

Appendix 2:

NICE quality standards relevant to the Independent Inquiry into Child Sexual Abuse

<p>Children’s Attachment (October 2016) https://www.nice.org.uk/guidance/qs133</p> <p>Supported by:</p> <ul style="list-style-type: none"> • Association of Child Psychotherapists • Royal College of General Practitioners • Royal College of Paediatrics and Child Health 	<p>This quality standard covers identifying, assessing and treating attachment difficulties in children and young people (under 18).</p> <p>It focuses on children and young people at high risk of going into care, looked after by local authorities in foster homes, in special guardianship, adopted from care, and those in residential settings and other accommodation.</p>	<p><u>Statement 1.</u> Children and young people who may have attachment difficulties, and their parents or carers, have a comprehensive assessment before any intervention programme.</p> <p><u>Statement 2.</u> Children and young people with attachment difficulties have an up-to-date education plan setting out how they will be supported in school.</p> <p><u>Statement 3.</u> Parents and carers of preschool-age children with or at risk of attachment difficulties are offered a video feedback programme.</p> <p><u>Statement 4.</u> Health and social care provider organisations provide training, education and support programmes for carers of school aged children and young people with attachment difficulties</p>
<p>Early years: promoting health and wellbeing in under 5s (August 2016) https://www.nice.org.uk/guidance/qs128</p> <p>Supported by:</p> <ul style="list-style-type: none"> • Royal College of General Practitioners • Royal College of Paediatrics and Child Health 	<p>This quality standard covers services to support the health, and social and emotional wellbeing of children under 5, including vulnerable children who may need extra support. It includes health visitor services, childcare and early years education, and early intervention services in children’s social care.</p>	<p><u>Statement 1.</u> Parents and carers of children under 5 have a discussion during each of the 5 key contacts about factors that may pose a risk to their child’s social and emotional wellbeing.</p> <p><u>Statement 2.</u> Children have their speech and language skills assessed at their 2–2½ year integrated review.</p>

<p>Domestic violence and abuse (Feb 2016) https://www.nice.org.uk/guidance/qs116</p> <p>Supported by:</p> <ul style="list-style-type: none"> • Broken Rainbow UK • Royal College of Nursing • Royal College of Obstetricians and Gynaecologists • The ManKind Initiative • Women's Aid 	<p>This quality standard covers services for domestic violence and abuse in adults and young people (aged 16 and over). It includes identifying and supporting people experiencing domestic violence or abuse, as well as support for those who carry it out.</p> <p>It also covers children and young people (under 16) who are affected by domestic violence or abuse that is not carried out against them.</p>	<p><u>Statement 1.</u> People presenting to frontline staff with indicators of possible domestic violence or abuse are asked about their experiences in a private discussion.</p> <p><u>Statement 2.</u> People experiencing domestic violence and abuse receive a response from level 1 or 2 trained staff.</p> <p><u>Statement 3.</u> People experiencing domestic violence or abuse are offered referral to specialist support services.</p> <p><u>Statement 4.</u> People who disclose that they are perpetrating domestic violence or abuse are offered referral to specialist services.</p>
<p>Bedwetting in children and young people (September 2014) https://www.nice.org.uk/guidance/qs70</p> <p>Supported by:</p> <ul style="list-style-type: none"> • ERIC (Education and Resources for Improving Childhood Continence) • Paediatric Continence Forum • PromoCon • Royal College of Nursing • Royal College of Paediatrics and Child Health 	<p>This quality standard covers assessing and managing bedwetting (nocturnal enuresis) in children and young people (aged 18 and under).</p>	<p><u>Statement 1.</u> Children and young people who are bedwetting have a comprehensive initial assessment.</p> <p><u>Statement 2.</u> Children and young people have an agreed review date if they, or their parents or carers, are given advice about changing their daily routine to help with bedwetting.</p> <p><u>Statement 3.</u> Children and young people, and their parents or carers if appropriate, have a discussion about initial treatment if bedwetting has not improved after changing their daily routine.</p> <p><u>Statement 4.</u> Children and young people who are bedwetting receive the treatment agreed in their initial treatment plan.</p>

		<p><u>Statement 5.</u> Children and young people whose bedwetting has not responded to courses of initial treatments are referred for specialist review.</p>
<p>Anxiety disorders (February 2014) https://www.nice.org.uk/guidance/qs53</p> <p>Supported by:</p> <ul style="list-style-type: none"> • Anxiety UK • College of Mental Health Pharmacy • Royal College of General Practitioners 	<p>This quality standard covers identifying and managing anxiety disorders in adults, young people and children in primary, secondary and community care. It covers a range of anxiety disorders, including generalised anxiety disorder, social anxiety disorder, post-traumatic stress disorder, panic disorder, obsessive-compulsive disorder and body dysmorphic disorder.</p>	<p><u>Statement 1.</u> People with a suspected anxiety disorder receive an assessment that identifies whether they have a specific anxiety disorder, the severity of symptoms and associated functional impairment.</p> <p><u>Statement 2.</u> People with an anxiety disorder are offered evidence-based psychological interventions.</p> <p><u>Statement 3.</u> People with an anxiety disorder are not prescribed benzodiazepines or antipsychotics unless specifically indicated.</p> <p><u>Statement 4.</u> People receiving treatment for an anxiety disorder have their response to treatment recorded at each treatment session.</p>
<p>Antisocial behaviour and conduct disorders in children and young people (April 2014) https://www.nice.org.uk/guidance/qs59</p> <p>Supported by:</p> <ul style="list-style-type: none"> • College of Mental Health Pharmacy • Royal College of Occupational Therapists • Royal College of General Practitioners • Royal College of Paediatrics and 	<p>This quality standard covers recognising and managing antisocial behaviour and conduct disorders in children and young people.</p>	<p><u>Statement 1.</u> Children aged 3 to 7 years attending school classes where a high proportion of children are identified as at risk of developing a conduct disorder take part in a classroom-based emotional learning and problem-solving programme.</p> <p><u>Statement 2.</u> Children and young people with a suspected conduct disorder and any significant complicating factors have a comprehensive assessment, including an assessment of the child or young person's parents or carers.</p>

<p>Child Health</p> <ul style="list-style-type: none"> Royal College of Psychiatrists 		<p><u>Statement 3.</u> Children and young people with a conduct disorder who have been referred for treatment and support have a key worker to oversee their care and facilitate engagement with services.</p> <p><u>Statement 4.</u> Parents or carers of children with a conduct disorder aged 3 to 11 years are offered a referral for group or individual parent or carer training programmes.</p> <p><u>Statement 5.</u> Children and young people aged 11 to 17 years who have a conduct disorder are offered a referral for multimodal interventions, with the involvement of their parents or carers.</p> <p><u>Statement 6.</u> Children and young people with a conduct disorder and severely aggressive behaviour who have been prescribed risperidone have a baseline physical and metabolic investigation and are monitored for efficacy and adverse effects at regular intervals.</p>
<p>Selfharm (June 2013) https://www.nice.org.uk/guidance/qs34</p> <p>Supported by:</p> <ul style="list-style-type: none"> College of Emergency Medicine Royal College of Psychiatrists 	<p>This quality standard covers the initial management of self-harm and the provision of longer-term support for children and young people (aged 8 to 18) and adults (aged 18 and over) who self-harm.</p>	<p><u>Statement 1.</u> People who have selfharmed are cared for with compassion and the same respect and dignity as any service user.</p> <p><u>Statement 2.</u> People who have selfharmed have an initial assessment of physical health, mental state, safeguarding concerns, social circumstances and risks of repetition or suicide.</p> <p><u>Statement 3.</u> People who have selfharmed</p>

		<p>receive a comprehensive psychosocial assessment.</p> <p><u>Statement 4.</u> People who have selfharm receive the monitoring they need while in the healthcare setting, in order to reduce the risk of further selfharm.</p> <p><u>Statement 5.</u> People who have selfharm are cared for in a safe physical environment while in the healthcare setting, in order to reduce the risk of further selfharm.</p> <p><u>Statement 6.</u> People receiving continuing support for selfharm have a collaboratively developed risk management plan.</p> <p><u>Statement 7.</u> People receiving continuing support for selfharm have a discussion with their lead healthcare professional about the potential benefits of psychological interventions specifically structured for people who selfharm.</p> <p><u>Statement 8.</u> People receiving continuing support for selfharm and moving between mental health services have a collaboratively developed plan describing how support will be provided during the transition.</p>
<p>Looked-after children and young people (April 2013) https://www.nice.org.uk/guidance/qs31 Supported by:</p>	<p>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</p>	<p><u>Statement 1.</u> Looked-after children and young people experience warm, nurturing care.</p> <p><u>Statement 2.</u> Looked-after children and young people receive care from services and</p>

<ul style="list-style-type: none"> • Children and Family Court Advisory and Support Service • Children's Society • Fostering Network • National Children's Bureau • NSPCC • Royal College of Nursing • Royal College of Paediatrics and Child Health • Social Care Institute for Excellence • Who Cares? Trust 	<p>care provisions). It is for all settings and services that work with and care for looked-after children and young people, wherever they are living (for example, with family or friends, with foster families or in residential care).</p>	<p>professionals that work collaboratively.</p> <p>Statement 3. Looked-after children and young people live in stable placements that take account of their needs and preferences.</p> <p>Statement 4. Looked-after children and young people have ongoing opportunities to explore and make sense of their identity and relationships.</p> <p>Statement 5. Looked-after children and young people receive specialist and dedicated services within agreed timescales.</p> <p>Statement 6. Looked-after children and young people who move across local authority or health boundaries continue to receive the services they need.</p> <p>Statement 7. Looked-after children and young people are supported to fulfil their potential.</p> <p>Statement 8. Care leavers move to independence at their own pace.</p>
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