The quality standard is intended to provide aspirational but achievable markers of high quality care. It will build upon minimum standards and consider current practice, including variations in care. The primary audience is commissioners, but they may also be used by a range of audiences to improve practice and hold providers and commissioners to account.<br><br>The quality standard will set out what statements mean for each audience. |
| Department of Health and Department for Education | General (DfE) | | It would be useful somewhere to define what is meant by health and wellbeing, particularly the latter. Do they, for example, cover the full spectrum of health (physical, emotional, mental)? | Thank you for your comment.<br><br>The term health and wellbeing considers the spectrum of health - physical, emotional, mental.<br><br>This is an area that will be considered further by the TEG and during field testing of the draft quality standard with stakeholders, including looked-after children and young people. |
| Department of Health and Department for Education | 3.1.1 (DfE) | a | I would delete 'young people' and simply say 'looked after children from birth to 18 years' | Thank you for your comment.<br><br>The population covered by the quality standard has been drafted through |

| Stakeholder | Section No | Section Letter | Comments<br>Please insert each new comment in a new row. | Developer's Response<br>Please respond to each comment |
|---|---|---|---|---|
| | | | | discussion of the topic expert group and is based closely on that covered by the underpinning primary development source – joint NICE / SCIE public health guidance on the health and wellbeing of looked-after children and young people. |
| Department of Health and Department for Education | 3.1.1 (DfE) | b | It would be helpful to be clear about which groups of children and young people are within scope: eligible children, relevant children and former relevant children as defined by the Children Act 1989. | Thank you for your comment.<br><br>The population covered by the quality standard has been drafted through discussion of the topic expert group and is based closely on that covered by the underpinning primary development source – joint NICE / SCIE public health guidance on the health and wellbeing of looked-after children and young people. |
| Department of Health and Department for Education | 3.3 (DfE) | | This whole section is drawn too broadly and does not focus enough on health issues. It therefore runs the risk of ending up with a set of statements that do not achieve the intention: namely describing what good quality **health** (and therefore wellbeing) outcomes look like in social care settings. The standards need to avoid spreading their scope too far into wider care planning issues that are more appropriately covered by OfSTED. | Thank you for your comment.<br><br>The areas presented in the draft scope are broad areas identified as important by the topic expert group. These will be further developed into draft statements capturing key markers of quality.<br><br>It is expected the QS would be used in the context of relevant legislation and governance. |
| Department of Health and Department for Education | 3.1.1 (DfE) | a | Need to make it clear that this is in the context of promoting health and wellbeing. | Thank you for your comment.<br><br>All quality statements will consider health and wellbeing outcomes. |

| Stakeholder | Section No | Section Letter | Comments<br>Please insert each new comment in a new row. | Developer's Response<br>Please respond to each comment |
|---|---|---|---|---|
| | | | | Quality measures will be developed which will underpin the quality statements. These will also consider health and wellbeing outcomes. |
| Department of Health and Department for Education | 3.1.1 (DfE) | h | The availability of information in a timely way and the way it is shared is only one aspect of this. A far broader indicator of the quality of social care in the context of health would be that a looked after child and care leaver had an up-to-date health plan that fully reflected his/her needs and said how these were to be met. Is what is in a health plan being delivered? In other words, is what's in it fiction or fact? Is it the young person's experience that they are treated in a timely way and with sensitivity? Do they have to keep telling their health story multiple times to multiple numbers of professionals? | Thank you for your comment.<br><br>This will be considered by the topic expert group during drafting of the quality statements and associated measures. |
| Department of Health and Department for Education | 3.1.1 (DfE) | i | But to what end should young people explore their identities and life stories? Any statements on this need to be explicitly nailed to why this benefits health and wellbeing. So it would be better expressed in terms as follows: 'Looked after children and care leavers are supported to understand the importance of building their personal identities and making sense of their life experiences as a way of building confidence and resilience.' | Thank you for your comment.<br>The impact of this area of care on health and wellbeing be considered by the topic expert group during drafting of the quality statements and associated measures. |
| Department of Health and Department for Education | 3.1.1 (DfE) | j | As drafted this is too vague. What do we mean by 'provide and maintain high-quality care and meet the needs of looked after children and young people'? This says nothing more than what is required in the DfE care planning regs and guidance and the fostering services and children's homes NMS. Building on those, what sub-text should this pilot be drilling down to? This statement needs to be absolutely clear that this is about providing training so that carers have the knowledge and understanding they need to meet the physical, social, emotional and mental health needs of the young people as part of the overall package of care. To do this what would the care they offer look like? What skills would they have to make children feel safe and to build confidence? | Thank you for your comment.<br><br>The importance of quality training for foster carers to meet the needs of looked-after children and young people is recognised. This will be considered by the topic expert group during drafting of the quality statements and associated measures. |
| Department of Health and Department for Education | 3.1.1 (DfE) | k | Support from whom to meet complex emotional needs? What is the nature of the support? Wording needs to be tightened up. Are we talking about commissioning of services? So for example, extent to which MTFC programmes are used? Quality of support to foster carers? | Thank you for your comment.<br><br>This refers to the provision of services to meet complex emotional needs of looked-after children and young people. |

| Stakeholder | Section No | Section Letter | Comments<br>Please insert each new comment in a new row. | Developer's Response<br>Please respond to each comment |
|---|---|---|---|---|
| | | | | This will be further considered by the topic expert group during drafting of the quality statements and associated measures. |
| Department of Health and Department for Education | 3.1.1 (DfE) | q | How does support to access higher education, training and employment opportunities contribute to health and wellbeing? This feels too narrow an area. It would be better to broaden it out to look at the extent to which services are in place to support care leavers to make a gradual transition as they are ready to adult life and do not have a 'cliff edge' experience of leaving care without the things they need to be able to live stable and healthy lives. In other words what services help this process and where are the gaps? | Thank you for your comment.<br><br>This will be considered by the topic expert group during drafting of the quality statements and associated measures. |
| Department of Health and Department for Education | General relating to 3.1.1 (DfE) | | It would be good to mention the role of the Independent Reviewing Officer (IRO). The IRO reviews the care plan and should have the knowledge and understanding of health issues needed to judge if the young person's health needs in the broadest sense are being met. Does what's in the care plan about health meet the child's needs or not? And, if not, who needs to be involved to get things moving? | Thank you for your comment.<br><br>This will further explored by the topic expert group during drafting of the quality statements and associated measures. |
| Department of Health and Department for Education | 3.3.1 (DH) | B,j | These need to ensure that they get at the actual quality of the placement to meet the child or young person's physical and emotional needs. | Thank you for your comment.<br><br>Quality of placement has been recognised as a marker of high quality care, which is important for improving outcomes for looked-after children and young people and will be considered further during development of the quality standard. |
| Department of Health and Department for Education | 3.3.1 (DH) | f | We suggest removing the reference to designated professionals, as these are commissioning roles. Whilst the professionals may also have a provider role, this is not part of their designated role. | Thank you for your comment.<br><br>This specific area has been removed from the scope, but will be considered under the broader areas now outlined in the scope and will be considered by the topic expert group during drafting of the quality statements and associated measures. |
| Department of | General | | No mention is made of the Strength and Difficulties Questionnaire and how this | Thank you for your comment. |

| Stakeholder | Section No | Section Letter | Comments<br>Please insert each new comment in a new row. | Developer's Response<br>Please respond to each comment |
|---|---|---|---|---|
| Health and Department for Education | (DfE) | | should be used to inform the quality of service provision at both an individual and a strategic level. This needs to be covered. | This will be considered by the topic expert group in the context of wider assessments during drafting of the quality statements and associated measures. |
| Department of Health and Department for Education | 3.1.1 (DfE) | b | This statement is too broad. What does engagement and involvement in decisions about individual care, service design and delivery' actually mean in the context of health? | Thank you for your comment.<br><br>The detail of the quality statements based on this broad area of importance will be considered by the topic expert group and presented in the draft quality standard. |
| Department of Health and Department for Education | 3.1.1 (DfE) | c | What is meant by 'Engagement and involvement of carers in decisions about the care of children and young people they look after'? Does this mean all care decisions (e.g. which school they go to, overnight stays, contact with birth parents and siblings)? This statement needs to be more tightly drawn to tie it firmly to the context for this quality standard, namely heath. The questions to tease out through the standards are about how and what do the quality of involvement of carers contribute to promoting the health and wellbeing of looked after children and care leavers? | Thank you for your comment.<br><br>The detail of the quality statements based on this broad area of importance will be considered by the topic expert group and presented in the draft quality standard. |
| Department of Health and Department for Education | 3.1.1 (DfE) | d | The emphasis of this area of activity appears to be rather narrow in focus and runs the risk of getting hung up too much and over emphasising the importance of the things that are mentioned here (cultural needs, religious background) at the expense of others. There is a whole range of factors that need to be taken into account based on the needs of individual children and standards can't be developed based on any perceived hierarchy. This area should be more about whether the range and quality of placements available (and this is all about commissioning and training) are able to promote the **health** needs of looked after children and care leavers. | Thank you for your comment.<br><br>The document has been amended to reflect that cultural needs and religious background would be considered alongside a range of other individual needs and preferences in the drafting of all quality statements. |
| Department of Health and Department | 3.1.1 (DfE) | e | It is not completely clear what this area would be looking at and to what purpose. Use of what outcomes? Health outcomes surely rather than all outcomes? Are there outcomes from comprehensive assessments and | Thank you for your comment.<br><br>Assessments will be considered across a |

| Stakeholder | Section No | Section Letter | Comments<br>Please insert each new comment in a new row. | Developer's Response<br>Please respond to each comment |
|---|---|---|---|---|
| for Education | | | reviews? If so what would these outcomes from assessments and reviews be? I suppose they could be, for example, that as a result of looking at the SDQ scores for a cohort of looked after children referrals for assessment of mental health needs were more timely. | range of areas of importance and your comments will be considered by the topic expert group during drafting of the quality statements and associated measures. |
| Department of Health and Department for Education | 3.1.1 (DfE) | f | This area of activity is too broadly drawn and risks overlapping with NMS and care planning in its broadest sense - which this standard is not about – rather than looking at a standard through the lense of health. This should surely be more about the extent to which professionals (foster carers, residential care workers) involved in placements, education and health, together promote healthy outcomes for looked after children and care leavers through the particular context in which they work. So, for instance, in the case of foster carers, that could mean that foster carers are very good at making sure they complete accurately the SDQ that they are required to complete and that they have the right support to make sure it happens. In that context, social workers should be promoting the importance of the SDQ as a piece of evidence that helps individual children but is also a key part of the jigsaw that informs a local authority's needs analysis on the mental health of the children they look after, which in turn informs the commissioning of services. | Thank you for your comment.<br><br>This will be considered by the topic expert group during drafting of the quality statements and associated measures.<br><br>The quality standard is intended to provide aspirational but achievable markers of high quality care. It will set out what statements mean for different audiences. |
| Department of Health and Department for Education | 3.1.1 (DfE) | g | Not sure why is this in a quality health standard in this form because it's difficult to see what a set of statements would look like for this area which do anything more than simply rephrase what's already clear in the statutory guidance on wider care planning? On-going contact with families, previous foster carers and friendship with peers needs caveating. It may not be appropriate to have ongoing contact with families, for instance. | Thank you for your comment.<br><br>It is expected the QS would be used in the context of relevant legislation and governance.<br><br>The quality standard is intended to provide aspirational but achievable markers of high quality care. It will set out what statements mean for different audiences.<br><br>The importance of sustaining only those relationships which are healthy and appropriate is recognised. This will be considered by the topic expert group during drafting of the quality statements and |

| Stakeholder | Section No | Section Letter | Comments<br>Please insert each new comment in a new row. | Developer's Response<br>Please respond to each comment |
|---|---|---|---|---|
| | | | | associated measures. |
| Department of Health and Department for Education | General (DfE) | | Looked after children are not a homogeneous group. Is there scope for drilling down into issues that impact on health in relation to factors such as age, length of time in care? For example, it would be very useful in the context of the current Number 10 interest in adoption and adoption support to look at the quality of support in a health context that prospective adopters receive when children who are looked after are placed for adoption but prior to the adoption order being made. | Thank you for your comment.<br><br>Whilst the quality standard is intended to include key quality markers of quality to enhance quality of care for all looked-after children it is recognised that it needs to consider the individual needs and preferences of each child / young person.<br><br>Once quality statements have been drafted from these high level areas in the scope, we will appropriately consult and field test to ensure that such issues are properly explored. |
| Department of Health and Department for Education | General (DfE) | | Is it worth thinking about tying the quality standards in some way to the key strategic and operational points for local authorities as set out on pages 36 and 37 of the DfE statutory guidance (published November 2009) on promoting the health and wellbeing of looked after children? | Thank you for bringing this to our attention. We will consider this with our partners when identifying how quality standards may be integrated into the system. |
| Department of Health and Department for Education | General (DfE) | | In summary, how can we make sure that the quality standards that are published add value to and expand on rather than duplicate what is already set out clearly enough in the care planning regulations, the various volumes of Children Act 1989 statutory guidance and the National Minimum Standards (NMS). | Thank you for your comment.<br><br>It is expected the QS would be used in the context of relevant legislation and governance. We are working with our partners to identify how they may be used in the health and social care systems in the future.<br><br>The quality standard is intended to provide aspirational but achievable markers of high quality care. It will build on statutory guidance and minimum standards. |

| Stakeholder | Section No | Section Letter | Comments<br>Please insert each new comment in a new row. | Developer's Response<br>Please respond to each comment |
|---|---|---|---|---|
| | | | | The comments provided will be considered by the topic expert group during drafting of the quality statements and associated measures. |
| Faculty of Sexual and Reproductive Healthcare | 3.3.1 | g | We feel that the draft scope covers the areas relevant to this Faculty:<br>g) healthy and supportive relationships | Thank you. |
| Faculty of Sexual and Reproductive Healthcare | 3.3.1 | l | We feel that the draft scope covers the areas relevant to this Faculty:<br>l) access to specialist health services | Thank you. |
| Faculty of Sexual and Reproductive Healthcare | 3.3.1 | m | We feel that the draft scope covers the areas relevant to this Faculty:<br>m) availability of preventative services and health education | Thank you. |
| OFSTED | 3 | | Ofsted welcomes the Quality Standards Programme focus on the health and wellbeing of children and young people and care leavers. We look forward to continuing to work alongside NICE/SCIE where there is a synergy with the development of our new framework for the inspection of local authority children looked after arrangements. We place great importance on supporting improvement in local authority practice to improve outcomes for and the experiences of children looked after. We will develop both our 'good' and 'outstanding' grade descriptors in a way that stretches the expectations on local authorities and enables them to demonstrate they are ambitious for the children for whom they are corporate parents. We support NICE/SCIE in making these quality standards equally challenging and avoiding any repetition with national minimum standards or statutory guidance which set out minimum expectations – the meeting of which we would judge to be 'adequate' only. The quality standards should also add value to other documents setting expectations such as the charters for children's homes and fostering. | Thank you for your comment.<br><br>It is expected that the quality standard would be used in the context of relevant legislation and governance.<br><br>The quality standard is intended to provide aspirational but achievable markers of high quality care. It will build upon minimum standards and consider current practice, including variations in care. |
| OFSTED | 3.1.1 | | We agree that this is the target group to focus on. | Thank you. |

| Stakeholder | Section No | Section Letter | Comments<br>Please insert each new comment in a new row. | Developer's Response<br>Please respond to each comment |
|---|---|---|---|---|
| | | | | |
| OFSTED | 3.3.1 | | The areas and activities you propose to focus on are all important for children looked after and care leavers. We think the approach could be strengthened in considering some issues more explicitly:<br>e) Outcomes for children looked after have seldom reached a good enough level and the gap with the broader population of younger people continues to widen. We, like you, are very keen to support improvement in outcomes. It is important to recognise the starting point and capability of many young people when they enter care, particularly those who enter care as older children, and to be able to celebrate the progress that young people make in their own personal context. We would like to see this reflected in the quality standards, without in any way weakening the ambition for high levels of achievement for young people in absolute terms.<br>g) Contact, with a range of people, is hugely important to young people looked after, but it is important to recognise that for some young people it is neither appropriate nor desirable. Contact with siblings is often cited by young people as their greatest loss associated with being looked after, particularly those for whom adoption becomes the outcome. This is seldom a straight forward or easy challenge, but we think explicit reference to sibling contact in the standards would strengthen them.<br>k) Either here or somewhere else, recognition of the importance of emotional resilience to avoid offending or re-offending is important for some young people looked after.<br>n) Again either here or somewhere else, we think reference to the over or unnecessary criminalisation of children looked after is important. This usually occurs with young people presenting challenging behaviour and complex emotional needs, often placed in children's homes.<br>o) Transition is key to successful progress for young people looked after – this is particularly so for those in transition to an adoptive or other permanent placement. Again here or probably more appropriately in a separate section we think the needs of these particular children should be highlighted and high standards set.<br>p) In addition to statutory minimum requirements, we think this area concerning care leavers could be strengthened by a standard that sets high expectation of | Thank you for your comment.<br><br>The importance of supporting looked-after children and young people to develop and achieve at their own pace is recognised as important. This will be considered throughout development of the quality standard.<br><br>The importance of sustaining only those relationships which are healthy and appropriate will be considered during development of the quality standard.<br><br>A range of transitions for looked-after children and young people have been identified. The topic expert group will consider these throughout development of the quality standard.<br><br>Access to a leaving care service has been recognised as important and will be considered during development of the quality standard.<br><br>The areas and activities to be considered have been refined and broadened so that some of the issues that you raise for inclusion can be considered alongside others in the development of the quality standard.<br><br>These issues will also be considered |

| Stakeholder | Section No | Section Letter | Comments<br>Please insert each new comment in a new row. | Developer's Response<br>Please respond to each comment |
|---|---|---|---|---|
| | | | on-going support for young people into adulthood, extending the corporate parenting role as most good parents and extended families do. | further by the topic expert group during drafting of the quality statements and associated measures. |
| OFSTED | 3.3.2 | | There are some areas not covered which we think would merit consideration for standard setting. These include:<br>• The response to the sexual exploitation of children looked after and care leavers<br>• When expressing standards for children looked after, albeit hard to measure, should there not be something about children's happiness, either in their placement or more generally brought about as an alternative to their pre-care experience?<br>• As set out above (o) we think the Quality Standards should have a stronger focus on permanency and adoption and what supports sustainable permanent placements.<br>• Linked to the point above, could the standards say something about the detrimental issue of avoidable delay for young people? Such a standard would need to link local authority responsibilities and practice to other parts of the family justice system.<br>Could there be a standard either extended in current form or separately concerning the quality of relationships children looked after have, be that with a carer, social worker or other significant person? | Thank you for your comment.<br><br>These issues will be considered further by the topic expert group during drafting of the quality statements and associated measures. |
| OFSTED | 4.1 | | As stated above we are keen to remain engaged with you on the development of the quality standards as we develop the development of our new framework for the inspection of local authority children looked after arrangements. | Thank you. |
| Play Therapy UK | 3.3.1 | i | Add "to enable the children to reach their full potential." | Thank you for your comment.<br><br>The importance of support for looked-after children and young people to fulfil their potential is recognised and a specific area (3.3.1d) included in the updated scope. |
| Play Therapy UK | 3.3.1 | q | Add "primary and' before "higher". | Thank you for your comment.<br><br>This specific area has been removed from |

| Stakeholder | Section No | Section Letter | Comments<br>Please insert each new comment in a new row. | Developer's Response<br>Please respond to each comment |
|---|---|---|---|---|
| | | | | the scope as it was felt to be covered by the broader areas now outlined in the scope.<br><br>This will be considered by the topic expert group during development of the quality standard. |
| Play Therapy UK | 3.4 | | "efficiency" must be added it is separate factor to "cost effectiveness". | Thank you for your comment.<br><br>NICE quality standards are intended to demonstrate what high quality care looks like for a particular topic based on the best available evidence. Cost effectiveness is considered by the Topic Expert Group during development of quality standards and a supporting document will be published alongside the standard reviewing the potential cost impact and implications for commissioners and service providers, however, the configuration of services will be determined locally. |
| Play Therapy UK | 4.1 and Appendix 1 | | Why are the sources confined to NICE and SCIE? – this makes the study too in-bred. These must be opened up to, for example, include professional and service provider organisations (such as PTUK) involved with looked after children. As stated important evidence will be missed. Please formally request PTUK to submit evidence.<br><br>Are the sources listed in Appendix 1 also sources of evidence to influence recommendations? We're not sure what 'Policy Context' means in terms of the influence upon recommendations. | Thank you for your comment.<br><br>The topic expert group identified the development sources they felt were most relevant to developing the standard, within the framework of the social care quality standards development process. This requires evidence sources to be accredited in order for guidance to be used as a development source. Guidance producers can apply to the NICE accreditation scheme. |

| Stakeholder | Section No | Section Letter | Comments<br>Please insert each new comment in a new row. | Developer's Response<br>Please respond to each comment |
|---|---|---|---|---|
| | | | | The key development sources will typically be NICE guidance. Other NICE accredited sources, where available, may be used when existing NICE guidance does not cover a part of the patient pathway.<br><br>Appendix 1 lists policy documents considered by the topic expert group during development to be most relevant to the scope of the quality standard and these are taken into account when drafting quality measures and supporting documents. |
| Royal College of General Practitioners-Adolescent Health Primary Care Group, | 3.1.1 | | The group should specifically look at those children and yp who are in the private foster care and who are placed out of county. They are a particularly vulnerable group and should have the best standards of care with stability and access to all the services detailed in the scoping document. | Thank you for your comment.<br><br>It is recognised that out of area placements can present particular challenges relating to outcomes for looked-after children and young people. This issue will be considered by the topic expert group during drafting of the quality statements and associated measures. |
| Royal College of General Practitioners-Adolescent Health Primary Care Group, | 3.1.1 | a | Where a child's needs are complex, it is vital for there to be good and continuing communication btw social services/specialist services/ education and GPs. This does not always happen and merits a closer look. | Thank you for your comment.<br><br>This issue will be considered by the topic expert group during drafting of the quality statements and associated measures. |
| Royal College of General Practitioners- | 3.1.1 | f | 50% of 12-18 year olds visit their GP every 3 months. It would be very illuminating to know the % of children in care who visit the GP.<br>Frequent changes in placement mean that there is no stability of health | Thank you for your comment.<br><br>This suggestion will be considered by the |

| Stakeholder | Section No | Section Letter | Comments<br>Please insert each new comment in a new row. | Developer's Response<br>Please respond to each comment |
|---|---|---|---|---|
| Adolescent Health Primary Care Group, | | | care/education / social worker etc. Out of county placements are a particular problem here. I would like to see a system where LAC register with a GP locally and have a 'health check' with an opportunity to screen for mental health issues and at the least to explain how to access help in the future and begin to establish a 'doctor/patient relationship'. | topic expert group during further development of the quality standard. |
| Royal College of Nursing | General | | The Royal College of Nursing welcomes proposals to develop this care quality standard. It is timely.<br><br>The draft scope seems comprehensive. | Thank you. |
| Royal College of Paediatrics and Child Health | General | | 47/48 transition into independence – health services need to provide developmental and learning difficulty assessments to be able to provide the appropriate pathway plan for young people in care with learning difficulties not reaching levels qualifying for adult learning services but still not able to live independently. | Thank you for your comment.<br><br>This issue will be considered by the topic expert group during drafting of the quality statements and associated measures. |
| Royal College of Paediatrics and Child Health | General | | Provision of supervision for social workers<br>More details and structure needed for social care to provide adequate and quality supervision for their social workers that allows time for reflection and formulation of appropriate thinking around a child in care's difficulties. | Thank you for your comment.<br><br>This issue will be considered by the topic expert group during drafting of the quality statements and associated measures. |
| Royal College of Paediatrics and Child Health | General | | Sections on UASC and children in secure accommodation appropriate and welcome to planning of services for these children. | Thank you. |
| Royal College of Paediatrics and Child Health | General | | This document would be very much enhanced if it took a rights-based approach in addition to a needs-based approach, so that in addition to ensuring that the needs of these groups are well evidenced and met, we ensure that a moral and legal imperative is added. This identifies general and specific articles of the UNCRC so that children in care are supported to fully access these rights. | Thank you for your comment.<br><br>Quality standards consider and set out what service users can expect from quality services. |

| Stakeholder | Section No | Section Letter | Comments<br>Please insert each new comment in a new row. | Developer's Response<br>Please respond to each comment |
|---|---|---|---|---|
| | | | Please see Reading et al for further discussion of a rights based approach to safeguarding[1].<br><br>The UNCRC is embedded in Welsh domestic legislation (Wales Child Rights Measure) and Scotland and NI have stated their intention to follow this. England has ratified the Convention, so in all areas of the UK we are under legal obligations at one level or another to comply with this Convention.<br><br>The importance of the general principles (Article 2 non-discrimination; Article 3 best interests; Article 6 survival and development; and Article 12 participation) to these children are self evident[2], but there are other articles highly pertinent to this group, either directly or because of the risks they face as children in care (for example: sexual exploitation, involvement in crime, poor educational outcomes). These are:<br><br>**Article 8** Right to an identity<br>**Article 13** right to get and share information<br>**Article 20** Children who cannot be looked after by their own family have a right to special care and must be looked after properly, by people who respect their ethnic group, religion, culture and language.<br>**Article 21:** Children have the right to care and protection if they are adopted or in foster care. The first concern must be what is best for them.<br>**Article 22 (Refugee children):** Children have the right to special protection and help if they are refugees as well as all the rights in this Convention.<br>**Article 23:** Children who have any kind of disability have the right to special care and support.<br>**Article 24 Children** have the right to good quality health care – the best health care possible.<br>**Article 25** Right to Review of treatment in care<br>**Article 27** Right to an Adequate standard of living<br>**Article 28: Right to education.** Discipline in schools should respect children's dignity. | This suggestion will be further considered by the topic expert group during drafting of the quality statements and associated measures. |

[1] Reading R, Bissell S, Goldhagen J, Harwin J, Masson J, Moynihan S, Parton N, Santos Pias M, Thoburn J, Webb E. Promotion of children's rights and prevention of child maltreatment *Lancet* 2009; **373**: 332 - 343

[2] http://www.childrensrightswales.org.uk/uncrc-principles.aspx

| Stakeholder | Section No | Section Letter | Comments<br>Please insert each new comment in a new row. | Developer's Response<br>Please respond to each comment |
|---|---|---|---|---|
| | | | **Article 31** Right to Leisure, play and culture<br>**Article 33 (Drug abuse):** Governments should use all means possible to protect children from the use of harmful drugs and from being used in the drug trade.<br>**Article 34 (Sexual exploitation):** Governments should protect children from all forms of sexual exploitation and abuse. This provision in the Convention is augmented by the Optional Protocol on the sale of children, child prostitution and children in the asylum system are not mentioned. These are children recognised by the UNCRC to be in need of special protection because of their vulnerability. Asylum children come into care for various reasons. In addition unaccompanied asylum seekers are all in care. Their needs and rights must be explicitly acknowledged in this document. Please see footnote[3]. | |
| Royal College of Paediatrics and Child Health | 3.3.1 | d | To include disability. | Thank you for your comment.<br><br>The range of individual needs and preferences will be considered by the topic expert group during drafting of the quality statements and associated measures.<br><br>The area (3.3.1h) has been rewritten at a high level to broaden the scope of the area. |
| Royal College of Paediatrics and Child Health | 3.3.1 | e | To include young people / children in residential schools. | Thank you for your comment.<br><br>This will be considered by the topic expert group during drafting of the quality statements and associated measures. |
| Royal College of Paediatrics and Child Health | 3.3.1 | o | To include children at stage of transition to adult learning disability services. | Thank you for your comment.<br><br>A range of transitions for looked-a fter children and young people have been identified. This will be considered by the |

[3] All Wales Child Protection Procedures Review Group: *Safeguarding and Promoting the Welfare of Unaccompanied Asylum Seeking Children and Young People.* All Wales Practice Guidance available at: http://www.baaf.org.uk/webfm_send/2405

| Stakeholder | Section No | Section Letter | Comments<br>Please insert each new comment in a new row. | Developer's Response<br>Please respond to each comment |
|---|---|---|---|---|
| | | | | topic expert group during drafting of the quality statements and associated measures. |
| Virgin Care | General | | Thank you. We find the detail of the Scope excellent. We are not able to identify changes to The Scope to better promote equality of opportunity relating to age, disability etc. We would however like to raise the issue of how standards will be maintained as private providers move into this sector. Shoba works within Child Protection in Social Care and I am a GP. We both also work as Consultants to Virgin Care who with other private companies are putting bids together for Children's Services which will include Looked After PSLD Children and Short Breaks/ Respite Care. We are very keen to be fully involved and informed and to promote open discussion regarding our responsibilities. | Thank you for your comment.<br><br>It is intended that quality standards will be used by commissioners of services and by provider services to improve the quality of care for looked-after children and young people and ultimately their health and wellbeing outcomes. |
| Welsh Government | General | | 1. Generally happy with the scope of the guidance<br>2. All the references and focus seem to be on the English system. NICE guidance is applicable UK wide and some acknowledgement o the differing health but common legal system in Wales is important<br>3. It would be important to see a direct reference to the role advocacy services for LAC in promoting health<br>4. May LAC are disabled or have mental illness - for them the integration of health, social care and education services is crucial so that assessments are unified and paperwork is not repeated, and especially at transition, there is a clear person focused service..<br>5. Information systems that allow the reporting of significant outcomes eg immunisations, asthma control, epilepsy control in LAC populations , need attention - subserved by appropriate consent for information sharing between systems.<br>6. LAC placed out of county, especially in specialist residential placements, with the potential for lack of continuity, the confusion about belongings regulations and ultimate accountability, are an important area to get right. | Thank you.<br><br>The policy remit for quality standards applies to England only. It is for the UK devolved administrations to decide on local policy. The quality standard is intended to build on statutory guidance and minimum standards.<br><br>Advocacy services are recognised as important for supporting looked-after children and young people. This comment will be considered by the topic expert group during further development of the quality standard.<br><br>Effective information sharing is recognised as an important marker of quality and will be considered during development of the quality standard.<br><br>The importance of smooth transitions is |

| Stakeholder | Section No | Section Letter | Comments<br>Please insert each new comment in a new row. | Developer's Response<br>Please respond to each comment |
|---|---|---|---|---|
| | | | | recognised and in addition, it is recognised that out of area placements can present particular challenges for looked-after children and young people. The TEG will consider this comment when further developing the quality standard. |
| Whitstone Head Educational (Charitable) Trust Limited | 3.3.1 | l | Given the frequent difficulties in accessing CAMHS (often due to a relatively high number of placement changes) and the increased vulnerability of this population to mental health difficulties, we feel the following amendment is appropriate:<br><br>Timely priority access to a range of specialist health services (including CAMHS) to meet emotional and physical needs.<br><br>Instead of the current:<br><br>Timely priority access to a range of specialist health services to meet emotional and physical needs. | Thank you for your comment.<br><br>The updated area (3.3.1j) has been broadened in line with comments and topic expert group discussions to include support to meet these needs from a wide variety of sources not limited to specialist health services.<br><br>This suggestion will also be considered by the topic expert group during development of the quality standard. |
| Young minds | 3.3.1 | p | The continuity of care is also important for care leavers. When young people leave care there is likely to be a break down in relationships. So ensuring continuity of care is important. | Thank you for your comment.<br><br>The topic expert group agree that continuity of care is important. Area 3.3.1c has been broadened to encompass the many activities that will be considered in leaving care.<br><br>This will also be considered by the topic expert group during development of the quality standard. |
| Young minds | 3.3.1 | q | This should also include training for staff in further education and higher education. There are designated teachers for looked after children in schools, but not in FE and HEI. | Thank you for your comment. |

| Stakeholder | Section No | Section Letter | Comments<br>Please insert each new comment in a new row. | Developer's Response<br>Please respond to each comment |
|---|---|---|---|---|
| | | | | This will be considered by the topic expert group during development of the quality standard. |
| Young minds | General | General | We would like to refer you to our recent report on looked after children 'Improving the Mental Health of Looked After People' - http://www.youngminds.org.uk/assets/0000/1440/6544_ART_FINAL_SPREADS.pdf | Thank you for sharing this resource with us.<br><br>The quality standard will primarily be based on NICE/SCIE guidance. The topic expert group identified the development sources they felt were most relevant to developing the standard, within the framework of the Quality Standards development process. |