

# Child abuse and neglect

Quality standard

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[nice.org.uk/guidance/qs179](https://www.nice.org.uk/guidance/qs179)

## Contents

Quality statements.....	4
Quality statement 1: Noticing changes.....	5
Quality statement.....	5
Rationale.....	5
Quality measures.....	5
What the quality statement means for different audiences.....	6
Source guidance.....	7
Definitions of terms used in this quality statement.....	7
Equality and diversity considerations.....	7
Quality statement 2: Consistent support.....	8
Quality statement.....	8
Rationale.....	8
Quality measures.....	8
What the quality statement means for different audiences.....	9
Source guidance.....	10
Definitions of terms used in this quality statement.....	10
Equality and diversity considerations.....	10
Quality statement 3: Voice of the child or young person.....	12
Quality statement.....	12
Rationale.....	12
Quality measures.....	12
What the quality statement means for different audiences.....	13
Source guidance.....	14
Definitions of terms used in this quality statement.....	14
Equality and diversity considerations.....	14
Quality statement 4: Communication.....	15
Quality statement.....	15

Rationale .....	15
Quality measures .....	15
What the quality statement means for different audiences.....	16
Source guidance.....	17
Definitions of terms used in this quality statement .....	17
Equality and diversity considerations.....	17
<b>Quality statement 5: Therapeutic interventions.....</b>	<b>18</b>
Quality statement.....	18
Rationale .....	18
Quality measures .....	18
What the quality statement means for different audiences.....	20
Source guidance.....	20
Definitions of terms used in this quality statement .....	21
Equality and diversity considerations.....	21
<b>About this quality standard.....</b>	<b>22</b>
Improving outcomes .....	22
Resource impact.....	23
Diversity, equality and language .....	23

This standard is based on NG76.

This standard should be read in conjunction with QS133, QS115 and QS31.

## Quality statements

Statement 1 Children and young people who display marked changes in behaviour or emotional state are encouraged to talk about their wellbeing.

Statement 2 Children and young people who have experienced abuse or neglect receive support from a consistent group of practitioners.

Statement 3 Children and young people who have experienced abuse or neglect have their words accurately represented in notes summarising their conversations with practitioners.

Statement 4 Children and young people who have experienced abuse or neglect agree with practitioners how they will communicate with each other.

Statement 5 Children and young people who have experienced abuse or neglect are offered therapeutic interventions based on a detailed assessment of therapeutic needs.

Other quality standards that should be considered when commissioning or providing services to children and young people affected by abuse and neglect include:

- Children's attachment (2016) NICE quality standard 133
- Antenatal and postnatal mental health (2016) NICE quality standard 115
- Looked-after children and young people (2013) NICE quality standard 31

A full list of NICE quality standards is available from the [quality standards topic library](#).

## Quality statement 1: Noticing changes

### *Quality statement*

Children and young people who display marked changes in behaviour or emotional state are encouraged to talk about their wellbeing.

### *Rationale*

Children and young people can find it difficult to tell someone or even understand that they are being abused or neglected. However, they may communicate an emotional reaction to their experiences indirectly through their behaviour. Practitioners who work with the same group of children or young people for an extended period are in a position to notice changes in the child or young person's behaviour, emotional state or attitude. These changes should be a prompt to explore concerns through a sensitive enquiry about their wellbeing, giving them space and opportunity to talk. Creating a supportive environment for the conversation, being sensitive and asking open questions may encourage children and young people to disclose abuse or neglect when they feel ready.

### *Quality measures*

#### **Structure**

a) Evidence of local arrangements to ensure that people whose work brings them into contact with children or young people are trained to recognise alerting features for abuse and neglect.

**Data source:** Local data collection, for example, audit of organisational safeguarding policies and training records.

b) Evidence of local arrangements to ensure that people whose work brings them into contact with children or young people are trained to respond to child abuse and neglect in line with local safeguarding procedures.

**Data source:** Local data collection, for example, audit of organisational safeguarding policies and training records.

c) Evidence of local arrangements to ensure that there is a clear referral pathway to local authority children's social care, to be followed by anyone who has concerns about child abuse and neglect.

**Data source:** Local data collection, for example, audit of organisational safeguarding policies, local authority referral pathways.

## Outcome

a) Number of children in need because of abuse or neglect.

**Data source:** Characteristics of children in need: 2017 to 2018, Department for Education.

b) Number of children who were the subject of a child protection plan.

**Data source:** Children in need census 2010 to 2011 (provisional), Department for Education.

## *What the quality statement means for different audiences*

**Organisations providing services and activities for children and young people** (such as nurseries, schools, after-school clubs, community centres, sports clubs and health settings) have clear safeguarding policies, systems, protocols and staff training in place to ensure that staff have the awareness and skills to recognise alerting features for abuse and neglect and take appropriate action as soon as concerns arise.

**Practitioners whose work brings them into contact with children and young people** (such as those who work in early years, social care, health, education settings, police, the voluntary and community sector, youth justice services and adult services) understand their responsibilities in safeguarding children and young people and ensure that they take action as soon as they recognise risk factors or spot signs of abuse or neglect. They stay alert to changes in behaviour or emotional state in children and young people they work with and ask them about their wellbeing as soon as they have concerns.

**Commissioners** (such as national and regional schools commissioners, local authorities and clinical commissioning groups) commission services in which all practitioners can recognise and respond to child abuse and neglect and in which agencies work together and share information to ensure that effective actions are taken. They also ensure that clear referral pathways are in place and services work together to safeguard children and young people.

**Children and young people who show a change in their behaviour** are asked about how they are, their feelings, friends, family and home life. Children and young people are given space and opportunity to talk to someone they trust about their wellbeing.

## *Source guidance*

Child abuse and neglect (2017) NICE guideline NG76, recommendations 1.3.5 and 1.3.12

## *Definitions of terms used in this quality statement*

### **Marked changes in behaviour or emotional state**

A change in a child's behaviour or emotional state which is not fully explained by a stressful situation that is not part of child abuse and neglect such as bereavement, parental separation or a medical cause. Examples of marked changes may include:

- recurrent nightmares containing similar themes
- extreme distress
- markedly oppositional behaviour
- withdrawal of communication
- becoming withdrawn.

Practitioners should continue to consider the possibility of child abuse or neglect as a cause for behavioural and emotional changes, even if they are seemingly explained by another cause.

[NICE's guideline on child abuse and neglect, recommendation 1.3.12 and expert opinion]

## *Equality and diversity considerations*

Children and young people who are displaying marked changes in behaviour or emotional state may have problems with communication, for example because they are very young (pre-verbal stage) or because of disability or speech or language problems.

Practitioners who work regularly with these children and young people and notice the change should actively look for alternative ways of finding out what may be causing the changes. For example, they can discuss their observations with family members or carers if that is appropriate or use play, art or other activities to explore their concerns and gather more information.

## Quality statement 2: Consistent support

### *Quality statement*

Children and young people who have experienced abuse or neglect receive support from a consistent group of practitioners.

### *Rationale*

Working with the same practitioners over time enables children and young people who have experienced abuse or neglect to gain trust and build better relationships. It also protects them from being re-traumatised by having to re-tell their experiences. Consistency equally helps the practitioners to get to know the child and the broader family context that they live in. It also helps them to work more effectively with other agencies involved with that family to protect children and young people from further harm.

### *Quality measures*

#### Structure

a) Evidence of local arrangements to ensure that children and young people who have experienced abuse or neglect receive support from a consistent group of practitioners.

**Data source:** Local data collection, for example, audit of service specification, protocols or practice.

b) Evidence of local arrangements to ensure that practitioners supporting children and young people who have experienced abuse or neglect work closely with other agencies involved in supporting the children and young people and their families.

**Data source:** Local data collection, for example, audit of service specification, protocols or communication between agencies.

#### Process

a) Proportion of children and young people supported by social workers because of their experience of abuse or neglect who had a change of social worker in the past 12 months.

Numerator – the number in the denominator who had a change of social worker in the past 12 months.



Denominator – the number of children and young people supported by a social worker because of their experience of abuse or neglect.

**Data source:** Local data collection, for example, audit of children's social care records. The National Audit Office is currently piloting Stability index for children in care which requires data submission by the local authorities on changes to a social worker.

b) Proportion of children and young people supported by mental health practitioners because of their experience of abuse or neglect who had a change of practitioner in the past 12 months.

Numerator – the number in the denominator who had a change of practitioner in the past 12 months.

Denominator – the number of children and young people supported by a mental health practitioner because of their experience of abuse or neglect.

**Data source:** Local data collection, for example, audit of child and adolescent mental health services records.

## Outcome

Experience of care and support received by children and young people who have experienced abuse or neglect.

**Data source:** Local data collection, for example, feedback from children and young people supported by children's services.

## *What the quality statement means for different audiences*

**Service providers** (such as schools, social services, sexual health services, drug and alcohol services, child and adolescent mental health services, youth offending services and primary and secondary care services) ensure that staff turnover and use of agency workers is minimised and that staff have an opportunity to build meaningful relationships by working with the same children and young people over time. They also ensure they have arrangements with other agencies involved with the children, young people and their families so that they can provide holistic support. This may include appointing a lead practitioner who can take responsibility for coordinating the services and interventions needed to support the child.

**Practitioners** (such as teachers, social workers, mental health professionals, specialist drug services professionals, health visitors, GPs, community nurses, youth workers, police and probation officers) ensure that they build meaningful relationships with children and young people. They also ensure they share information and build relationships with other practitioners working with that family and organise handovers if new staff members from their agency become involved.

**Commissioners** (such as local authorities, clinical commissioning groups and NHS England) commission services in which children, young people and practitioners experience stability in the services and relationships that are offered to them. They also ensure that they make arrangements to work with partners locally, to safeguard and promote the welfare of all children and young people in their area. This may be achieved by ensuring the role of a lead practitioner who can take responsibility for coordinating the services and interventions needed to support the child is part of the service.

**Children and young people who have experienced abuse or neglect** have opportunities to build stable, trusting relationships with practitioners who get to know them and their needs well.

### *Source guidance*

Child abuse and neglect (2017) NICE guideline NG76, recommendations 1.6.1 and 1.8.1

### *Definitions of terms used in this quality statement*

#### **Children and young people who have experienced abuse or neglect**

Includes those assessed as 'in need', likely to suffer significant harm or suffering significant harm.

[NICE's guideline on child abuse and neglect, section 1.6]

### *Equality and diversity considerations*

Children and young people who have experienced abuse or neglect may find building relationships with practitioners difficult as a result of communication difficulties. This could be because they are very young (pre-verbal stage) or because of disability or speech or language problems.

Practitioners who work with these children should identify the support they need to engage with them in a meaningful way. This may include involving interpreters, or asking nursery staff or speech and language therapists for support with interactions.

Children and young people who are in temporary accommodation and move between placements are likely to experience more instability. Therefore, it is important to ensure that the transfer of records and follow-up appointments are timely. Commissioners and service providers should prioritise continuity among practitioners supporting children and young people with additional needs.

## Quality statement 3: Voice of the child or young person

### *Quality statement*

Children and young people who have experienced abuse or neglect have their words accurately represented in notes summarising their conversations with practitioners.

### *Rationale*

When children and young people share their experiences of abuse or neglect, they need to be confident that their voices are heard and that their words are captured accurately by the practitioners. The conversations they have with practitioners need to be appropriate to their age, developmental stage, and cognitive and language abilities. Summaries of these conversations should be written up immediately and reflect only the facts as the children and young people presented them. Where possible, the children and young people should also have an opportunity to reflect on what they said and review the record of the conversation.

### *Quality measures*

#### Structure

a) Evidence of local arrangements to ensure that children and young people who have experienced abuse or neglect have their words accurately represented in notes summarising their conversations with the practitioners.

**Data source:** Local data collection, for example, audit of service specification or protocols.

b) Evidence of local arrangements to ensure that, when appropriate, children and young people have an opportunity to review what the practitioner noted.

**Data source:** Local data collection, for example, audit of service specification or protocols.

#### Outcome

a) Children and young people's experience of working with health and social care practitioners.

**Data source:** Local data collection, for example, feedback from children and young people supported by children's services.

b) Engagement with services among children and young people who have experienced abuse or neglect.

**Data source:** Local data collection, for example, feedback from children and young people supported by children's services.

c) Health and wellbeing of children and young people who have experienced abuse or neglect.

**Data source:** Local data collection, for example, feedback from children and young people supported by children's services.

### *What the quality statement means for different audiences*

**Organisations providing services and activities for children and young people** (such as nurseries, schools, after-school clubs, community centres, sports clubs and health settings) ensure that their safeguarding policies and local protocols include writing up summaries of conversations about abuse or neglect that children and young people have with practitioners. They also ensure that the notes are written up immediately after the conversations and reflect only the facts as the children or young people presented them. When appropriate, children and young people have an opportunity to review what the practitioner noted.

**Practitioners whose work brings them into contact with children and young people** (such as those who work in early years, social care, health, education settings, the police, the voluntary and community sector, youth justice services and adult services) ensure that they do not ask leading questions and that all conversations with children and young people who experienced abuse or neglect are appropriate to their age, developmental stage and language abilities. They also ensure that they write up summaries of these conversations immediately after they took place and that the notes reflect only the facts as the children and young people presented them using the child's words where possible. When appropriate, they give children and young people an opportunity to reflect on what they said and review the record of the conversation.

**Commissioners** (such as national and regional schools commissioners, local authorities and clinical commissioning groups) commission services in which practitioners accurately write up any conversations they had with children and young people who experienced abuse or neglect. They also ensure that this is done immediately after the conversation took place and only reflects the facts as the children and young people presented them.

**Children and young people** who talk to people such as social workers or healthcare staff about their

experiences of abuse or neglect can feel confident that any notes from their conversations will accurately reflect what they said. They are also able to review what has been noted if they wish to do so.

### *Source guidance*

Child abuse and neglect (2017) NICE guideline NG76, recommendation 1.1.6

### *Definitions of terms used in this quality statement*

#### **Children and young people who have experienced abuse or neglect**

Includes those assessed as 'in need', likely to suffer significant harm or suffering significant harm.

[NICE's guideline on child abuse and neglect, section 1.6]

### *Equality and diversity considerations*

Children and young people who have experienced abuse or neglect may have problems with communication, for example because they are very young (pre-verbal stage) or because of disability or speech or language problems.

Practitioners should use creative resources, such as toys and play, to help gather information and make sure that they capture their observations and communication with children and young people as accurately as possible. If appropriate, they may need to be supported by interpreters, specialist practitioners, family members or carers (where they are not implicated in the abuse or neglect) who can also review what was noted.

## Quality statement 4: Communication

### *Quality statement*

Children and young people who have experienced abuse or neglect agree with practitioners how they will communicate with each other.

### *Rationale*

Children and young people may be living in circumstances in which someone who may be abusing or neglecting them has access to their phone or email. This could pose a safety risk and mean they would not be able to respond when practitioners try to contact them. Also, they may want to contact the practitioner when they want to talk or need support. This may sometimes be urgent, outside the usual working hours or more frequent than initially agreed. Putting safe and effective arrangements in place to stay in touch is essential to ensure that children and young people are not put at additional risk and can access support when they need it.

### *Quality measures*

#### **Structure**

Evidence of local arrangements to ensure that practitioners agree with children and young people who have experienced abuse or neglect how they will communicate with each other.

**Data source:** Local data collection, for example, audit of service specification or protocols.

#### **Process**

Proportion of children and young people who have experienced abuse or neglect whose case file contains a record of agreed methods of communication with practitioners.

Numerator – the number in the denominator whose case file contains a record of agreed methods of communication with practitioners.

Denominator – the number of children and young people who have experienced abuse or neglect.

**Data source:** Local data collection, for example, audit of individual case records.

## Outcome

a) Engagement with services among children and young people who have experienced abuse or neglect.

**Data source:** Local data collection, for example, feedback from children and young people supported by children's services.

b) Satisfaction with services among children and young people who have experienced abuse or neglect.

**Data source:** Local data collection, for example, feedback from children and young people supported by children's services.

c) Health and wellbeing of children and young people who have experienced abuse or neglect.

**Data source:** Local data collection, for example, feedback from children and young people supported by children's services.

## *What the quality statement means for different audiences*

**Service providers** (such as schools, social services, sexual health services, drug and alcohol services, child and adolescent mental health services, youth offending services and primary and secondary care services) ensure that their safeguarding policies and local protocols include agreeing with children and young people who have experienced abuse or neglect, safe and effective ways of communicating. This may include children and young people naming a secure email address or a phone number or the time in the day when the practitioner can safely contact them. Also, the children and young people receive contact details that they can use to get help on any day and at any time of the day.

**Practitioners** (such as teachers, social workers, mental health professionals, specialist drug services professionals, health visitors, GPs, community nurses, youth workers, police and probation officers) ensure that they agree with children and young people who have experienced abuse or neglect, safe and effective ways of communicating. This may include children and young people naming a secure email address or a phone number or the time in the day when the practitioner can safely contact them. Also, the children and young people receive contact details that they can use to get help on any day and at any time of the day.



**Commissioners** (such as local authorities, clinical commissioning groups and NHS England) commission services in which children and young people who have experienced abuse or neglect agree with those practitioners safe and effective ways of communicating. This may include children and young people naming the secure email address or a phone number or the time in the day when the practitioner can safely contact them. Also, the children and young people receive contact details that they can use to get help on any day and at any time of the day.

**Children and young people** who have experienced abuse or neglect have contact details for their practitioners, including out-of-hours contact, so that they can get help and support whenever they need it. They also agree with the practitioner times and ways of communicating that they think is safe for them. This may mean creating a secure email address or having a phone number that other people have no access to.

### *Source guidance*

Child abuse and neglect (2017) NICE guideline NG76, recommendation 1.1.9

### *Definitions of terms used in this quality statement*

#### **Children and young people who have experienced abuse or neglect**

Includes including those assessed as 'in need', likely to suffer significant harm or suffering significant harm.

[NICE's guideline on child abuse and neglect, section 1.6]

### *Equality and diversity considerations*

Children and young people who need to communicate with practitioners about abuse or neglect may have problems with communication, for example because they are very young (pre-verbal) or because of disability or speech or language problems. The support may be in form of more frequent visits, involving family members who know the child or young person well (where they are not implicated in the abuse or neglect) and any specialists who can help with the communication such as speech and language therapists or interpreters.

## Quality statement 5: Therapeutic interventions

### *Quality statement*

Children and young people who have experienced abuse or neglect are offered therapeutic interventions based on a detailed assessment of therapeutic needs.

### *Rationale*

There are many ways in which children and young people can be affected by abuse and neglect. In order to offer effective therapeutic interventions, practitioners need to identify each child or young person's therapeutic needs using a detailed assessment. They can then discuss the options with them and their parents and carers (if appropriate) and make a joint decision about the therapy. Some children and young people may not be ready or may not want the therapy at that point. This should be their choice.

### *Quality measures*

#### Structure

a) Evidence of local arrangements to ensure that children and young people who have experienced abuse or neglect have a detailed assessment of therapeutic needs.

**Data source:** Local data collection, for example, audit of service specification or protocols.

b) Evidence of local arrangements to ensure that children and young people who have experienced abuse or neglect are offered therapeutic interventions based on a detailed assessment of therapeutic need.

**Data source:** Local data collection, for example, audit of service specification or protocols.

#### Process

a) Proportion of children and young people who have experienced abuse or neglect who had a detailed assessment of therapeutic needs.

**Numerator** – the number in the denominator who had a detailed assessment of therapeutic needs.

**Denominator** – the number of children and young people who have experienced abuse or neglect.

**Data source:** Statistics: children in need and child protection, Department for Education and local data collection, for example, audit of individual case records.

b) Proportion of children and young people who have experienced abuse or neglect who were offered therapeutic interventions based on a detailed assessment of therapeutic needs.

Numerator – the number in the denominator offered therapeutic interventions based on identified therapeutic needs.

Denominator – the number of children and young people who have experienced abuse or neglect and had a detailed assessment of therapeutic needs.

**Data source:** Statistics: children in need and child protection, Department for Education and local data collection, for example, audit of individual case records.

c) Proportion of children and young people who received a therapeutic intervention after experiencing abuse or neglect who had a review of how effective the therapeutic intervention was.

Numerator – the number in the denominator who had a review of how effective the therapeutic intervention was.

Denominator – the number of children and young people who received a therapeutic intervention after experiencing abuse or neglect.

**Data source:** Statistics: children in need and child protection, Department for Education and local data collection, for example, audit of individual case records.

## Outcome

a) Acceptability of therapeutic interventions offered to children and young people who experienced abuse and neglect.

**Data source:** Local data collection, for example, feedback from children and young people supported by children's services.

b) Health and wellbeing of children and young people who experienced abuse or neglect.

**Data source:** Local data collection, for example, feedback from children and young people supported

by children's services.

### *What the quality statement means for different audiences*

**Service providers** (such social services, sexual health services, drug and alcohol services, child and adolescent mental health services, youth offending services and primary and secondary care services) ensure that members of staff who support children and young people who have experienced abuse or neglect are trained to carry out an effective detailed assessment of therapeutic needs. This is to establish the most appropriate therapeutic interventions, make referrals or to deliver these interventions, and to evaluate their effectiveness. They are also trained to discuss the interventions with children and young people in a way that helps shared decision making.

**Practitioners** (such as social workers, mental health professionals, specialist drug services professionals, health visitors, GPs, community nurses, youth workers and probation officers) ensure that they offer the most appropriate therapeutic interventions to children and young people who have experienced abuse or neglect based on a detailed assessment of their therapeutic needs. They also ensure that children and young people understand their choices and that if they decide to start the therapeutic intervention, they discuss throughout how effective it is.

**Commissioners** (such as local authorities, clinical commissioning groups and NHS England) commission services in which children and young people who have experienced abuse or neglect have access to the most suitable and effective therapeutic interventions.

**Children and young people who have experienced abuse or neglect** are offered therapeutic interventions that are seen as the most suitable for their circumstances. They have an opportunity to discuss their options, and get an explanation from their practitioner about what the interventions are and what they involve. They have a choice to participate in the interventions or not if they do not feel ready at that point.

### *Source guidance*

[Child abuse and neglect \(2017\) NICE guideline NG76, recommendations 1.7.1, 1.7.2 and 1.7.3](#)

## *Definitions of terms used in this quality statement*

### **Children and young people who have experienced abuse or neglect**

Includes those assessed as 'in need', likely to suffer significant harm or suffering significant harm.

[NICE's guideline on [child abuse and neglect](#), section 1.6]

## *Equality and diversity considerations*

Children and young people who need to communicate with practitioners about abuse or neglect may have problems with communication, for example because they are very young (pre-verbal) or because of disability or speech or language problems. The support may be in the form of more frequent visits, involving family members who know the child or young person well (where they are not implicated in the abuse or neglect) and any specialists who can help with the communication such as speech and language therapists or interpreters.

## About this quality standard

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

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

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See [quality standard advisory committees](#) on the website for details of standing committee 1 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available on the [quality standard's webpage](#).

This quality standard has been included in the NICE Pathway on [child abuse and neglect](#), which brings together everything we have said on a topic in an interactive flowchart.

NICE has produced a [quality standard service improvement template](#) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

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

## *Improving outcomes*

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

- referrals to local authority children's social care
- repeated referrals
- children receiving early help support
- recognition and management of abuse and neglect
- children who were the subject of a child protection plan
- experience of health and social care services in children, young people, their families and carers
- health and wellbeing in children and young people.

The quality standard is also expected to support delivery of the Department of Health and Social Care outcome frameworks:

- [Adult social care outcomes framework](#)
- [NHS outcomes framework](#)
- [Public health outcomes framework for England](#).

### *Resource impact*

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance.

### *Diversity, equality and language*

During the development of this quality standard, equality issues were considered and [equality assessments](#) are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

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

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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 General Practitioners](#)
- [Parent Infant Partnership \(PIP\) UK](#)
- [British Association for the Study and Prevention of Child Abuse and Neglect \(BASPCAN\)](#)
- [Association of Directors of Children's services](#)
- [Faculty of Sexual and Reproductive Healthcare](#)