

# **NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE**

## **Draft quality standard – social care**

### **Looked-after children and young people – the health and wellbeing of looked-after children**

#### **1 Introduction**

In 2011, the National Institute for Health and Clinical Excellence (NICE) was asked by the Department for Education and the Department of Health to pilot the development of 2 quality standards for social care. This builds on earlier work in 2009 to establish a quality standards programme for healthcare.

At the end of March 2011, there were 65,520 looked-after children and young people in England. Almost 3/4 of these were in a foster placement and 12% were cared for in residential accommodation (including secure units, children's homes, hostels, residential schools and other residential settings). The main reason for children and young people entering care in the year up to April 2011 was abuse or neglect (reported in 54% of cases). The needs of looked-after children and young people vary, but are often complex, and can only be met by a range of care services operating across different settings.

The health and wellbeing of looked-after children and young people, that is, their physical health, and social, educational and emotional wellbeing, is influenced by nearly all aspects of their lives and the care they receive. Experiences early in life may have long-term consequences for health and social development. Some looked-after children and young people have positive experiences in the care system and achieve good emotional and physical health, do well in their education and go on to have good jobs and careers. However, entering care is strongly associated with poverty and deprivation (for example, low income, parental unemployment, relationship breakdown). About 60% of those looked after in England have been reported

to have emotional and mental health problems and a high proportion experience poor health, educational and social outcomes after leaving care.

Looked-after children and young people should expect to be healthy and safe and to be treated equally to other children and young people. They should be provided with the opportunities needed to help them move successfully to adulthood. However, local variations in service provision and support can mean that these expectations are not always met.

This draft quality standard is designed to improve quality of care by focusing on high-priority areas for looked-after children and young people. The standard is made up of a set of measurable statements, which together with the guidance on which it is based, should contribute to improving the overall experience of care or services for this group.

This quality standard is also informed by the principles and values set out in the joint NICE and Social Care Institute for Excellence (SCIE) public health guidance on [Promoting the quality of life of looked-after children and young people](#) (2010). These aim to:

- Put the voices of children, young people and their families at the heart of service design and delivery.
- Deliver services that are tailored to the individual and diverse needs of children and young people by ensuring effective joint commissioning and integrated professional working.
- Develop services that address health and wellbeing and promote high-quality care.
- Encourage warm and caring relationships between child and carer that nurture attachment and create a sense of belonging so that the child or young person feels safe, valued and protected.
- Help children and young people to develop a strong sense of personal identity and maintain the cultural and religious beliefs they choose.
- Ensure young people are prepared for and supported in their transition to adulthood.

- Support the child or young person to participate in the wider network of peer, school and community activities to help build resilience and a sense of belonging.
- Ensure children and young people have a stable experience of education that encourages high aspiration and supports them in achieving their potential.

The quality standard is also expected to contribute to the following overarching outcomes for looked-after children and young people, from the [Public Health Outcomes Framework 2013–2016](#):

- Improving the wider determinants of health.
- Health improvement.
- Health protection.

This quality standard was developed in line with a [scope](#) that outlines what the standard will and will not consider. During development the Topic Expert Group (TEG) appointed to develop this quality standard has decided which areas and activities described in the scope should be prioritised for the development of quality statements and measures. This draft quality standard covers the health and wellbeing of looked-after children and young people from birth to 18 years and children and young people who are covered by leaving care arrangements (young people planning to leave care or under leaving care provisions). It applies to all settings and services working with and caring for looked-after children and young people, and young people covered by leaving care arrangements, including where they live.

This draft quality standard is being produced collaboratively with social care organisations, the education sector and the NHS, along with their partners, people who use services and carers.

The quality standard development process for the 2 pilot topics is described in detail on the NICE website (see [NICE quality standards in social care](#)).

## **2 Draft quality standard for looked-after children and young people**

### **2.1 Overview**

Quality standards, along with practical support tools, will help commissioners and service providers decide how best to provide and commission social care services, taking into account individual circumstances and professional judgement. They will also help people find information about the quality of services they should expect to receive and to hold commissioners to account. Quality standards support the role of [HealthWatch](#) (launching in October 2012) as a consumer champion. Social care communities will need to work with the NHS to ensure that they provide a comprehensive service for all.

The [Health and Social Care Act \(2012\)](#) set out a new responsibility for NICE to develop quality standards and other guidance for social care in England. The Secretary of State for Health will formally commission NICE to develop additional quality standards for social care, taking advice from a consultative body on the choice and prioritisation of topics. The care and support white paper [Caring for our future: reforming care and support](#) (2012) sets out further detail on the future role of NICE quality standards in the social care sector, including the use of NICE quality standards as part of a new provider quality profile. Quality standards for social care will link with corresponding topics published for the NHS. They will be developed in full consultation with the social care and other relevant sectors, and will be presented and disseminated in ways that meet the needs of the social care community. As we develop this library of quality standards, we will cross refer to any published NICE quality standards for the NHS that make reference to social care, and consider these links during the quality standards update process.

A child- and young person-centred and integrated approach to provision of care and services is fundamental to the delivery of high quality care to looked-after children and young people. Different agencies will need to work closely together to achieve the level of care set out in the draft quality standard. This

requires that services should be commissioned from and coordinated across all relevant involved agencies.

## **2.2 List of quality statements**

<b>No.</b>	<b>Draft quality statement</b>
1	Looked-after children and young people, and young people who are covered by leaving care arrangements, receive care from services that work collaboratively to ensure that the team working around the child or young person has all of the information they need to meet their health and wellbeing needs.
2	Looked-after children and young people, and young people who are covered by leaving care arrangements are actively involved in decisions at every stage of their care.
3	Looked-after children and young people entering care and moving between placements are offered a choice of placements which meet their individual needs and preferences.
4	Looked-after children and young people, and young people who are covered by leaving care arrangements, have ongoing access to their complete health history.
5	Looked-after children and young people, and young people who are covered by leaving care arrangements, are offered ongoing opportunities to help them explore and make sense of their personal identity and relationships.
6	Looked-after children and young people, and young people who are covered by leaving care arrangements, who have complex emotional and physical needs, can access services when needed.
7	Looked-after children and young people, and young people who are covered by leaving care arrangements, who move between services or across local authority areas or health boundaries, experience continuity of services.
8	Looked-after children and young people, and young people who are covered by leaving care arrangements, are encouraged to have high aspirations to recognise and fulfil their potential by those working with and caring for them.
9	Young people leaving care are offered continued access to and support from services when they need it to ensure that they move to independence at their own pace.
10	Looked-after children and young people and their carers, and young people who are covered by leaving care arrangements, are engaged in creative, cultural and physical activities to promote overall wellbeing and self-esteem.
11	Carers receive ongoing high-quality training, support and supervision to enable them to promote the health and wellbeing of children and young people in their care.

12	Carers of looked-after children and young people, and of young people who are covered by leaving care arrangements, are fully involved in decisions about the care of the child or young person.
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<b>General questions for consultation</b>	
Question 1	How will this quality standard improve the quality of care provided?
Question 2	What important areas of care or services, if any, are not covered by this quality standard?
Question 3	How useful are each of the proposed quality statements?
Question 4	Which are the most important quality statements and why?
Question 5	Are any of the proposed quality statements inappropriate and if so why?
Question 6	How measurable are each of the proposed quality statements - how easy will it be to collect data for each statement?
Question 7	Are any of the proposed quality measures inappropriate and, if so why, and can you identify suitable alternatives?
Question 8	Are there any additional quality measures that should be included?
Please refer to <a href="#">Quality standards in development</a> for additional general points for consideration.	
<b>Statement-specific questions for consultation</b>	
Question 9	For draft quality statement 1: Services need to work collaboratively to provide quality services to looked-after children and young people. Is it important to have a separate statement on collaborative working to meet the needs of the child or young person or should this be threaded throughout other statements as an overarching theme?

## Draft quality statement 1: Professional collaboration and multi-agency working

Draft quality statement	Looked-after children and young people, and young people who are covered by leaving care arrangements, receive care from services that work collaboratively to ensure that the team working around the child or young person has all of the information they need to meet their health and wellbeing needs.
Draft quality measure	<p><b>Structure:</b></p> <p>a) Evidence of effective local information-sharing protocols between health, social care and educational services and across health boundaries, including arrangements to address legal and confidentiality issues.</p> <p>b) Evidence of local arrangements to ensure that health information is incorporated into relevant assessments and shared with healthcare professionals, as appropriate.</p> <p>c) Evidence of local arrangements to ensure the multi-agency team working around the child or young person (including frontline staff and carers) has access to a consultancy service to support collaboration on complex casework.</p> <p><b>Outcome:</b></p> <p>a) Feedback that looked-after children and young people, and young people who are covered by leaving care arrangements, feel that they do not have to re-tell their life and medical history.</p> <p>b) Feedback that looked-after children and young people, and young people who are covered by leaving care arrangements, feel their information is shared appropriately between people working with them, and caring for them.</p> <p>c) Feedback that looked-after children and young people, and young people who are covered by leaving care arrangements, feel their information is treated confidentially.</p> <p>d) Completeness of records.</p>
Description of what the quality statement means for each audience	<p><b>Looked-after children and young people, and young people who are covered by leaving care arrangements</b>, are supported by professionals and carers who work together and share relevant information about them in a sensitive way.</p> <p><b>Local authorities and other commissioning services</b> ensure they commission services with local arrangements for collaborative working and effective information sharing across health, social care and education services working with looked-after children and young people, and young people who are covered by leaving care arrangements.</p> <p><b>Organisations providing care</b> ensure systems are in place to support effective collaboration between health, social care and education services working with or caring for looked-after children and young people, and young people who are covered by leaving</p>

	<p>care arrangements, wherever they live.</p> <p><b>Social care, education and healthcare staff</b> ensure they work closely with health, social care and education services around the child, wherever a child is placed, sharing relevant information in a sensitive way.</p>
Source guidance	<a href="#">NICE public health guidance 28</a> /SCIE guide 40 recommendations 6, 21, 22.
Data source	<p><b>Structure:</b> a), b), c) and d) Local data collection.</p> <p><b>Outcome:</b> a), c) and d) Local data collection.</p> <p>b) Local data collection. The Children's Rights Director for England <a href="#">Children's care monitor</a> collects and reports information from looked-after children and young people in England about how well they feel personal information about them is kept confidential.</p>
Definitions	<p><b>Carers</b></p> <p>Topic expert group consensus was that carers include foster and residential carers, and supported lodging providers.</p> <p><b>Consultancy service</b></p> <p><a href="#">NICE public health guidance 28</a>/SCIE guide 40 states that a 'consultancy service' could be designed and delivered by in-house experts, external advisers or child and adolescent mental health services and should participate in regional support networks. This can contribute to children's needs being met and placements being more effectively supported. Recommendation 38 states that such a service should be based on the concept of reflective practice and sets out the aspects of collaboration that it could support, broadly including conflicts of opinion within the team about the care of a child or young person, risks or disruptions to long-term placements, patterns of repeated placement breakdown or exclusion from education, uncertainty or delays in care planning, and communication and decision-making.</p> <p><b>Frontline staff</b></p> <p>Topic expert group consensus was that 'frontline staff' are those staff working directly with or caring for looked-after children and young people, and young people who are covered by leaving care arrangements, including but not limited to carers, social workers, designated teachers, designated healthcare professionals and special educational needs coordinators (SENCOs).</p> <p><b>Multi agency</b></p> <p>Multi-agency is a description for services that involve more than 1 agency (for example NHS and social work).</p> <p><b>Personal health record</b></p> <p>The Royal College of Paediatrics and Child Health defines the <a href="#">personal child health record</a> (also known as the 'red book') as a health and development record given to parents/carers at a child's birth. This is the main record of a child's health and development.</p>

	<p>The parent/carer retains the personal child health record and healthcare professionals should update the record each time the child is seen in a healthcare setting.</p> <p><b>Team working around the child or young person</b></p> <p>The ‘team working around the child or young person’ is a collaborative team of key professionals and frontline staff to support a child or young person. Topic expert group consensus was that carers should be included as part of the team.</p>
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## Draft quality statement 2: Engaging and involving children and young people

Draft quality statement	Looked-after children and young people, and young people who are covered by leaving care arrangements are actively involved in decisions at every stage of their care.
Draft quality measure	<p><b>Structure:</b></p> <p>a) Evidence of local arrangements to ensure that looked-after children and young people, and young people who are covered by leaving care arrangements, are actively involved in decisions at every stage of their care.</p> <p>b) Evidence of local arrangements for looked-after children and young people, and young people who are covered by leaving care arrangements, to access advocacy services.</p> <p>c) Evidence of local arrangements to ensure that looked-after children and young people, and young people who are covered by leaving care arrangements, have a range of opportunities to be involved in decisions about their care.</p> <p>d) Evidence of local arrangements to ensure that looked-after children and young people are involved in discussions about their care plan and understand the plan, including any reasons why their wishes cannot be followed.</p> <p>e) Evidence that feedback is collected from looked-after children and young people, and young people covered by leaving care arrangements, about the design and delivery of services and that systems are in place to review, act upon and respond to this feedback.</p> <p><b>Outcome:</b></p> <p>a) Feedback that looked-after children and young people, and young people who are covered by leaving care arrangements, feel that they are listened to at every stage of their care.</p> <p>b) Feedback that looked-after children and young people are aware of and understand all aspects of their care plan, including any reasons why their wishes cannot be followed.</p> <p>c) Evidence of service improvements influenced by the active involvement of looked-after children and young people, and young people who are covered by leaving care arrangements.</p>
Description of what the quality statement means for each audience	<p><b>Looked-after children and young people, and young people who are covered by leaving care arrangements</b>, are actively involved in decisions at every stage of their care.</p> <p><b>Local authorities and other commissioning services</b> ensure they commission services which actively involve looked-after children and young people, and young people who are covered by leaving care arrangements, in decisions at every stage of their care (and review whether improvements in commissioned services are influenced by their feedback).</p>

	<p><b>Organisations providing care</b> ensure systems are in place to actively involve looked-after children and young people, and young people who are covered by leaving care arrangements, in decisions at every stage of their care.</p> <p><b>Social care, education and healthcare staff</b> ensure they actively involve looked-after children and young people, and young people who are covered by leaving care arrangements, in decisions at every stage of their care.</p>
Source guidance	<a href="#">NICE public health guidance 28</a> /SCIE guide 40 recommendations 5, 24 and 27.
Data source	<p><b>Structure:</b> a), b), c), d) and e) Local data collection.</p> <p><b>Outcome:</b> a), b) and c) Local data collection. The Children’s Rights Director for England <a href="#">Children’s care monitor</a> collects and reports information from looked-after children and young people in England about their involvement in the care planning process, including having a say in what happens and making complaints and suggestions.</p>
Definitions	<p><b>Advocacy</b></p> <p>Advocacy is a process in which an independent person (an advocate) helps another person express their views and wishes. Advocacy for children and young people has been defined as ‘speaking up’ for them. It aims to empower them and make sure that their views are heard and their rights are respected (for example, when planning care).</p> <p><b>Care plan</b></p> <p>A care plan is defined in <a href="#">NICE public health guidance 28</a>/SCIE guide 40 as a document that sets out the actions to be taken to meet the child’s needs and records the person responsible for taking each identified action. The local authority is responsible for ensuring that it is regularly reviewed and that the identified actions happen.</p> <p><b>Actively involved</b></p> <p>Topic expert group consensus was that ‘actively involved’ means that the looked-after child or young person expresses their views and wishes by a variety of means (such as attending meetings, writing or working with an advocate, being involved in their care reviews) and that these are understood, taken into account and acted on wherever possible. The methods of involvement should be appropriate to the age and developmental stage of the child or young person.</p> <p><b>Involved at every stage of care</b></p> <p>Topic expert group consensus was that ‘involved at every stage of care’ means involving the child or young person wherever possible to help them understand and influence decisions at all stages of their care. As far as possible, the child, carers and professionals will aim to reach a point where they agree that the child or young person has been fully involved.</p>

Equality and diversity considerations	<a href="#">NICE public health guidance 28</a> /SCIE guide 40 recommends that unaccompanied asylum-seeking children and young people, and black and minority ethnic looked-after children and young people should have access to interpreters if their knowledge of English is limited, so they can explain their situation and make their needs known.
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### Draft quality statement 3: Quality and choice of placements

Draft quality statement	Looked-after children and young people entering care and moving between placements are offered a choice of placements which meet their individual needs and preferences.
Draft quality measure	<p><b>Structure:</b></p> <p>a) Evidence of local arrangements for producing a local diversity profile.</p> <p>b) Evidence of local arrangements to ensure an appropriate range of placements.</p> <p>c) Evidence of local arrangements to ensure that decisions about individual placements are informed by the needs and preferences of the looked-after child or young person.</p> <p>d) Evidence of local arrangements to ensure there is agreement between placing and receiving teams about schooling and healthcare arrangements before placements outside the area.</p> <p>e) Evidence of local arrangements to ensure that extended family and friends who could be carers are identified and assessed for suitability during the care planning process.</p> <p>f) Evidence of local arrangements to ensure that planned placements are preceded by a visit from the child or young person.</p> <p><b>Process:</b></p> <p>a) Proportion of placements outside the local area where there is agreement prior to placement about schooling and healthcare arrangements.</p> <p>Numerator – the number of people in the denominator with prior agreement about schooling and health.</p> <p>Denominator – the number of looked-after children and young people placed outside of the local area.</p> <p>b) Proportion of planned placements preceded by a visit from the child or young person.</p> <p>Numerator – the number of people in the denominator who visited their placement before being placed.</p> <p>Denominator – the number of looked-after children and young people placed via a planned placement.</p> <p><b>Outcome:</b></p> <p>a) Feedback from looked-after children and young people about satisfaction with their placement.</p> <p>b) Feedback from looked-after children and young people moving to a new placement about whether they had a choice of placement.</p> <p>c) The proportion of planned and emergency (avoidable) placements.</p>

	<p>d) The proportion of placements that breakdown.</p> <p>e) Placement stability.</p> <p>f) Educational stability, that is, continued engagement or attendance at the same school following placement change.</p> <p>g) Feedback from looked-after children and young people about satisfaction with school location.</p>
Description of what the quality statement means for each audience	<p><b>Looked-after children and young people</b> are offered a choice of placements to meet their individual needs and preferences.</p> <p><b>Local authorities and other commissioning services</b> assess how the services they commission offer looked-after children and young people a choice of placements that meet their individual needs and preferences.</p> <p><b>Organisations providing care</b> ensure systems are in place to offer looked-after children and young people a choice of placements that meet their individual needs and preferences.</p> <p><b>Social care staff</b> ensure that they are aware of local arrangements to offer looked-after children and young people a choice of placements that meet their individual needs and preferences.</p>
Source guidance	<a href="#">NICE public health guidance 28</a> /SCIE guide 40 recommendations 12, 29, 30 and 40
Data source	<p><b>Structure:</b> a), b), c), d), e) and f) Local data collection.</p> <p><b>Process:</b> a) and b) Local data collection.</p> <p><b>Outcome:</b> a) and b) Local data collection. The Children’s Rights Director for England <a href="#">Children’s care monitor</a> collects and reports information from looked-after children and young people in England about their experience of placements. This includes:</p> <ul style="list-style-type: none"> <li>• being in the right placement</li> <li>• having a choice of placements</li> <li>• notice before moving to a new placement</li> <li>• visits to new placements before moving there</li> <li>• satisfaction with information given about new placements.</li> </ul> <p>c) d), f) and g) Local data collection.</p> <p>e) Local data collection. The Department for Education <a href="#">statistical first release</a> contains information on the percentage of looked-after children:</p> <ul style="list-style-type: none"> <li>• with 3 or more placements during the year (formerly national indicator 62)</li> <li>• aged under 16, who had been looked after continuously for at least 2.5 years who were living in the same placement for at least 2 years, or are placed for adoption, and their adoptive placement together with their previous placement together last for at least 2 years (formerly national indicator 63).</li> </ul> <p>See <a href="#">Handbook of Definitions: local authority indicators formerly known as national indicators</a> at the Department for Education</p>

	website.
Definitions	<p><b>Carers</b></p> <p>Topic expert group consensus was that carers include foster and residential carers, and supported lodging providers.</p> <p><b>Quality placement</b></p> <p>The topic expert group defined a ‘quality placement’ as 1 which meets the needs and preferences of a looked-after child or young person and helps them to maximise their potential. The <a href="#">NICE public health guidance 28/SCIE guide 40</a> highlights that characteristics of a quality placement are good matching of carer and child at the point of placement. Additional characteristics of a quality placement are also provided in the source documentation, including the consistent approach that the carer brings to the relationship, having commitment, staying power and demonstrating unconditional positive regard for the child.</p> <p><b>Diversity profile</b></p> <p>The <a href="#">NICE public health guidance 28/SCIE guide 40</a> states that a diversity profile should be developed for use when commissioning services to ensure they are relevant for the looked-after children and young people population and meet specific needs. This includes using the diversity profile to indicate whether a more diverse range of placements is required (now or in the future). In this context, diversity is defined as understanding the complex issues affecting the looked-after children and young people, including discrimination and its impact, and, in particular, health, culture, identity, education and placement needs. <a href="#">NICE public health guidance 28/SCIE guide 40</a> suggests that the profile should cover looked-after children and young people who:</p> <ul style="list-style-type: none"> <li>• are from black and minority ethnic communities</li> <li>• have physical or learning disabilities</li> <li>• are lesbian, gay, bisexual or transgender</li> <li>• are an unaccompanied asylum seeker with looked-after status</li> <li>• are from travelling communities</li> <li>• belong to a faith group.</li> </ul> <p><b>Placements outside the local area</b></p> <p>‘Placements outside the local area’ (or ‘out of authority placements’) is a term used to describe when a child or young person moves to a new home outside the geographical boundaries of the local authority legally responsible for them, and they use the services (for example, education, health, leisure or housing) of the local authority responsible for the area they have moved into.</p>
Equality and diversity considerations	<p><a href="#">NICE public health guidance 28/SCIE guide 40</a> recognises that family and friends who are carers face greater strain because they receive less support from children’s services than foster carers. Quality statement 11 addresses training and support needs of all</p>

	<p>carers of looked-after children and young people.</p> <p><a href="#">NICE public health guidance 28</a>/SCIE guide 40 reports that very young children can become closely attached to foster care families and may experience great distress if moved to a new placement. However, for some children the need to establish stability and permanence may override this consideration.</p>
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#### Draft quality statement 4: Access to personal health information

Draft quality statement	Looked-after children and young people, and young people who are covered by leaving care arrangements, have ongoing access to their complete health history.
Draft quality measure	<p><b>Structure:</b></p> <p>a) Evidence of local arrangements to ensure health information is obtained from birth parents to complete the health record.</p> <p>b) Evidence of local arrangements to ensure early health information is obtained, including obstetric and neonatal health information, for all children and young people entering care.</p> <p>c) Evidence of local arrangements to ensure the personal health record (red book) is issued to initial carers of children and young people and is thereafter moved with the child.</p> <p>d) Evidence of local arrangements to ensure the young person's health history is shared with them when they want access to it, including when they leave care.</p> <p>e) Evidence of local arrangements to ensure that young people have contact details for relevant healthcare professionals when necessary to help them understand their health history (including when the young person moves on to independent living).</p> <p><b>Process:</b></p> <p>a) Proportion of looked-after children and young people whose health record contains information from birth parents.</p> <p>Numerator – the number of people in the denominator whose health record contains information from birth parents.</p> <p>Denominator – the number of looked-after children and young people with a health record.</p> <p>b) Proportion of children and young people entering care for whom early health information is requested and obtained, including obstetric and neonatal health information.</p> <p>Numerator – the number of people in the denominator for whom early health information has been obtained.</p> <p>Denominator – the number of children and young people entering care.</p> <p>c) Proportion of children and young people placed with a new carer whose personal health record (red book) moves with them to their new carer.</p> <p>Numerator – the number of people in the denominator who have a personal health record transferred with them from their previous carer.</p> <p>Denominator – the number of children and young people placed with a new carer.</p> <p>d) Proportion of young people leaving care who have their health</p>

	<p>history shared with them.</p> <p>Numerator – the number of people in the denominator who have had their health history shared with them.</p> <p>Denominator – the number of young people leaving care.</p> <p>e) Proportion of young people leaving care who have been given the name and contact number of relevant healthcare professionals who they can contact when necessary to help them understand their health history.</p> <p>Numerator – the number of people in the denominator who have been given the name and contact number of relevant healthcare professionals who they can contact when necessary to help them understand their health history.</p> <p>Denominator – the number of young people leaving care.</p> <p><b>Outcome:</b></p> <p>a) Proportion of health records which contain complete information from birth parents and personal health history.</p> <p>b) Availability of records.</p> <p>c) Misplaced records (including when the child or young person is placed outside their local area, and when children are admitted to care, discharged and re-admitted).</p> <p>d) Accuracy of records.</p> <p>e) Feedback from looked-after children and young people, including those leaving care, that they know who and where to contact to understand their health history.</p>
Description of what the quality statement means for each audience	<p><b>Looked-after children and young people, young people who are covered by leaving care arrangements and care leavers</b> have ongoing access to their complete health history.</p> <p><b>Local authorities and other commissioning services</b> ensure they commission services which provide looked-after children and young people with ongoing access to their complete health history.</p> <p><b>Organisations providing care</b> ensure systems are in place to ensure that looked-after children and young people have ongoing access to their complete health history.</p> <p><b>Social care and healthcare staff</b> ensure they are aware of local arrangements for looked-after children and young people to have ongoing access to their complete health history.</p>
Source guidance	<a href="#">NICE public health guidance 28</a> /SCIE guide 40 recommendations 21, 22 and 48.
Data source	<p><b>Structure:</b> a), b), c), d) and e) Local data collection.</p> <p><b>Process:</b> a), b), c), d) and e) Local data collection.</p> <p><b>Outcome:</b> a), b), c), d) and e) Local data collection.</p>
Definitions	<b>Carers</b>

	<p>Topic expert group consensus was that carers include foster and residential carers, and supported lodging providers.</p> <p><b>Health history</b></p> <p>'Health history' includes accurate and up-to-date personal health information, extending beyond basic medical history (such as immunisations and childhood illnesses). This should include the birth family's health history (which may take on an additional importance when young adults begin to plan their own families).</p> <p><b>Ongoing access</b></p> <p>Topic expert group consensus was that 'ongoing access' means information is provided as and when the child or young person needs it throughout their time in care and through leaving care arrangements.</p> <p><b>Personal child health record</b></p> <p>The Royal College of Paediatrics and Child Health defines the <a href="#">personal child health record</a> (also known as the 'red book') as a health and development record given to parents/carers at a child's birth. This is the main record of a child's health and development. The parent/carer retains the personal child health record and healthcare professionals should update the record each time the child is seen in a healthcare setting.</p>
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## Draft quality statement 5: Support to understand personal identity and relationships

Draft quality statement	Looked-after children and young people, and young people who are covered by leaving care arrangements, are offered ongoing opportunities to help them explore and make sense of their personal identity and relationships.
Draft quality measure	<p><b>Structure:</b></p> <p>a) Evidence of local arrangements to ensure ongoing activities are available to support each child or young person to explore and understand their personal identity, including their life history.</p> <p>b) Evidence of local arrangements to ensure ongoing contact is coordinated with former carers, siblings or family members valued by looked-after children and young people, and young people who are covered by leaving care arrangements, where this is felt to be in their best interests, and to acknowledge the significance of losing former attachment figures and relationships where this is not possible.</p> <p>c) Evidence of local arrangements to promote ongoing contact with valued friends, professionals or advocates where this enhances and promotes emotional wellbeing and self-esteem.</p> <p>d) Evidence of local arrangements to ensure that there are links to community groups for looked-after children and young people, and young people who are covered by leaving care arrangements, to reduce isolation and provide positive avenues of support.</p> <p><b>Outcome:</b></p> <p>a) Feedback from looked-after children and young people, and young people who are covered by leaving care arrangements that they feel supported to have continued contact with people they value.</p> <p>b) Feedback from looked-after children and young people, and young people who are covered by leaving care arrangements, that they feel supported to understand their personal identity and life history.</p> <p>c) Feedback from looked-after children and young people that they have a supportive peer network.</p>
Description of what the quality statement means for each audience	<p><b>Looked-after children and young people, and young people who are covered by leaving care arrangements</b> are offered ongoing opportunities to help them explore and make sense of their personal identity and relationships.</p> <p><b>Local authorities and other commissioning services</b> ensure they commission services with local agreements for offering looked-after children and young people, and young people who are covered by leaving care arrangements, ongoing opportunities to help them explore and make sense of their personal identity</p>

	<p>and relationships.</p> <p><b>Organisations providing care</b> ensure systems are in place to offer looked-after children and young people, and young people who are covered by leaving care arrangements, ongoing opportunities to help them explore and make sense of their personal identity and relationships.</p> <p><b>Social care, education and healthcare staff</b> ensure they are aware of local arrangements to offer looked-after children and young people, and young people who are covered by leaving care arrangements, ongoing opportunities to help them explore and make sense of their personal identity and relationships.</p>
Source guidance	<a href="#">NICE public health guidance 28</a> /SCIE guide 40 recommendations 15, 24, 25, 34 and 46
Data source	<p><b>Structure:</b> a), b), c) and d) Local data collection.</p> <p><b>Outcome:</b> a), b) and c) Local data collection. Providers may be able to consider data collected for the <a href="#">Children’s Care Monitor</a>.</p>
Definitions	<p><b>Carers</b></p> <p>Topic expert group consensus was that carers include foster and residential carers, and supported lodging providers.</p> <p><b>Life history</b></p> <p>‘Life history’ (or ‘life story’) work is defined as activities that help a child or young person to create a personal or family history by gathering and talking about information (such as photos and letters) about their life now or before they came into care, to help them develop a sense of identity. It can be an organised activity with a person trained to support this type of work, or an informal process reflected in the everyday conversations between carers and looked-after children or young people.</p> <p><b>Ongoing contact</b></p> <p><a href="#">NICE public health guidance 28</a>/SCIE guide 40 recommends that coordination of ‘ongoing contact’ should include arranging appropriate supervision of the child or young person where necessary and supporting foster or residential carers. Good management of sibling placement and contact is important to encourage and nurture healthy relationships, and can also help children and young people manage relationships they may find difficult. Children and young people also have needs and preferences for contact with valued people and participation in the wider community as ways to build their self-esteem and assertiveness.</p> <p><b>Advocate</b></p> <p>An advocate is an independent person who helps another person express their views and wishes. Advocacy for children and young people has been defined as ‘speaking up’ for them. It aims to empower them and make sure that their views are heard and their rights are respected for example, when planning care.</p>

	<p><b>Ongoing opportunities</b></p> <p>Topic expert group consensus was that ‘ongoing opportunities’ are a series of activities (for example, conversations, actions and events) throughout the child and young person’s time in care and through leaving care arrangements which are appropriate to the age of the child or young person. Such activities should provide an incremental development of understanding.</p>
<p>Equality and diversity considerations</p>	<p><a href="#">NICE public health guidance 28</a>/SCIE guide 40 recognises that children and young people from black, minority ethnic and multiple heritage backgrounds, and unaccompanied asylum-seekers, may face racism and isolation which can additionally challenge their ability to develop resilience and self-esteem.</p>

**Draft quality statement 6: Support to meet complex emotional and physical needs**

Draft quality statement	Looked-after children and young people, and young people who are covered by leaving care arrangements, who have complex emotional and physical needs, can access services when needed.
Draft quality measure	<p><b>Structure:</b></p> <p>a) Evidence of local arrangements to ensure comprehensive and sensitive assessments are undertaken to identify the needs of all looked-after children and young people, and young people who are covered by leaving care arrangements, as early as possible.</p> <p>b) Evidence of local arrangements to ensure that all frontline practitioners have access to specialist services including dedicated child and adolescent mental health service teams, and that there are local arrangements for referral.</p> <p>c) Evidence of local arrangements to ensure that unaccompanied asylum-seeking children and young people have access to specialist psychological services (including child and adolescent mental health services), with the necessary capacity, skills and expertise to address their particular and exceptional health and wellbeing needs.</p> <p>d) Evidence of local arrangements to ensure that looked-after children and young people who are in placements outside the local area have access to specialist services including dedicated child and adolescent mental health service teams.</p> <p><b>Process:</b></p> <p>a) Proportion of looked-after children and young people, and young people who are covered by leaving care arrangements, identified as having complex needs, who are referred to specialist services.</p> <p>Numerator – the number of people in the denominator referred to a specialist service.</p> <p>Denominator – the number of looked-after children and young people, and young people who are covered by leaving care arrangements, who are identified as having complex needs.</p> <p>b) Proportion of unaccompanied asylum-seeking children and young people who access specialist psychological services.</p> <p>Numerator – the number of people in the denominator who access specialist psychological services</p> <p>Denominator – the number of unaccompanied asylum-seeking children and young people</p> <p>c) Proportion of looked-after children of all ages who are in placements outside the local area who access specialist services.</p> <p>Numerator – the number of people in the denominator who</p>

	<p>access specialist psychological services.</p> <p>Denominator – the number of looked-after children of all ages who are in placements outside the local area.</p> <p><b>Outcome:</b> Feedback that carers feel supported to meet the complex emotional and physical needs of the children and young people that they look after.</p>
Description of what the quality statement means for each audience	<p><b>Looked-after children and young people, and young people who are covered by leaving care arrangements,</b> have access to services when needed that meet their complex emotional and physical needs.</p> <p><b>Carers of looked-after children and young people</b> have access to services when needed that meet the complex emotional and physical needs of the children and young people that they look after.</p> <p><b>Local authorities and other commissioning services</b> ensure they commission services with local agreements for looked-after children and young people, and young people who are covered by leaving care arrangements, to access services when needed that meet their complex emotional and physical needs.</p> <p><b>Organisations providing care</b> ensure systems are in place for looked-after children and young people, and young people who are covered by leaving care arrangements, to access services when needed that meet their complex emotional and physical needs.</p> <p><b>Social care, education and healthcare staff</b> ensure they are aware of local arrangements for looked-after children and young people, and young people who are covered by leaving care arrangements, to access services when needed that meet their complex emotional and physical needs.</p>
Source guidance	<a href="#">NICE public health guidance 28</a> /SCIE guide 40 recommendations 8, 9, 10, 16 and 17.
Data source	<p><b>Structure:</b> a), b), c) and d) Local data collection.</p> <p><b>Process:</b> a), b) and c) Local data collection.</p> <p><b>Outcome:</b> Local data collection.</p>
Definitions	<p><b>Carers</b></p> <p>Topic expert group consensus was that carers include foster and residential carers, and supported lodging providers.</p> <p><b>Complex needs</b></p> <p><a href="#">NICE public health guidance 28</a>/SCIE guide 40 identifies that complex needs can encompass physical, emotional, behavioural and health needs and may require help from a number of different sources. Babies, children and young people may have complex needs as a result of physical disability or impairment, learning disability or a long-term health condition.</p>

	<p><b>Comprehensive and sensitive assessments</b></p> <p>Topic expert group consensus was that ‘comprehensive and sensitive assessments’ should include assessment of physical, emotional, social, intellectual and psychological needs. The interventions recommended from assessments should be included in the healthcare plan. <a href="#">NICE public health guidance 28/SCIE guide 40</a> recognises the importance of collecting and recording comprehensive, factual and non-judgemental information about looked-after children and young people. Assessments should be delivered in a respectful and supportive manner that is sensitive to the needs of the child or young person.</p> <p><b>Placements outside the local area</b></p> <p>Placements outside the local area (or ‘out of authority placements’) is a term used to describe when a child or young person moves to a new home outside the geographical boundaries of the local authority legally responsible for them and they use the services – for example, for education, health, leisure or housing – of the local authority responsible for the area they have moved into.</p> <p><b>Transitional periods/transitions</b></p> <p>Transitional periods/transitions are defined in <a href="#">NICE public health guidance 28/SCIE guide 40</a> as a phase or period of time when a person experiences significant change, some of which may be challenging. Some changes are experienced only by looked-after children or young people, for example, becoming looked after, changing placement, changing social worker or leaving care. Transitions also include those to promote continued access to education. Some looked-after children and young people experience loss, separation and varying degrees of trauma at these changes.</p>
Equality and diversity considerations	<p><a href="#">NICE public health guidance 28/SCIE guide 40</a> recommends that professionals working with unaccompanied children and young people who are looked after should have a good understanding of cultural differences in attitudes to and beliefs about physical and mental health or wellbeing.</p>

## Draft quality statement 7: Continuity of services

Draft quality statement	Looked-after children and young people, and young people who are covered by leaving care arrangements, who move between services or across local authority areas or health boundaries, experience continuity of services.
Draft quality measure	<p><b>Structure:</b></p> <p>a) Evidence of local arrangements to ensure that looked-after children and young people, and young people who are covered by leaving care arrangements, have a transition plan involving all relevant agencies to support continuity in the provision of services for all types of transition.</p> <p>b) Evidence of local arrangements to ensure that case management and treatment continues for looked-after children and young people, and young people covered by leaving care arrangements, who are moving between mental health services (including child and adolescent mental health services), until a handover with an assessment and completed care plan has been developed with the relevant service.</p> <p>c) Evidence of local arrangements to ensure that looked-after children and young people entering secure accommodation or custody have their physical, developmental and mental health needs assessed by a paediatrician, or suitably qualified professional with input from the dedicated multi-agency mental health service.</p> <p>d) Evidence of local arrangements to ensure that care plans or pathway plans are reviewed when a looked-after child or young person enters or leaves secure accommodation or custody and that the care or pathway plan is communicated to the receiving team, including health partners when the young person leaves the secure setting.</p> <p>e) Evidence of local arrangements to ensure that when a looked-after child or young person of any age is placed within a different authority, the placing authority informs the receiving authority and transfers all relevant records.</p> <p>f) Evidence of local arrangements to discuss and plan transition arrangements with looked-after children and young people, and young people who are covered by leaving care arrangements and their family and carers (unless involvement of family and carers is deemed not to be in the child or young person's best interest).</p> <p><b>Process:</b></p> <p>a) Proportion of looked-after children and young people, and young people covered by leaving care arrangements, who are moving between mental health services, whose case management and treatment continues until a handover is completed with the relevant service.</p> <p>Numerator – the number of people in the denominator who have their case management and treatment continued until handover.</p>

	<p>Denominator – the number of looked-after children and young people, and young people covered by leaving care arrangements, who are moving between mental health services.</p> <p>b) Proportion of looked-after children and young people entering secure accommodation or custody who have their physical, developmental and mental health needs assessed by a paediatrician, or suitably qualified professional.</p> <p>Numerator – the number of people in the denominator who have their physical, developmental and mental health needs assessed by a paediatrician, or suitably qualified professional.</p> <p>Denominator – the number of looked-after children and young people entering secure accommodation or custody</p> <p>d) Proportion of looked-after children or young people entering or leaving secure accommodation or custody who have their care plan or pathway plan reviewed and communicated to the receiving team.</p> <p>Numerator – the number of people in the denominator who have their care plan or pathway plan reviewed and communicated to the receiving team.</p> <p>Denominator – the number of looked-after children or young people entering or leaving secure accommodation or custody.</p> <p>e) Proportion of looked-after children or young people placed within a different authority for whom all relevant records are transferred to the receiving authority.</p> <p>Numerator - the number of people in the denominator for whom all relevant records are transferred to the receiving authority.</p> <p>Denominator – the number of looked-after children or young people placed within a different authority.</p> <p><b>Outcome:</b></p> <p>a) Feedback that looked-after children and young people, and young people who are covered by leaving care arrangements, feel fully involved in transitions.</p> <p>b) Feedback that families and carers of looked-after children and young people, and young people who are covered by leaving care arrangements, feel fully involved in transitions where appropriate.</p>
<p>Description of what the quality statement means for each audience</p>	<p><b>Looked-after children and young people, and young people who are covered by leaving care arrangements</b>, who move between services experience continuity of services and are involved in planning and discussions around transitions.</p> <p><b>Carers and families of looked-after children and young people, and young people who are covered by leaving care arrangements</b> are involved in planning and discussions around transitions.</p> <p><b>Local authorities and other commissioning services</b> ensure they commission services with local agreements for looked-after children and young people, and young people who are covered by leaving care arrangements, who move between services to</p>

	<p>experience continuity of services.</p> <p><b>Organisations providing care</b> ensure systems are in place for looked-after children and young people, and young people who are covered by leaving care arrangements, who move between services to experience continuity of services.</p> <p><b>Social care, education and healthcare staff</b> ensure they are aware of local arrangements for looked-after children and young people, and young people who are covered by leaving care arrangements, who move between services to experience continuity of services.</p>
Source guidance	<a href="#">NICE public health guidance 28</a> /SCIE guide 40 recommendations 11, 13, 14, 49.
Data source	<p><b>Structure:</b> a), b), c), d), e) and f) Local data collection.</p> <p><b>Process:</b> a), b), c), d) and e) Local data collection. Providers may consider using the <a href="#">NMHDU/NCSS self-assessment tool</a> (data systems adapted to produce specific transition reports, including monitoring outcomes for all young people with ongoing needs at the point of transition).</p> <p><b>Outcome:</b> a) and b) Local data collection.</p>
Definitions	<p><b>Carers</b></p> <p>Topic expert group consensus was that ‘carers’ include foster and residential carers, and supported lodging providers.</p> <p><b>Multi-agency</b></p> <p>‘Multi-agency’ is a description for services that involve more than 1 agency (for example, NHS and social work).</p> <p><b>Transitional periods or transitions</b></p> <p>Transitional periods or transitions are defined in <a href="#">NICE public health guidance 28</a>/SCIE guide 40 as a phase or period of time when a person experiences significant change, some of which may be challenging. Some changes are experienced only by looked-after children or young people, for example, becoming looked after, changing placement, changing social worker or leaving care. Transitions also include those to promote continued access to education. Some looked-after children and young people experience loss, separation and varying degrees of trauma at these changes.</p>

## Draft quality statement 8: Encouragement to fulfil potential

Draft quality statement	Looked-after children and young people, and young people who are covered by leaving care arrangements, are encouraged to have high aspirations to recognise and fulfil their potential by those working with and caring for them.
Draft quality measure	<p><b>Structure:</b></p> <p>a) Evidence of local arrangements to ensure that carers are provided with training to support them to develop knowledge and understanding of encouraging achievement.</p> <p>b) Evidence of local arrangements to ensure that looked-after children and young people, and young people who are covered by leaving care arrangements, are provided with support to access and maintain further and higher education.</p> <p>c) Evidence of local arrangements to ensure that young people leaving care are supported to access opportunities for employment, including apprenticeships and employability schemes.</p> <p>d) Evidence of local arrangements to provide support for carers to deal with challenging behaviours, including out-of-hours emergency advice and help in calming and understanding emotions and handling challenging behaviours.</p> <p><b>Outcome:</b></p> <p>a) Feedback that looked-after children and young people, and young people who are covered by leaving care arrangements, feel supported to achieve their potential.</p> <p>b) Educational attainment among looked-after children and young people.</p> <p>c) Education, employment or training status among looked-after children and young people.</p> <p>d) Evidence of an individual portfolio of achievement for looked-after children and young people.</p> <p>e) Convictions, final warnings or reprimands among looked-after children and young people.</p>

<p>Description of what the quality statement means for each audience</p>	<p><b>Looked-after children and young people</b> are cared for by people who have high aspirations for them to recognise and fulfil their potential.</p> <p><b>Carers of looked-after children and young people</b> participate in appropriate training to ensure they have the knowledge and understanding to encourage children and young people that they look after to have high aspirations and to recognise and fulfil their potential.</p> <p><b>Local authorities and other commissioning services</b> ensure they commission services with local arrangements to encourage looked-after children and young people, and young people who are covered by leaving care arrangements, to have high aspirations and to recognise and fulfil their potential.</p> <p><b>Organisations providing care</b> ensure systems are in place to encourage looked-after children and young people, and young people who are covered by leaving care arrangements, to have high aspirations and to recognise and fulfil their potential.</p> <p><b>Social care, education and healthcare staff</b> ensure looked-after children and young people, and young people who are covered by leaving care arrangements, are encouraged to have high aspirations and to recognise and fulfil their potential.</p>
<p>Source guidance</p>	<p><a href="#">NICE public health guidance PH28</a>/SCIE guide 40 recommendations 36, 44, 45 and 47.</p>
<p>Data source</p>	<p><b>Structure:</b> a), b), c) and d) Local data collection.</p> <p><b>Outcome:</b> a) and d) Local data collection.</p> <p>b) Local data collection. The Department for Education <a href="#">statistical first release</a> contained information on children in care reaching level 4 in English at key stage 2, children in care reaching level 4 in maths at key stage 2 and children in care achieving 5 A* - to C-grade GCSEs (or equivalent) at key stage 4 (including English and maths) (formerly national indicators 99, 100 and 101).</p> <p>c) Local data collection. The Department for Education <a href="#">statistical first release</a> contained information on care leavers in education, employment or training (formerly national indicator 148).</p> <p>e) The Department for Education <a href="#">statistical first release</a> contained information on children aged between 10 and 17 years looked after continuously for 12 months, convicted or subject to a final warning or reprimand.</p>

## Draft quality statement 9: Support in leaving care and becoming independent

Draft quality statement	Young people leaving care are offered continued access to and support from services when they need it to ensure that they move to independence at their own pace.
Draft quality measure	<p><b>Structure:</b></p> <p>a) Evidence of local arrangements to ensure pathway planning pays attention to the emotional needs and developmental capacity of young people preparing to move into independent accommodation.</p> <p>b) Evidence of local arrangements to ensure that there is an effective and responsive leaving-care service which provides all young people with opportunities to develop the full range of life skills needed to make the transition to independent living and adulthood.</p> <p>c) Evidence of local arrangements to ensure that looked-after young people receive a comprehensive health assessment when they move to independent living.</p> <p>d) Evidence of local arrangements to ensure that looked-after young people receive information about their entitlements to leaving-care services and how to access them.</p> <p>e) Evidence of local arrangements to ensure that young people are given the option to remain in a stable foster home or residential home beyond the age of 18 and those who experience difficulty moving to independent living can return to the care of the local authority for support, including to the previous placement if available.</p> <p><b>Process:</b></p> <p>a) Proportion of young people leaving care who receive a comprehensive health assessment when they move to independent living.</p> <p>Numerator – the number of people in the denominator who have received a comprehensive health assessment</p> <p>Denominator – the number of young people leaving care to move to independent living.</p> <p><b>Outcome:</b></p> <p>a) Feedback that looked-after children and young people aged 16 or older know their entitlements to leaving-care services and how to access them.</p> <p>b) Proportion of young people that access their leaving care service.</p> <p>c) Looked-after young people’s awareness of pathway plans.</p> <p>d) Accommodation status of young people leaving care.</p> <p>e) Education, employment or training status of young people</p>

	leaving care.
Description of what the quality statement means for each audience	<p><b>Looked-after children and young people</b> are offered continued access to and support from services when they need it to ensure that they move to independence at their own pace.</p> <p><b>Local authorities and other commissioning services</b> ensure they commission services with local agreements for offering young people leaving care continued access to and support from services when they need it to ensure that they move to independence at their own pace.</p> <p><b>Organisations providing care</b> ensure systems are in place to offer young people leaving care continued access to and support from services when they need it to ensure that they move to independence at their own pace.</p> <p><b>Social care, education and healthcare staff</b> ensure they are aware of local arrangements to offer young people leaving care continued access to and support from services when they need it to ensure that they move to independence at their own pace.</p>
Source guidance	<a href="#">NICE public health guidance 28</a> /SCIE guide 40 recommendations 46, 47 and 48.
Data source	<p><b>Structure:</b> a), b), c), d) and e) Local data collection.</p> <p><b>Process:</b> a) Local data collection.</p> <p><b>Outcome:</b> a), b) and c) Local data collection.</p> <p>d) and e) The Department for Education <a href="#">statistical first release</a> contained information on care leavers in suitable accommodation and information on care leavers in education, employment or training (formerly national indicators 147 and 148). See <a href="#">Handbook of definitions: local authority indicators formerly known as national indicators</a>.</p>
Definitions	<p><b>Carers</b></p> <p>Topic expert group consensus was that carers include foster and residential carers, and supported lodging providers.</p> <p><b>Leaving care services</b></p> <p>Leaving care services are services to prepare and support looked-after young people when they are planning to leave care and live independently. They are sometimes called ‘transitional support services’.</p> <p><b>Life skills</b></p> <p><a href="#">NICE public health guidance PH28</a>/SCIE guide 40 highlights a range of life skills to manage everyday living with confidence, including support with personal relationships and money management.</p>

## Draft quality statement 10: Activities to promote health and wellbeing

Draft quality statement	Looked-after children and young people and their carers, and young people who are covered by leaving care arrangements, are engaged in creative, cultural and physical activities to promote overall wellbeing and self-esteem.
Draft quality measure	<p><b>Structure:</b> Evidence of local arrangements to ensure that looked-after children and young people and their carers, and young people who are covered by leaving care arrangements, have access to creative, cultural and physical activities to promote overall wellbeing and self-esteem.</p> <p><b>Process:</b> Proportion of carers of looked-after children and young people who receive a support package containing information about the role and availability of creative, cultural and physical activities for looked-after children and young people and carers.</p> <p>Numerator – the number of people in the denominator who receive a support package containing information about the role and availability of creative, cultural and physical activities for looked-after children and young people and carers.</p> <p>Denominator – the number of carers of looked-after children and young people.</p> <p><b>Outcome:</b> Rates of engagement in activities.</p>
Description of what the quality statement means for each audience	<p><b>Looked-after children and young people, and young people who are covered by leaving care arrangements,</b> are offered opportunities to be engaged in creative, cultural and physical activities to promote overall wellbeing and self-esteem.</p> <p><b>Carers of looked-after children and young people</b> are offered opportunities to be engaged with looked-after children and young people in creative, cultural and physical activities to promote overall wellbeing and self-esteem.</p> <p><b>Local authorities and other commissioning services</b> ensure they commission services with local agreements to engage looked-after children and young people and their carers, and young people who are covered by leaving care arrangements, in creative, cultural and physical activities to promote overall wellbeing and self-esteem.</p> <p><b>Organisations providing care</b> ensure systems are in place to engage looked-after children and young people of all ages and their carers, and young people who are covered by leaving care arrangements, in creative, cultural and physical activities to promote overall wellbeing and self-esteem.</p> <p><b>Social care, education and healthcare staff</b> are aware of local arrangements to engage looked-after children and young people and their carers, and young people who are covered by leaving care arrangements, in creative, cultural and physical activities to promote overall wellbeing and self-esteem.</p>
Source	<a href="#">NICE public health guidance 28/SCIE guide 40 recommendations</a>

guidance	24 and 37.
Data source	<p><b>Structure:</b> Local data collection.</p> <p><b>Process:</b> Local data collection.</p> <p><b>Outcome:</b> Local data collection.</p>
Definitions	<p><b>Carers</b></p> <p>Topic expert group consensus was that carers include foster and residential carers, and supported lodging providers.</p> <p><b>Support packages for carers</b></p> <p>The components of a support package for carers are set out in recommendation 37 of the <a href="#">NICE public health guidance 28/SCIE guide 40</a>.</p> <p><b>Creative, cultural and physical activities</b></p> <p>Topic expert group consensus was that creative, cultural and physical activities should include creative arts, physical activities and other hobbies and interests, including volunteering opportunities for the child or young person.</p>

## Draft quality statement 11: Training and support for carers

Draft quality statement	Carers receive ongoing high-quality training, support and supervision to enable them to promote the health and wellbeing of children and young people in their care.
Draft quality measure	<p><b>Structure:</b></p> <p>a) Evidence of local arrangements to ensure that carers of looked-after children and young people receive ongoing high-quality core training and supervision to enable them to promote the health and wellbeing of children and young people in their care.</p> <p>b) Evidence of local arrangements to ensure that carers of looked-after children and young people, receive specialist training to support them to meet the particular needs of the child or young person.</p> <p>c) Evidence of local arrangements to ensure that carers receive high-quality ongoing support packages which include health promotion advice, emotional support and parenting guidance.</p> <p><b>Process:</b></p> <p>a) Proportion of carers of looked-after children and young people who have received ongoing training, support and supervision.</p> <p>Numerator – the number of people in the denominator who have received ongoing training, support and supervision.</p> <p>Denominator – the number of carers of looked-after children and young people who have received core training.</p> <p>b) Proportion of carers of looked-after children and young people who have received specialist training to support them to meet the particular needs of the child or young person.</p> <p>Numerator - the number of people in the denominator who receive specialist training.</p> <p>Denominator – the number of carers of looked-after children and young people who require specialist training.</p> <p><b>Outcome:</b> Feedback that carers of looked-after children and young people feel confident in their skills and ability to meet the needs of the children and young people they look after.</p>
Description of what the quality statement means for each audience	<p><b>Looked-after children and young people</b> are cared for by people who receive ongoing high-quality training, support and supervision to enable them to promote the health and wellbeing of children and young people in their care.</p> <p><b>Carers of looked-after children and young people</b> receive ongoing high-quality training, support and supervision to enable them to promote the health and wellbeing of children and young people in their care.</p> <p><b>Local authorities and other commissioning services</b> ensure they commission services with local agreements for providing carers of looked-after children and young people with ongoing high-quality training, support and supervision to enable them to</p>

	<p>promote the health and wellbeing of children and young people in their care, and set in place appropriate monitoring of uptake.</p> <p><b>Organisations providing care</b> ensure systems are in place to provide carers of looked-after children and young people with ongoing high-quality training, support and supervision to enable them to promote the health and wellbeing of children and young people in their care.</p> <p><b>Social care and healthcare staff</b> ensure they are aware of local arrangements to provide carers of looked-after children and young people with ongoing high-quality training, support and supervision to enable them to promote the health and wellbeing of children and young people in their care.</p>
Source guidance	<a href="#">NICE public health guidance 28</a> /SCIE guide 40 recommendations 18, 33, 36 and 37.
Data source	<p><b>Structure:</b> a), b) and c) Local data collection.</p> <p><b>Process:</b> a) and b) Local data collection.</p> <p><b>Outcome:</b> Local data collection.</p>
Definitions	<p><b>Carers</b></p> <p>Topic expert group consensus was that carers include foster and residential carers, and supported lodging providers.</p> <p><b>Frontline staff</b></p> <p>Topic expert group consensus was that ‘frontline staff’ are those staff working directly with or caring for looked-after children and young people. This includes (but is not limited to) carers, social workers, designated teachers, designated healthcare workers and special educational needs coordinators (SENCOs).</p> <p><b>High-quality core training</b></p> <p>The components of ‘high-quality core training’ are outlined in the <a href="#">NICE public health guidance 28</a>/SCIE guide 40, recommendation 36 and recommendation 50. This recommends that high-quality core training should be delivered by trainers with specialist knowledge and expertise and adapted to local needs.</p> <p><b>Ongoing training</b></p> <p>Topic expert group consensus was that ‘ongoing training’ should include a range of learning and development opportunities, supervision and teaching which are accessed throughout the carer’s time caring for looked after children and young people. Training should include induction, core training and specialist training and should provide an incremental development of understanding and accreditation of appropriate skills and knowledge. Carers should have at least annual reviews of personal development plans to assess learning and ensure needs are met.</p> <p><b>Specialist training</b></p> <p><a href="#">NICE public health guidance 28</a>/SCIE guide 40 recommends that</p>

	<p>specialist training should be provided for carers to meet the particular needs of children and young people in their care, including babies and unaccompanied asylum-seeking children.</p> <p><b>Support packages for carers</b></p> <p>The components of a support package for carers are set out in recommendation 37 of the <a href="#">NICE public health guidance 28/SCIE guide 40</a>.</p>
<p>Equality and diversity considerations</p>	<p>In addition to the recommendations listed above, recommendation 34 of the <a href="#">NICE public health guidance 28/SCIE guide 40</a> considers the particular needs of black and minority ethnic children and young people.</p>

## Draft quality statement 12: Engaging and involving carers

Draft quality statement	Carers of looked-after children and young people, and of young people who are covered by leaving care arrangements, are fully involved in decisions about the care of the child or young person.
Draft quality measure	<p><b>Structure:</b></p> <p>a) Evidence of local arrangements to ensure that the views and observations of carers are included in assessments of the needs of looked-after children and young people in their care, and young people who are covered by leaving care arrangements, including any reasons why their individual wishes cannot be followed.</p> <p>b) Evidence of local arrangements to ensure that carers are included in the team working around the child or young person.</p> <p>c) Evidence of local arrangements to ensure that carers are involved in discussions regarding support for young people that they look after who leave their care to move to independent living.</p> <p><b>Process:</b> The proportion of assessments of the needs of looked-after children and young people, and young people who are covered by leaving care arrangements, which include views and observations of carers.</p> <p>Numerator – the number of people in the denominator whose assessment includes views and observations of their carer.</p> <p>Denominator – the number of looked-after children and young people, and young people who are covered by leaving care arrangements, who have an assessment of need.</p> <p><b>Outcome:</b> Feedback that carers of looked-after children and young people, including young people who are covered by leaving care arrangements feel fully involved in decisions about the care of the child or young person.</p>
Description of what the quality statement means for each audience	<p><b>Looked-after children and young people, and young people who are covered by leaving care arrangements</b> receive care which has been informed by full involvement of their carers.</p> <p><b>Carers of looked-after children and young people, and young people who are covered by leaving care arrangements</b> are fully involved in decisions about the care of the child or young person.</p> <p><b>Local authorities and other commissioning services</b> ensure they assess how the services they commission involve carers of looked-after children and young people, and young people who are covered by leaving care arrangements, in decisions about their care.</p> <p><b>Organisations providing care</b> ensure systems are in place to fully involve carers of looked-after children and young people, and young people who are covered by leaving care arrangements, in decisions about their care.</p> <p><b>Social care, education and healthcare staff</b> ensure they are</p>

	aware of local arrangements to fully involve carers of looked-after children and young people, and young people who are covered by leaving care arrangements, in decisions about their care.
Source guidance	<a href="#">NICE public health guidance 28</a> /SCIE guide 40 recommendations 2, 16 and 37.
Data source	<b>Structure:</b> a), b) and c) Local data collection. <b>Process:</b> Local data collection. <b>Outcome:</b> Local data collection.
Definitions	<p><b>Carers</b></p> <p>Topic expert group consensus was that carers include foster and residential carers, and supported lodging providers.</p> <p><b>Team working around the child or young person</b></p> <p>The ‘team working around the child or young person’ is a collaborative team of key professionals and frontline practitioners to support a child or young person. Topic expert group consensus was that carers should be included as part of the team.</p> <p><b>Assessments</b></p> <p>Topic expert group consensus was that ‘assessments’ can include a range of assessments and incorporate a range of tools. This could form part of the young person's Child in Care review process, and examples include a Personal Health Plan, Personal Education Plan, Care Plan (or Pathway Plan for care leavers), Common Assessment Framework, Annual Health Assessment, Placement Plan, Essential Information Record, or Transition Plan.</p> <p><b>Fully involved</b></p> <p>Topic expert group consensus was that ‘fully involved’ means that carers are made aware of the issues and options available with regards to the care of children and young people that they look after and encouraged to have their view heard and understood. This will be assessed differently according to the age and level of understanding of the child. As far as possible, the child, carers and professionals will aim to reach a point where they agree that the carer has been fully or actively involved. The topic expert group agreed that the carer should be fully involved in decisions unless this is deemed not to be in the looked-after child or young person’s best interest.</p>

### **3 Status of this quality standard**

This is the draft quality standard released for consultation from 16 August to 16 October 2012. This document is not NICE's final quality standard on the health and wellbeing of looked-after children and young people. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft quality standard must be submitted by 5 pm on 16 October 2012. All eligible comments received during consultation will be reviewed by the Topic Expert Group and the quality statements and measures will be refined in line with the Topic Expert Group considerations. The final quality standard will then be available on the [NICE website](#) from April 2013.

### **4 Using the quality standard**

It is important that the quality standard is considered alongside current policy and guidance documents listed in the development sources section (see appendix 1).

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care for looked-after children and young people. They are not a new set of targets or mandatory indicators for performance management.

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

We have shown where national indicators currently exist and measure the quality statement. National indicators may include those developed by the

Information Centre for Health and Social Care through their [Indicators for Quality Improvement Programme](#). For statements for which national quality indicators do not exist, the quality measures should form the basis for audit criteria developed and used locally to improve the quality of care.

For further information, including guidance on using quality measures, please see [What makes up a NICE quality standard](#).

## **5 Diversity, equality and language**

During the development of this quality standard, equality issues have been considered and equality assessments will be published on the NICE website with the final version of the quality standard.

Good communication between social care and healthcare services and looked-after children and young people is essential. Care and support, and the information given about it, should be 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. Looked-after children and young people 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 avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

## **6 How this quality standard was developed**

Quality standards are derived from the best available evidence, such as NICE guidance or other NICE accredited sources. The guidance used to underpin this quality standard is listed in appendix 1, along with relevant policy context, definitions and data sources. Further explanation of the methodology used can be found in [Social care quality standards: interim process guide for pilot topics](#).

## Appendix 1: Development sources

### ***Evidence sources***

The documents below contain recommendations that were used by the TEG to develop the quality standard.

NICE and SCIE (2010) [Promoting the quality of life of looked-after children and young people](#). NICE public health guidance 28/SCIE guide 40

### ***Policy context***

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

Department of Health (2012) [Healthy lives, healthy people: improving outcomes and supporting transparency](#)

Department for Education (2011) [Family and friends care: statutory guidance for local authorities DFE 2011](#)

Department for Education (2011) [Boarding schools – national minimum standards](#)

Department for Education (2011) [Children’s homes: national minimum standards](#)

Department for Education (2011) [Fostering services: national minimum standards](#)

Department for Education (2011) [Revised legal framework for looked after children from April 2011](#)

Department of Health (2011) [NHS Outcomes Framework 2012–13](#)

House of Commons Education Committee (2011) [Looked-after children: further government response to the third report from the Children, Schools and Families Committee, session 2008-09: fifth special report of session 2010-2011](#)

Department for Children, Schools and Families (2010) [Guidance on looked after children with special educational needs placed out-of-authority](#)

Department for Children, Schools and Families (2010) [IRO handbook: statutory guidance for independent reviewing officers and local authorities on their functions in relation to case management and review for looked after children](#)

Department for Children, Schools and Families (2010) [Promoting the educational achievement of looked after children: statutory guidance for local authorities](#)

Department for Children, Schools and Families (2010) [Provision of accommodation for 16 and 17 year old young people who may be homeless and/or require accommodation](#)

Department for Children, Schools and Families (2010) [Sufficiency: statutory guidance on securing sufficient accommodation for looked after children](#)

Department for Children, Schools and Families (2010) [Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children](#)

Department for Education (2010) [Maltreated children in the looked after system: a comparison of outcomes for those who go home and those who do not](#)

Department for Education (2010) [The streamlined legal framework for looked after children: implementation of care planning and placements regulations and guidance \(see 'Implementation of the new looked after children framework'\)](#)

Department for Children, Schools and Families and Department of Health (2009) [Statutory guidance on promoting the health and well-being of looked after children](#)

Department for Children, Schools and Families (2009) [The role and responsibilities of the designated teacher for looked after children: statutory guidance for school governing bodies](#)

Department of Health (2009) [Promoting the health and wellbeing of looked after children – revised statutory guidance](#)

Department of Health (2009) [Transforming community services: enabling new patterns of provision](#)

Department for Children, Schools and Families (2008) [Care matters: time to deliver for children in care](#)

Department for Children, Schools and Families (2008) [Every child matters outcomes framework](#)

Department of Health (2008) [Children and young people in mind: the final report of the national CAMHS review](#)

Department for Education and Skills (2007) [Time for change: young people's guide to the Care Matters White Paper](#)

Department of Health (2007) [Promoting mental health for children held in secure settings: a framework for commissioning services](#)

UK Government (2007) [The consolidated 3rd and 4th periodic report to the UN committee on the rights of the child](#)

HM Government (2000) [Care Standards Act 2000](#)

HM Government (1989) [Children Act 1989](#)

### ***National reports and reviews***

The Children's Society (2012) [The good childhood report 2012: a review of our children's well-being](#)

Department for Education (2011) [The Munro review of child protection: final report - a child-centred system](#)

Department for Education (2011) [Outcomes for children looked after by local authorities in England, as at 31 March 2010](#)

Department for Education (2011) [Prospectus: delivering intensive interventions for looked after children and those on the edge of care or custody and their families](#)

Department for Education (2011) [Safeguarding children across services: messages from research on identifying and responding to child maltreatment](#)

Local Government Improvement and Development (2011) [10 questions to ask if you're scrutinising services for looked after children](#)

Ofsted (2011) [100 days of care: diary entries of children and young people in care, in residential education or receiving social care. Reported by the Children's Rights Director for England](#)

Ofsted (2011) [Children on the edge of care: a report of children's views by the Children's Rights Director for England](#)

Ofsted (2012) [Children's care monitor 2011: children on the state of social care in England](#)

Ofsted (2011) [Outstanding children's homes](#)

Audit Commission (2010) [Education of looked after children toolkit](#)

Centre for Excellence and Outcomes in Children and Young People's Services (2010) [Closing the gap in educational achievement and improving emotional resilience for children and young people with additional needs](#)

Centre for Excellence and Outcomes in Children and Young People's Services (2009-10) [Vulnerable \(looked after\) children](#)

Children's Workforce Development Council (2010) [Professional practice standards for residential child care](#)

Children's Workforce Development Council (2010) [The relationships and supports that matter to children looked after \(CLA\) in long term voluntary accommodation \(Children Act 1989, s. 20\)](#)

Commissioning Support Programme (2010) [Outcomes and efficiency: commissioning for looked after children](#)

National Audit Office (2010) [Survey of youth offending teams.](#)

Ofsted (2010) [An evaluation of the provision of mental health services for looked after young people over the age of 16 accommodated in residential settings](#)

Ofsted (2010) [Before care: a report of children's views on entering care](#)

Ofsted (2010) [Conducting safeguarding and looked after children inspections](#)

Ofsted (2010) [Inspections of safeguarding and looked after children services: evaluation schedule and grade descriptors](#)

Ofsted (2010) [Inspections of safeguarding and looked after children services: framework for inspection and guidance for local authorities and partners](#)

Ofsted (2010) [Safeguarding and looked after children: national results for children's social work practitioners survey 2010](#)

Ofsted (2010) [Safeguarding and looked after children: national third sector organisation survey 2010](#)

Royal College of Paediatrics and Child Health (2010) [Safeguarding children and young people: roles and competences for health care staff](#)

Department for Children, Schools and Families (2009) [Characteristics, outcomes and meanings of three types of permanent placement - adoption by strangers, adoption by carers and long-term foster care](#)

Department for Children, Schools and Families (2009) [Disproportionality in child welfare - the prevalence of black and minority ethnic children within the](#)

['looked after' and 'children in need' populations and on child protection registers in England](#)

Department for Children, Schools and Families (2009) [Improving the educational attainment of children in care \(looked after children\)](#)

National Foundation for Educational Research (2009). [Provision of mental health services for care leavers: transition to adult services](#)

Social Care Institute for Excellence (2009) [It's my story: helping care-experienced young people give effective media interviews. SCIE guide 26](#)

Department for Children, Schools and Families (2008) [Reunification of looked-after children with their parents: patterns, interventions and outcomes](#)

Ofsted (2008) [Looked after children: good practice in schools](#)

Social Care Institute for Excellence (2008) [Working with challenging and disruptive situations in residential child care: sharing effective practice. SCIE knowledge review 22](#)

Social Care Institute for Excellence (2008) [Learning together to safeguard children: developing a multi-agency systems approach for case reviews. SCIE report 19](#)

Social Care Institute for Excellence (2008) [Experiences of children and young people caring for a parent with a mental health problem. SCIE research briefing 24](#)

Department for Children, Schools and Families (2007) [Determining the optimum supply of children's residential care](#)

National Children's Bureau (2007) [Grief matters for children: support for children and young people in public care experiencing bereavement](#)

National Children's Bureau (2007) [Healthy care programme handbook](#)

National Treatment Agency for Substance Misuse (2007) [The role of CAMHS and addiction psychiatry in adolescent substance misuse services](#)

Ofsted (2007) [The right people for me: helping children do well in long-term foster care](#)

Transforming Conflict and National Centre of Excellence in Residential Child Care (2007) [Restorative approaches in residential child care](#)

National Children's Bureau (2006) [Working with parents whose children are looked after](#)

Thomas Coram Research Unit (2006) [Advocacy for looked after children and children in need: achievements and challenges](#)

Joseph Rowntree Foundation (2005) [Mentoring for young people leaving care](#)

Joseph Rowntree Foundation (2005) [Resilience and young people leaving care](#)

Joseph Rowntree Foundation (2005) [The experiences of young care leavers from different ethnic groups](#)

National Audit Office (2005) [Improving school attendance in England](#)

Social Care Institute for Excellence (2004) [Permanence planning: notes for practitioners](#)

Social Care Institute for Excellence (2004) [Fostering success: an exploration of the research literature in foster care](#). SCIE knowledge review 5

Social Care Institute for Excellence (2004) [Preventing teenage pregnancy in looked after children](#). SCIE research briefing 9

Social Care Institute for Excellence (2003) [Innovative, tried and tested: a review of good practice in fostering](#). SCIE knowledge review 4

Social Care Institute for Excellence (2003) [The adoption of looked after children](#). SCIE knowledge review 2

Social Care Institute for Excellence (2003) [Effectiveness of childminding registration and its implications for private fostering](#). SCIE position paper 1

Social Care Institute for Excellence (2003) [Working with families with alcohol, drug and mental health problems](#). SCIE report 2

### ***Definitions, and data sources for the quality measures***

References included in the definitions and data sources sections:

Ofsted (2012) [Children's care monitor 2011: children on the state of social care in England](#)

Department for Education (2011) [Handbook of definitions: local authority indicators formerly known as national indicators](#)

Department for Education (2011) [Statistical first release](#)

National Mental Health Development Unit and National CAMHS Support service (2011) [NMHDU/NCSS self-assessment tool](#)

NICE and SCIE (2010) [Promoting the quality of life of looked-after children and young people](#). NICE public health guidance 28/SCIE guide 40

Royal College of Paediatrics and Child Health (2009) [Personal child health record](#)