Looked-after children and young people

Quality standard
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Introduction and overview

Introduction

At the end of March 2012, there were 67,050 looked-after children and young people in England. Almost 75% of these were in a foster placement and approximately 12% were cared for in residential accommodation (including secure units, children's homes, hostels, residential schools and other residential 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, looked-after children are more likely to have experienced deprivation and poverty as a result of low family income or parental unemployment. About 60% of children and young people who are looked after in England are reported to have emotional and mental health problems and a high proportion experience poor health, educational and social outcomes after leaving care. The main reason for children and young people entering care in the year up to April 2012 was abuse or neglect (reported in 62% of cases).

Looked-after children and young people should expect to have the same opportunities as other children and young people, including being healthy and safe. They should be provided with the opportunities needed to help them move successfully to adulthood.

The needs of looked-after children and young people vary, but are often complex, and can be met only by a range of services operating collaboratively across different settings.

The Children Act 1989, the Care Standards Act 2000 and accompanying regulations and statutory guidance provide the legal framework within which local authorities, providers of fostering services and children's homes must work. Relevant documents that practitioners and managers need to consider alongside the quality standard are set out in development sources. For each NICE quality
statement the section 'Context for this quality statement' signposts practitioners to regulations, statutory guidance and national minimum standards for looked-after children and young people that are of particular relevance to the NICE quality statement and its associated measures.

This quality standard covers the health and wellbeing of looked-after children and young people from birth to 18 years and care leavers (including 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 care leavers, including where they live. For more information see the scope. The term 'looked-after children and young people' is used throughout the quality standard to refer to this population. The aspiration is that the quality statements will apply to all looked-after children and young people, and care leavers in all settings where applicable.

There are a range of people who may be carers of looked-after children and young people. This includes foster carers (including family and friends carers), residential carers and supported lodging providers.

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

The quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following frameworks:

- The NHS Outcomes Framework 2013–14

The table below shows the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving:

<table>
<thead>
<tr>
<th>NHSOutcomesframework2013–14</th>
<th>Improvementarea</th>
</tr>
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<tbody>
<tr>
<td>Domain 4: Ensuring that people have a positive experience of care</td>
<td>Improving children and young people's experience of healthcare (4.8 indicator in development).</td>
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<th>Publichealthoutcomesframework2013–16</th>
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The independent Children and Young People’s Forum was established to inform the development of a Children and Young People’s Health Outcomes Strategy published in January 2012. Following the report of the forum, work is in progress against a number of proposals for developing the strategy for improving and measuring health outcomes for children and young people. This includes recommendations for new national outcome measures and the strengthening of existing indicators for children and young people; it will consider information to be made available for looked-after children where appropriate (alongside the general population).

**Overview**

The Health and Social Care Act (2012) sets out a new responsibility for NICE to develop quality standards and other guidance for social care in England. The Act outlines a vision for establishing quality as the defining factor for health and social care, through the use of quality standards. The use of quality standards for health and social care can allow people to hold their local commissioners to account, can help guide the commissioning of efficient and effective services and can assist service providers and users to assess the quality of the services they are involved in.

Quality standards support the role of HealthWatch as a consumer champion. Social care providers will need to work with the NHS to ensure that they provide a comprehensive service for all.
From April 2013, NICE will develop a library of quality standards and guidance to improve the quality of social care, as part of an integrated approach with healthcare quality standards.

A child- and young person-centred and integrated approach to providing care and services is fundamental to delivering high-quality care to looked-after children and young people.

The quality standard should be read in the context of national and local guidelines on training and competencies. All professionals involved in caring for and supporting looked-after children and young people should be sufficiently and appropriately trained and competent to deliver the actions and interventions described in the quality standard.

It is envisaged that quality statements will apply to all looked-after children and young people in all settings wherever possible, including care leavers. Services should consider this when implementing quality statements.
List of quality statements

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

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

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

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

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

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

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

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

Other quality standards that should also be considered when commissioning and providing a high-quality service are listed in related NICE quality standards.
Quality statement 1: Warm, nurturing care

**Quality statement**

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

**Rationale**

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

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

**Quality measure**

**Structure:**

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

b) Evidence of local arrangements to ensure that all carers of babies and young children receive specialist training and support that helps them to develop positive attachments with children in their care.

**Outcome:**

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

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

c) Carer satisfaction with provision of training and support.
What the quality statement means for each audience

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

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

Local authorities and other commissioning services ensure they commission services that provide carers of looked-after children and young people with ongoing high-quality core and specialist training and support to help them provide warm, nurturing care.

Organisations providing care ensure systems are in place to provide all carers of looked-after children and young people with ongoing high-quality core and specialist training and support to help them provide warm, nurturing care.

Source guidance

NICE public health guidance 28/SCIE guide 40 recommendations 17, 18, 36 and 37.

Data source

Structure: a) and b) Local data collection.


b) and c) Local data collection.

Data will also be collected against Public health outcomes framework for England, 2013–2016 indicator 2.8: emotional wellbeing of looked-after children (currently a placeholder indicator and subject to further development).

Definitions

Carers

Carers include foster carers (including family and friends carers), residential carers and supported lodging providers.
High-quality core training

NICE public health guidance 28/SCIE guide 40 recommendation 36 recommends that high-quality, core training should be provided from trainers with specialist knowledge and expertise, adapted to local needs, and to ensure that it:

- includes psychological theories of infant, child and adolescent development
- develops understanding of how to develop secure attachment (according to attachment theory) for babies and young children
- develops understanding of how transitions and stability affect a child or young person, and how best to manage change and plan age-appropriate transitions, including preparation to leave care
- develops knowledge and awareness of how to safely meet the child or young person's needs for physical affection and intimacy within the context of the care relationship
- develops knowledge and understanding of the education system, educational stability and encouraging achievement
- develops knowledge and awareness of how to promote, improve or maintain good health and healthy relationships
- promotes joint working practices with people from all agencies involved in the care of looked-after children and young people
- develops understanding and awareness of the role of extra-curricular activities for looked-after children and young people
- provides a good understanding of how the absence of appropriate physical and emotional affection, or different forms of emotional and physical abuse, affect a child or young person's psychological development and behaviour.

Sense of permanence

A sense of permanence relates to emotional permanence. Emotional permanence (attachment) is one of the aspects of the framework of permanence described in the Children Act 1989 guidance and regulations volume 2: care planning, placement and case review. The objective of planning for permanence is described as ensuring that children have a secure, stable and loving family to support them through childhood and beyond.
Specialist training and support

**NICE public health guidance 28/SCIE guide 40 recommendation 17** recommends that specialist services for babies and young children provide support such as consultation and training to carers and can work directly with the child and carer on interventions that focus on supporting secure attachments.

**NICE public health guidance 28/SCIE guide 40 recommendation 18** recommends that specialist training should be additional to the core training described above and include information on the:

- development of attachment in infancy and early childhood
- impact of broken attachments
- early identification of attachment difficulties
- particular needs of babies and young children who have experienced prenatal substance exposure or who have inherited or acquired learning or developmental problems.

Support packages

**NICE public health guidance 28/SCIE guide 40 recommendation 37** recommends that ongoing support packages should include:

- helping social workers to have reflective conversations with foster carers that include emotional support and parenting guidance
- ensuring foster carers are included in the 'team around the child' that is receiving advice to support collaborative, multi-agency working on complex casework
- ensuring that childcare arrangements are in place to enable foster carers to attend training
- ensuring that foster carers receive additional supervision, support and monitoring until foster care training is completed
- ensuring children of foster carers are included when support is offered to foster care families
- enabling foster carers to recognise and manage stress within their family (in its broadest sense, for example, everyday pressures on family life) to avoid placement breakdown
- providing out-of-hours emergency advice and help in calming and understanding emotions and handling challenging behaviours to support stability
giving ongoing health promotion advice and help such as how to provide a healthy diet

providing information about the role and availability of creative and leisure activities for looked-after children and young people.

**Equality and diversity considerations**

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

**NICE public health guidance 28/SCIE guide 40 recommendation 33** recommends that providers of health services should provide support and training to carers to ensure they have a good understanding of the particular issues affecting unaccompanied asylum-seeking children and young people who are looked after.

**NICE public health guidance 28/SCIE guide 40 recommendation 38** recommends that social workers and managers provide support for cross-cultural placements.

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

**Context for this quality statement**

This section signposts practitioners to regulations, statutory guidance and national minimum standards for looked-after children and young people that are of particular relevance to the NICE quality statement and its associated measures. As the legislative framework in relation to looked-after children and care leavers is complex and cross-cutting, this should not be viewed as an exhaustive list.

- Department for Education (2011) *Children’s homes: national minimum standards:*
  - Standards: 2, 3, 4, 6, 11, 12, 13, 18, 19 and 23.

- Department for Education (2011) *Fostering services: national minimum standards:*
  - Standards: 2, 3, 4, 6, 11, 12, 13, 20, 21 and 30.


- Department for Children, Schools and Families and Department of Health (2009) *Statutory guidance on promoting the health and well-being of looked after children.*
Quality statement 2: Collaborative working between services and professionals

Quality statement

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

Rationale

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

Quality measure

Structure:

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

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

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

d) Evidence of local arrangements to ensure the team working with the child or young person has access to a consultancy service to support collaboration on complex casework.

Outcome:

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

b) Feedback from looked-after children and young people that they feel information about them is shared appropriately between people working with them, and caring for them.
c) Feedback from carers that they feel involved as part of the team working with the child or young person.

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

**What the quality statement means for each audience**

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

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

**Local authorities and other commissioning services** ensure they commission services that work collaboratively to meet the needs of the child, sharing information effectively and appropriately.

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

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

**Source guidance**

NICE public health guidance 28/SCIE guide 40 recommendations 6, 7 and 21.

**Data source**

**Structure:** a), b), c) and d) Local data collection.

**Outcome:** a) and b) Local data collection. The Children's Rights Director for England collects and reports information from looked-after children and young people in England about their experience of care in the Children's care monitor.

c) and d) Local data collection.
Definitions

Carers

Carers include foster carers (including family and friends carers), residential carers and supported lodging providers.

Consultancy service

NICE public health guidance 28/SCIE guide 40 recommendation 6 recommends 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. The approach taken by such a service should be based on the concept of reflective practice and how to manage:

- conflicting views in the team about the best interests and needs of a looked-after child or young person
- risks to or disruptions of long-term placements
- patterns of repeated placement breakdown or exclusion from education
- uncertainty or delays in care planning
- communication with colleagues, decision making, information sharing and lead responsibilities, ensuring that the needs of the child continue to be prioritised.

Information sharing protocols

NICE public health guidance 28/SCIE guide 40 recommendation 21 recommends that protocols should address legal and confidentiality issues, to assist information flows between health and social care.

Team working with the child or young person

The team working with the child or young person is a collaborative team of key professionals and frontline staff (staff working directly with or caring for looked-after children and young people, including but not limited to, carers, social workers, designated healthcare professionals and special educational needs coordinators) working to support a child or young person.
**Context for this quality statement**

This section signposts practitioners to regulations, statutory guidance and national minimum standards for looked-after children and young people that are of particular relevance to the NICE quality statement and its associated measures. As the legislative framework in relation to looked-after children and care leavers is complex and cross-cutting, this should not be viewed as an exhaustive list.


- **Department for Education (2011) Fostering services: national minimum standards**: Standards: 4, 8, 12, 30, 26 and 31.


- **Department for Education (2011) Family and friends care: statutory guidance for local authorities**.


- **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) Sufficiency: statutory guidance on**
- securing sufficient accommodation for looked after children.
- Department for Children, Schools and Families and Department of Health (2009) Statutory guidance on promoting the health and well-being of looked after children.
Quality statement 3: Stability and quality of placements

Quality statement

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

Rationale

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

Quality measure

Structure:

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

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

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

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

Outcome:

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

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

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

e) Proportion of all placements that are emergency placements.

**What the quality statement means for each audience**

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

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

**Local authorities and other commissioning services** ensure they commission services that provide a diverse range of quality placements and that ensure placement decisions take account of children and young people's needs and preferences.

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

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

**Source guidance**

*NICE public health guidance 28/SCIE guide 40 recommendations 12, 13, 30 and 40.*

**Data source**

**Structure:** a), b), c) and d) Local data collection.

**Outcome:** a) and c) Local data collection and Children's Commissioner for England *State of the Nation: children in care and care leavers survey.*

b) Local data collection.

d) Contained within the *Children looked after return (SSDA903)* and reported in the Department for Education *Statistical first release: outcomes for children looked after by local authorities in*

e) Local data collection.

**Definitions**

**Care plan**

The preparation of the care plan and its content should be in accordance with The Children Act 1989 guidance and regulations volume 2: care planning, placement and case review.

The health and education dimensions of the care plan are populated by the health plan and the personal education plan.

**Involvement in choices and discussions**

NICE public health guidance PH28/SCIE guide 40 recommendation 13 recommends that when planning placement changes, the child or young person's wishes need to be fully taken into account, along with consideration of their best interests. Any reasons why wishes cannot be followed should be explained to the child or young person and these reasons recorded. Children and young people should be made fully aware of their right to access advocacy services when a review decision is likely to overrule their wishes and feelings. The child or young person should also have enough notice of any planned change to arrange for an advocate to support them in their review meeting. An advocate is an independent person who helps make sure that the child or young person's views are heard and their rights are respected.

**Range of placements**

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

Stability is one of the aspects of the framework of permanence described in The Children Act 1989 guidance and regulations volume 2: care planning, placement and case review.

Equality and diversity considerations

Services need to be aware of different communication needs among looked-after children and young people and should consider a variety of means of involvement and communication. Consider creative techniques to gather and understand views. Specific groups identified through consultation as having potential additional needs include:

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

Unaccompanied asylum-seeking children and young people, and black and minority ethnic looked-after children and young people should have access to interpreters if their knowledge of English is limited, so they can explain their situation and make their needs known. This applies to all children and young people who do not have English as a first language, and to those with specific communication needs.

Context for this quality statement

This section signposts practitioners to regulations, statutory guidance and national minimum standards for looked-after children and young people that are of particular relevance to the NICE quality statement and its associated measures. As the legislative framework in relation to looked-after children and care leavers is complex and cross-cutting, this should not be viewed as an exhaustive list.

- Department for Education (2011) Children’s homes: national minimum standards:
  - Standards 1, 2, 3, 4, 6, 11, 21, 23 and 25.
- Department for Education (2011) Fostering services: national minimum standards:
- Standards 1, 3, 4, 6, 11, 13, 15, 21, 30 and 31.


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


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

Quality statement

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

Rationale

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

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

Quality measure

Structure:

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

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

Outcome:

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

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

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

What the quality statement means for each audience

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

Local authorities and other commissioning services ensure they commission services that offer looked-after children and young people ongoing opportunities to explore and make sense of their identity, and to maintain contact with people they value, if this is desired and in their best interests.

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

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

Source guidance

NICE public health guidance 28/SCIE guide 40 recommendations 15, 24, 25 and 46.

Data source

Structure: a) and b) Local data collection.

Outcome: a), b) and c) Local data collection.

Definitions

Carers

Carers include foster carers (including family and friends carers), residential carers and supported
lodging providers.

**Health history**

*NICE public health guidance 28/SCIE guide 40 recommendation 21* recommends that early health information is available to enhance life-history work with the child or young person when they are ready, or to help them make informed decisions when they are ready to start their own family.

Social workers should obtain permission to access the child or young person's neonatal and early health information and information on parental health, including obstetric health.

*NICE public health guidance 28/SCIE guide 40 recommendation 25* recommends that looked-after children and young people have access to as much personal information as possible by promoting ongoing conversations between children, young people and their carers and social workers. This should include discussion about their personal health history and family health history.

**Life history**

Life-history (or life-story) work includes activities that help a child or young person to create a personal or family history. 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. *NICE public health guidance 28/SCIE guide 40 recommendation 25* recommends that life-story activities are planned and supported using a sensitive approach that focuses on the needs of a child or young person and that information is delivered by a trusted individual known to them in a respectful, sensitive and supportive manner. The guidance recommends that the individual carrying out the activity with the child or young person should:

- give careful consideration to the timing and person who delivers life-story information and the extent of information given at any one time, according to the developmental stage and emotional needs of the child or young person
- approach life-story work as an ongoing process rather than a 'one off', ensuring it is reviewed and revisited as appropriate for each child or young person
- inform, authorise and support carers to answer questions about the personal history of the child or young person, including helping with sensitive or distressing information
- ensure the inclusion of written information (further detail about written information to include...
• is set out in NICE public health guidance 28/SCIE guide 40).

Ongoing contact

NICE public health guidance 28/SCIE guide 40 recommendation 15 recommends that when a decision is made to separate sibling family groups, social workers should coordinate ongoing contact desired by the child or young person, arranging appropriate supervision where necessary and supporting foster or residential carers. NICE public health guidance 28/SCIE guide 40 recommendation 24 recommends that the significance of losing former attachment figures and relationships where ongoing contact is not possible should be acknowledged.

Equality and diversity considerations

It is important for looked-after children and young people to be given the opportunity to develop their own identity, rather than assumptions being made by those working with and caring for them based on particular characteristics, such as ethnicity, faith or gender. NICE public health guidance 28/SCIE guide 40 recommendation 25 recommends that ongoing discussions to inform life-history work should include culture and faith and sexual identity and orientation.

Certain groups of looked-after children and young people may face additional issues affecting their sense of identity. For example, NICE public health guidance 28/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 that can affect their ability to develop resilience and self-esteem.

Context for this quality statement

This section signposts practitioners to regulations, statutory guidance and national minimum standards for looked-after children and young people that are of particular relevance to the NICE quality statement and its associated measures. As the legislative framework in relation to looked-after children and care leavers is complex and cross-cutting, this should not be viewed as an exhaustive list.

• Department for Education (2011) Children’s homes: national minimum standards:
  – Standards 2, 3, 6, 7, 9, 10, 11, 12 and 22.

• Department for Education (2011) Fostering services: national minimum standards:
  – Standards 2, 3, 6, 7, 9, 11, 12, 26 and 30.


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

Quality statement 5: Support from specialist and dedicated services

Quality statement

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

Rationale

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

Quality measure

Structure:

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

b) Evidence of local arrangements for health plans to be monitored and updated by independent reviewing officers, social workers and the lead health professional to ensure that the child or young person's continuing needs are being met.

c) Evidence of local arrangements for case management and treatment to continue for looked-after young people moving from child to adult mental health services, until a handover with an assessment and completed care plan has been developed with the adult service.

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

Numerator – the number of people in the denominator who have their case management and treatment continued until handover with the adult service.
Denominator – the number of looked-after young people who are moving from child to adult mental health services.

Outcome:

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

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

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

What the quality statement means for each audience

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

**Local authorities and other commissioning services** ensure they commission services that provide looked-after children and young people with access to specialist and dedicated services within agreed timescales, and that health plans are monitored and updated.

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

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

**Source guidance**

NICE public health guidance 28/SCIE guide 40 recommendations 2, 5, 8, 9, 10, 11, 16 and 17.

**Data source**

Structure: a), b) and c) Local data collection.
Process: Local data collection. Data are collected through the Children and young people's health service secondary uses data set on the type of service, specialty or sub-specialty providing the care contact (global number 17101630) and consultation medium used (global number 17104470).

Data are collected through the Child and adolescent mental health services (CAMHS) secondary uses data set on whether a child is a looked-after child (global number 17300540), their accommodation status (global number 17300070), the relationship to the person that the child or young person lives with (global number 17300380), discharge reason (global number 17300880), status of service request (global number 17300780), activity location (global number 17300910), intervention type (global number 17302820), care professional team start and end dates (global numbers 17309180 and 17309190) and other assessment tool types completed (global number 17307060).

Outcome: a) and c) Local data collection.

b) Local data collection. Providers may consider using the Strengths and difficulties questionnaire as part of an evaluation of whether needs are being met.

Definitions

Agreed timescales

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

Carers

Carers include foster carers (including family and friends carers), residential carers and supported lodging providers.

Health plan

The health plan forms part of the care plan and is developed from the assessment of the child’s health needs. The Children Act 1989 guidance and regulations volume 2: care planning, placement and case review sets out what the health plan should include. Care leavers have a pathway plan that will include arrangements to meet their health and development needs (pathway plan is defined in quality statement 8).
Needs

Specialist needs may include physical, emotional, behavioural, health or educational needs (including specialist educational needs).

Equality and diversity considerations

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

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

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

Context for this quality statement

This section signposts practitioners to regulations, statutory guidance and national minimum standards for looked-after children and young people that are of particular relevance to the NICE quality statement and its associated measures. As the legislative framework in relation to looked-after children and care leavers is complex and cross-cutting, this should not be viewed as an exhaustive list.

- Department for Education (2011) Children's homes: national minimum standards:
  - Standards 6, 8, 10, 12 and 23.
- Department for Education (2011) Fostering services: national minimum standards:
Standards 6, 8, 10 and 12.


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

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

Quality statement

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

Rationale

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

Quality measure

Structure:

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

b) Evidence of local arrangements to ensure that an assessment of health needs has been carried out before a child or young person is placed across a local authority or health boundary.

c) Evidence of local arrangements to ensure there is agreement between placing and receiving teams about schooling and healthcare arrangements before a child or young person is placed across a local authority or health boundary.

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

Process:

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

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

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

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

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

Outcome: 

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

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

What the quality statement means for each audience

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

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

Local authorities and other commissioning services ensure they commission services with local arrangements for necessary services to be in place, for relevant information to be transferred, and for continued contact with key professionals before looked-after children and young people are moved across local authority or health boundaries.
Organisations providing care ensure there are local arrangements for necessary services to be in place, for relevant information to be transferred and for continued contact with key professionals before looked-after children and young people are moved across local authority or health boundaries.

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

Source guidance

NICE public health guidance 28/SCIE guide 40 recommendations 3, 12, 20 and 43.

Data source

Structure: a) Local data collection. Data collected through the Children looked after return (SSDA903) and reported in the Department for Education Statistical first release: outcomes for children looked after by local authorities in England includes information on the percentage of looked-after children placed outside the local authority boundary and more than 20 miles from where they used to live.

b), c) and d) Local data collection.

Process: a) and b) Local data collection. Providers may consider using the NMHDU/NCSS self-assessment tool (data systems adapted to produce specific transition reports, including monitoring outcomes for all young people with ongoing needs at the point of transition).

Outcome: a) and b) Local data collection.

Definitions

Carers

Carers include foster carers (including family and friends carers), residential carers and supported lodging providers.

Placements outside the local authority or health boundary

Placements outside the local authority or health boundary are when a child or young person moves...
to a new home outside the geographical boundaries of the local authority that looks after them, or the health boundary, and they use the services (for example, education, health, leisure or housing) of the local authority area they have moved into.

**Relevant information**

The placing authority should inform the relevant health organisations in both the placing and receiving local authority and transfer multiagency information to the receiving authority before a child or young person is placed across a local authority or health boundary.

**Equality and diversity considerations**

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

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

**Context for this quality statement**

This section signposts practitioners to regulations, statutory guidance and national minimum standards for looked-after children and young people that are of particular relevance to the NICE quality statement and its associated measures. As the legislative framework in relation to looked-after children and care leavers is complex and cross-cutting, this should not be viewed as an exhaustive list.

- Department for Education (2011) *Children's homes: national minimum standards:*
  - Standards 6, 13, 23 and 25.

- Department for Education (2011) *Fostering services: national minimum standards:*

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- Standards 6, 16 and 18.


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

Quality statement 7: Support to fulfil potential

Quality statement

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

Rationale

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

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

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

Quality measure

Structure:

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

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

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

Outcome:

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

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

What the quality statement means for each audience

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

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

Local authorities and other commissioning services ensure they commission services with local arrangements to encourage looked-after children and young people to develop and fulfil their potential.

Organisations providing care ensure systems are in place to encourage looked-after children and young people to develop and fulfil their potential.

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

Source guidance

NICE public health guidance 28/SCIE guide 40 recommendations 24, 42, 44 and 46.

Data source

Structure: a), b) and c) Local data collection.


b) Data collected through the Children looked after return (SSDA903) and reported in the Department for Education Statistical first release: outcomes for children looked after by local authorities in England include information on the percentage of children in care reaching level 4 in English at key stage 2, children in care reaching level 4 in maths at key stage 2 and children in care achieving 5 GCSEs at grades A* to C (or equivalent) at key stage 4 (including English and maths) and the percentage of young people who were looked after at age 16 and were in higher education at
Data collected through the Early years foundation stage profile (EYFSP), including the percentage of children achieving each point on the 13 EYFSP assessment scales, the percentage working securely in each assessment scale and the percentage achieving a good level of development.

Data will also be collected against Marmot review indicator 7: ‘Children achieving a good level of development at age 5’.

c) Data collected through the Children looked after return (SSDA903) and reported in the Department for Education Statistical first release: outcomes for children looked after by local authorities in England include information on the percentage of young people who were looked after at 16 and who were not in education, employment or training at 19.

Definitions

Designated teacher

Department for Education statutory guidance The role and responsibilities of the designated teacher: statutory guidance for school governing bodies sets out the responsibilities of designated teachers in working to promote the educational achievement of looked-after children.

Supportive pathways into higher education and training

NICE public health guidance 28/SCIE guide 40 recommendation 44 sets out support that helps young people in care to access higher education and training. This includes information and personal support before and during the application process, information about bursaries, good quality accommodation, returning to care where possible, and continued support after leaving education.

Information may also be provided about further and higher education institutions that attain the Frank Buttle UK quality mark. This recognises further and higher education institutions that provide additional and targeted support to students who have been looked after.

Context for this quality statement

This section signposts practitioners to regulations, statutory guidance and national minimum standards for looked-after children and young people that are of particular relevance to the NICE quality statement and its associated measures. As the legislative framework in relation to looked-
after children and care leavers is complex and cross-cutting, this should not be viewed as an exhaustive list.

- Department for Education (2011) *Children's homes: national minimum standards:*
  - Standards 3, 6, 7, 8, 10, 12 and 23.

- Department for Education (2011) *Fostering services: national minimum standards:*
  - Standards 3, 6, 7, 8, 10, 11, 12 and 21.


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

Quality statement 8: Support to move to independence

Quality statement
Care leavers move to independence at their own pace.

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

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

Quality measure

Structure:

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

b) Evidence of local arrangements to ensure that care leavers are given the option to remain in a stable foster home or residential home beyond the age of 18, and to return to the care of the local authority, including their previous placement (if possible), if they experience difficulty in moving to live independently.

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

Outcome:

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

b) Care leaver satisfaction with their accommodation.

c) Accommodation status of young people leaving care.
What the quality statement means for each audience

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

**Local authorities and other commissioning services** ensure they commission services that develop responsive pathway plans with young people preparing to live independently, and that provide continued access to and support to ensure care leavers move to independence at their own pace.

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

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

**Source guidance**

NICE public health guidance 28/SCIE guide 40 recommendations 46, 47 and 48.

**Data source**

**Structure:** a), b) and c) Local data collection. Data collected through the Children looked after return (SSDA903) and reported in the Department for Education Statistical first release: outcomes for children looked after by local authorities in England include information on the percentage of children leaving care after the age of 16 who remained looked after until their 18th birthday.

**Outcome:** a) Local data collection and the Children's Commissioner for England State of the Nation: children in care and care leavers survey.

b) Local data collection.

c) Data collected through the Children looked after return (SSDA903) and reported in the Department for Education Statistical first release: Outcomes for children looked after by local authorities in England include information on the percentage of care leavers in suitable accommodation.
**Definitions**

**Carers**

Carers include foster carers (including family and friends carers), residential carers and supported lodging providers.

**Pathway plan**

*Children Act 1989 guidance and regulations volume 2: care planning, placement and case review* states that a pathway plan must be prepared for all eligible children and continued for all relevant and former relevant children. Each young person's pathway plan will be based on and include their care plan and will set out the actions that must be taken by the responsible authority, the young person, their parents, their carers and the full range of agencies, so that each young person is provided with the services they need to enable them to achieve their aspirations and make a successful transition to adulthood.

**Range of housing options**

*The Children Act 1989 guidance and regulations volume 3: planning transition to adulthood for care leavers* sets out a range of semi-independent and independent accommodation options for care leavers, including:

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

Support to develop skills to live independently will vary according to the needs and preferences of individual young people. Examples of skills include:

- skills to manage everyday living with confidence, including support with personal relationships and money management
- learning practical skills, such as cooking and shopping.

Equality and diversity considerations

Some groups of young people may need additional support in leaving care, such as young people with physical or learning disabilities, unaccompanied asylum seekers, children with special education needs and children with speech, language and communication difficulties.

Context for this quality statement

This section signposts practitioners to regulations, statutory guidance and national minimum standards for looked-after children and young people that are of particular relevance to the NICE quality statement and its associated measures. As the legislative framework in relation to looked-after children and care leavers is complex and cross-cutting, this should not be viewed as an exhaustive list.

- Department for Education (2011) *Family and friends care: statutory guidance for local...*
- authorities.


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

Using the quality standard

It is important that the quality standard is considered alongside current policy and guidance documents listed in development sources.

NICE quality standards are not mandatory. They can be used for a wide range of purposes both locally and nationally to improve outcomes, including to:

- improve quality in practice and outcomes
- support the provision of care that has been shown to work and to be cost-effective
- increase the national consistency of social care provision
- support the development of inter-agency and inter-professional working
- demonstrate to looked-after children and young people what they can expect from high-quality care.

NICE has produced a support document to help commissioners and others consider the commissioning implications and potential resource impact of this quality standard. Information for looked-after children and young people using the quality standard is also available on the NICE website.

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. Quality standards are intended to drive up the quality of care, so achievement levels of 100% should be aspired to for quantitative measures where numerators and denominators are given. However, NICE recognises that this may not always be appropriate in practice when taking account of safety, choice and professional judgement and so 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.

**Diversity, equality and language**

During the development of this quality standard, equality issues have been considered and equality assessments are published on the NICE website.

Good communication between education, 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.
Related NICE quality standards

Managing the transition from children's to adult services. NICE quality standard. Publication date to be confirmed.
Development sources

Evidence sources

The documents below contain recommendations that were used by the Topic Expert Group to develop the quality standard.


Legal framework

It is important that the quality standard is considered alongside the legal framework for looked-after children and care leavers underpinned by the *Children Act 1989* and the *Care Standards Act 2000*.

The following publications contain the regulations and statutory guidance for local authorities, fostering services and children's homes:

Statutory guidance relating to the Children Act 1989


Other regulations and statutory guidance for looked-after children and young people

- Department for Education and Department of Health (2011) *Family and friends care: statutory guidance for local authorities*

- 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) *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) *Sufficiency: statutory guidance on securing sufficient accommodation for looked after children*

- 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*

**Other statutory guidance**


- Department for Education (2001) *Special education needs: code of practice*

**National minimum standards for looked-after children and young people**

- Department for Education (2011) *Children's homes: national minimum standards*

- Department for Education (2011) *Fostering services: national minimum standards*

**Other policy documents**


- Department of Health (2012) *Healthy lives, healthy people: improving outcomes and supporting transparency*

- 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 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) 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) Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children

• Department of Health (2010) Who pays? Establishing the responsible commissioner

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

• Department of Health (2009) Transforming community services: enabling new patterns of provision

Data sources for the quality measures

References included in the data sources sections:


• Department for Education (2012) The children looked after return (also known as SSDA903)

• Department for Education (2012) Early years foundation stage profile


• National Mental Health Development Unit and National CAMHS Support Service (2011) NMHDU/NCSS self-assessment tool

• Youth in Mind Ltd Strengths and difficulties assessment questionnaire

[1] At the time of publication (April 2013) this Bill was in Commons Committee stage. Subject to parliamentary process, the bill is expected to receive royal assent (and so become law) in 2014.
Principles and values

The quality standard for the health and wellbeing of looked-after children and young people is 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.
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Update information

Minor changes since publication

December 2016: Data sources updated in statements 1, 3, 7 and 8.

June 2013: List of Topic Expert Group and NICE project team members added.
About this quality standard

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 development sources, 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.

This quality standard was produced collaboratively with representatives from the social care and education sectors and the NHS, along with their partners, looked-after children and young people and carers.

The quality standard is 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 are set out in principles and values.

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Endorsing organisation

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

Supporting organisations

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

- Royal College of Nursing
- National Children’s Bureau
- NSPCC
- Who Cares? Trust
- Children's Society
- Children and Family Court Advisory and Support Service
- Social Care Institute for Excellence
- Fostering Network