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Action on Smoking and Health (ASH)	Guideline	015	009	Guideline 1.3.12 - This guideline should recommend that carers who smoke receive training and advice on quitting smoking or at the very least maintaining a smokefree home and supporting children and young people who smoke to quit. This should include information on: • the harms of childhood smoking and secondhand smoke exposure; • keeping the home and car smokefree; • quitting smoking and accessing stop smoking support and medications; • how to manage smoking behaviour among children and help children who smoke to access stop smoking support. **The harms of childhood smoking and exposure to secondhand smoke** Children are particularly vulnerable to the damaging effects of secondhand smoke because of their smaller, immature and developing organs. [i] Evidence shows that secondhand smoke is a preventable cause of numerous health conditions including bronchitis, asthma, pneumonia, meningitis and sudden infant death syndrome.[i] Children in care are significantly more likely to smoke. A study from 2003 found that as many as two thirds of	Thank you for your comment and feedback. The committee acknowledged that this is an important issue but is outside the scope of the guideline update. Thank you also for providing these research findings.

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				children in residential care smoke,[ii] at the same time an estimated 9% of children between 11 and 15 were regular smokers.[iii] Child and adolescent smoking causes serious risks to respiratory health both in the short and long term. Children who smoke are two to six times more susceptible to coughs and increased phlegm, wheeziness and shortness of breath than those who do not smoke.[iv] Smoking impairs lung growth and initiates premature lung function decline which may lead to an increased risk of chronic obstructive lung disease later in life. The younger the age of uptake of smoking, the greater the harm is likely to be, because early uptake is associated with subsequent heavier smoking, higher levels of dependency, a lower chance of quitting, greater risk of developing lung cancer or heart disease, and higher mortality.[v] Smoking is also harmful to mental health, with quitting linked to improvements in wellbeing at least as great as from anti-depressants.[vi] **Carers as role models** Carers serve as positive role models for children in their care and have a clear responsibility for discouraging harmful activities such as smoking. However, if a carer smokes there is a risk that children in their care may seek to emulate their smoking behaviour. Parental smoking is	

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				strongly linked with smoking in adolescence and in later life. Children with one parent who smokes are 72% more likely to smoke in adolescence, rising to almost three times more likely for children with two parents who smoke.[vii] It is estimated that each year at least 23,000 young people in England and Wales start smoking by the age of 16 as a result of exposure to smoking in the home.[i] Additionally, children with parents who smoke are likely to find it easier to obtain cigarettes. All parents and carers should therefore consider the impact of smoking on the behaviour of young people in their care. Exposure to secondhand smoke can also lead to symptoms of nicotine dependence in children who have never smoked.[viii] Exposure can have an effect on receptors in the brain, which may increase vulnerability to smoking and nicotine addiction.[ix] The age at which a child starts to experiment with smoking is significant. The younger children start, the more likely they are to become heavily addicted. They are also likely to find it harder to quit as adults.[x] **Quitting smoking** Carers who want to quit smoking can access free support to quit through NHS Stop Smoking Services.	

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				Evidence shows people are four times more likely to successfully quit smoking when using local NHS services combined with stop smoking medicines. All carers have a central role in looking after the health of children in their care. Carers should encourage looked-after children who smoke to quit smoking and, although it may be difficult, they should enforce no smoking rules. They should not facilitate or encourage smoking by buying cigarettes for children and cigarettes should never be provided or taken away as a means of reward or punishment. It is important that carers provide young people with the advice, guidance and support they need to enable them to quit smoking. Carers should signpost children to local Stop Smoking Services and, where appropriate, to health professionals who may be able to recommend licensed Nicotine Replacement Therapies. Local Stop Smoking services are not designed specifically for young people, although a number of local authorities do have a service specifically for teenagers and young people. The national charity QUIT offers free and confidential stop smoking services for young people. They offer specialist support and make stop smoking medication available for those over 8 years old.	

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Action on Smoking and Health (ASH)	Guideline	020	006	Guideline 1.5.4 - The parental health questionnaire should include a question about the parents' smoking status, the child's smoking status, and whether the child has been exposed to secondhand smoke in the home and whether the mother smoked/was exposed to secondhand smoke in the home during pregnancy. Childhood smoking and exposure to secondhand smoke is extremely harmful to long-term health so it is important that this information is captured. Children exposed to passive or active smoking during pregnancy also have an increased risk of developing health problems later in life. This includes respiratory conditions; attention and hyperactivity difficulties; learning difficulties; problems of the ear, nose and throat; obesity; and diabetes.[xi]	Thank you for your comment and feedback. The committee acknowledged that this is an important issue but is outside the scope of the guideline update.
Action on Smoking and Health (ASH)	Guideline	020	012 - 016	Guideline 1.5.6 - The history of the looked-after child or young person should include information on whether the child has previously lived in a smoking household or smokes themselves. Childhood smoking and exposure to secondhand smoke is extremely harmful to long-term health and this information will help the carer to be more informed about the child's care needs. Secondhand smoke is a preventable cause of numerous health conditions including bronchitis, asthma, pneumonia, meningitis and sudden infant death syndrome.[i] Younger uptake of smoking is associated with subsequent heavier smoking, higher levels of dependency, a lower chance of quitting, greater risk of	Thank you for your comment and feedback. The committee acknowledged that this is an important issue but is outside the scope of the guideline update.

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				developing lung cancer or heart disease, and higher mortality.[v]	
Action on Smoking and Health (ASH)	Guideline	033	003 - 006	Guideline 1.7.4 - The care history of the looked-after child or young person should include information on whether the child has previously lived in a smoking household or smokes themselves. Childhood smoking and exposure to secondhand smoke is extremely harmful to long-term health and this information will help the carer to be more informed about the child's care needs. Secondhand smoke is a preventable cause of numerous health conditions including bronchitis, asthma, pneumonia, meningitis and sudden infant death syndrome.[i] Younger uptake of smoking is associated with subsequent heavier smoking, higher levels of dependency, a lower chance of quitting, greater risk of developing lung cancer or heart disease, and higher mortality.[v]	Thank you for your comment and feedback. The committee acknowledged that this is an important issue but is outside the scope of the guideline update.
ADHD Foundation	Guideline	011	007 - 008	Relationship with Social Worker – for this to happen social workers need to be more therapeutically trained to carry out one to one basic therapy work with a child. They need to understand therapeutic parenting and that a course such as Triple P will not be helpful. They need to be trained in trauma, not just trauma informed work. They need to be able to spot the signs of trauma. Working with looked after children everything gets put down to their trauma, they can have PTSD, and this does not get screened for. They can have	Thank you for your comment. The guideline acknowledges the importance of training.

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				neurodiverse issues such as ADHD, but this gets overlooked because of trauma and attachment.	
ADHD Foundation	Guideline	012	012 - 017	In my experienced placements breakdown as we do not train foster carers sufficiently. They need a theraputic parenting using a dyadic developmental psychotherapy (DDP) approach. I feel this would prevent placements breaking down. When a placement is a risk of breaking down, they should be provided with intensive support. Yes, this would cost more money but if it saved the placement and prevented a child from going into residential care it would be cost effective and the emotional impact on a child less damaging. In my experience social workers lack the confidence to explain to children the reasons why they are in care and will say things such as "they could not look after you". What does that mean to a child? Life Story work must be a priority and must change. The emotional impact of rejection is carried through to adult life if this work is not completed. I have just completed by counselling diploma with psychodynamic therapy being the focus. All the clients that I have worked with are 35 plus, been in the care system and have carried their core beliefs of not being good enough, or lovable into their adult life. The children that I worked with all thought that they had come into care because of their behaviour.	Thank you for your comment and practice experience. The rationale and impact section of the guideline highlights the significant costs and adverse consequences associated with placement breakdown.

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ADHD Foundation	Guideline	013	001 - 003	A functional assessment should be carried on what serious behaviour occurs, this will advise the function of the behaviour and strategies. A psychological assessment will only tell us what we know that there is trauma and attachment difficulties. Neurodiversity should be assessed for such as ADHD.	Thank you for your comment. The guideline contains a recommendation cross referring to guidance on the diagnosis and management of attention deficit hyperactivity disorder in children and young people (ADHD), see NICE's guideline on ADHD.
ADHD Foundation	Guideline	015	001 - 006	We need to start equipping foster carers in approaches such as therapeutic parenting using a DDP approach as discussed above. New foster placements should automatically receive minimum 12 sessions of Theraplay to have build the attachment which would go a long way towards preventing placement breaking down.	Thank you for your comment. We did not find sufficient evidence to make a recommendation on Theraplay
ADHD Foundation	Guideline	019	002 - 007	We have to start screening for PTSD when children come into care, this gets left and, in my experience, carries on into adulthood. Social workers to be trained on how to assess for PTSD. Smaller cases loads and more therapeutic one to one work could take place. The young person would not have to keep seeing different professionals and re telling their story which can retraumatise them.	Thank you for your comment. The committee recognised the higher prevalence of ADHD, autism and PTSD among looked-after children and young people. They were aware of existing NICE guidelines on the identification and diagnosis of these conditions and their subsequent management and agreed to cross-refer to these. NICE's guideline on PTSD.
ADHD Foundation	Guideline	020	001 - 008	All children should be screened for neurodiversity and PTSD as part of their health assessment after the age of 6. This will impact their emotional well-being and help them to access education and understand themselves.	Thank you for your comment. The guideline cross refers to other related NICE guidelines on the recognition, referral, and diagnosis of autistic spectrum disorder (ASD) and Autism spectrum disorder in under 19s: support and management. This contains a recommendation acknowledging that local autism

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					teams should provide (or organise) the interventions and care recommended for LACYP.
ADHD Foundation	Guideline	022	001 - 010	Each CAMHS office should have designated CAMHS workers. This worked well in St Helens for many years and children cared for did not have to wait to be seen. They are some of our most vulnerable young people in society. Specialist trauma service should be provided for all children. Having been trained on PTSD I now understand that most children cared for will have PTSD, yet we never screen for this, professionals always put issues down to their trauma. I have just completed work in a service whereby I worked with several young people that were in care and many of them had PTSD. I think social workers should have training to assess for PTSD. A joined-up approach must be carried out with all professionals working with the child using the same strategies. For example, the rules in the residential home may differ and these must be changed to fit with the theraputic approach being used. Again, a DDP approach using Dan Hughes PACE model. As good practice all children that have any neurodiversity such as ADHD and ASC should be screened for suicide ideation as this cohort of children are at a much higher risk of suicide in adulthood.	Thank you for your comment and example from practice.
ADHD Foundation	Guideline	023	General	Life story work is just not happening, and this requires working smart and thinking outside the box as there is	Thank you for your comment and experience from practice on life story work. Recommendation 1.5.29

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				not a pot of funding for everything. For example, you could recruit people who want to go into social work, first year students to work over the summer to carry out this work. Children internalise and blame themselves for being in care if this is not covered through social stories and life story work. They go on to think of themselves as not good enough, lovable and will break placements down. In my experiences sometimes social workers fear telling a child the truth regarding being placed into care. This has to change, and this has to be carried out in a age appropriate manner and revisited to ensure that the child understands. This should be on every LAC review until this had been carried out.	outlines that a social worker oversees the life story work if another carer or practitioner is carrying out the work.
ADHD Foundation	Guideline	025	001 - 007	Theraplay is an evidenced based programme that works on attachment and includes lots of touch. If every child that came into care had this type of programme to build up relationships at the start, would there be as many placement breakdowns as possible. Getting children used to touch can be carried out in so many nurturing ways, at bedtime and through play and foster carers need training on this.	Thank you for your comment. We did not find sufficient evidence to make a recommendation on Theraplay.
ADHD Foundation	Guideline	030	001 - 009	Improving education outcomes will not happen until a child's mental ill health is supported and they have been given a forum whereby they can talk about the feelings that they have internalised and not made sense of. They need time and space to work through their issues. They will then have the cognitive ability to access their education better. I ran a pilot programme in St Helens with the children cared for by them called Rainbows Grief and Loss	Thank you for your comment and feeding back your experience from practice.

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				Programme (12-week course). I was not a social worker at this stage but worked with the team to recruit children that had just come into care to provide them with a forum where they could have about their feelings, fears and worries about coming into care and discuss and clarify the reasons that they had entered the care system. The programme was successful, and the children's feedback was so helpful that it was fed into the foster carers training. I moved to Scotland to study a MSc in applied psychology for children and young people and sadly another organisation took the programme over and it did not continue. I strongly believe that ever child that enters the care system should have some type of programme like Rainbows Grief and Loss Programme. We sent 3 weeks just on anger with the children. Where else can children brought into care talk about their feelings of coming into care. It was very powerful as it was all children cared for by an authority together and strong bonds were developed. It worked well as the social workers did the recruitment and I helped them deliver the first three cohorts until they felt confident. Any issues that came up in the group could be reported back directly to the child's social worker. This could be a standard programme that could be developed, and social work/psychology/mental health students could help run these.	
AKT	Guideline	008	005	akt welcomes the recommendation to focus on diversity. 63% of the LGBTQ+ young people akt	Thank you for your feedback and information. An amendment has been made to the recommendation to

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				supports are people of colour and 27% identify as trans. We know that LGBTQ+ looked after children and young people can be at greater risk of experiencing homelessness. However, there are often barriers that prevent them from getting the support they need. The first barrier/ challenge points to the lack of inclusivity within support services. The national survey of Local Authorities in England found that 38% of Local Authorities had a care policy that included LGBTQ+ young people but only 5% had a specific policy (Centre for Research on Children & Families, 2017). This is concerning given the unique and additional barriers that LGBTQ+ young people face, particularly around complex trauma from having to supress their gender identity and sexual orientation. 77% of the young people akt supports become homeless after facing abuse and rejection when coming out their parents or caregivers. Our research also found that half of LGBTQ+ young people said they feared that expressing their LGBTQ+ identity to family members would lead to them being evicted (akt, 2021). One in six (16 per cent) were forced to do sexual acts against their will by family members before they became homeless (akt, 2021). We must ensure that those within support services are aware of these vulnerabilities. Furthermore, trans young people can encounter additional barriers, due to	include LGBTQ+. Recommendation 1.1.1 outlines that the particular needs of LGBTQ+ should not marginalised and are adequately met.

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				the gendered nature of many support services such as housing support services. There is also the issue of the lack of monitoring of sexual orientation and gender identity which makes it difficult to concretely understand the number of LGBTQ+ looked after children and young people. These barriers/challenges should be noted when implementing this recommendation, particularly because we know young people are coming out earlier (with some coming out at the age of 12 and 13). Without increased support LGBTQ+ young people are at greater risk of experiencing homelessness.	
Association for Dance Movement Psychotherapy UK	Guideline	009	001	Recommendation 1.2, and its sub-articles, refer to guidelines relating to supporting positive relationships. We are concerned that within this section the guidelines do not make recommendations for specific interventions that support the development of positive relationships. There is evidence to suggest that there are significant outcomes from the use of creative arts psychotherapies with children and adolescents (Koch et al., 2014). These include improved social participation, communication, improvements in psychosocial outcomes and positive attachments. The findings also demonstrate that these interventions are effective and acceptable across various settings. Considering the long waiting times for access to child mental health services, the flexibility offered by the arts and creative	Thank you for your comment. Please note that Alderson (2019) was included under qualitative evidence for review chapter G. Regarding the other references you have supplied: please note that we considered references identified by systematic reviews, but did not include systematic reviews themselves as evidence throughout the work of this guideline. In addition, the guideline committee did not consider evidence that was not specifically among looked after children, young people and care leavers; that was not peer reviewed evidence; that was descriptive or survey-based data; or that was not published after 2000. Please see the protocols in relevant review chapters (particularly review chapter G) for details.

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				arts therapies to tailor and cater services to the needs of the client population in various settings becomes one of the key points for consideration (Wigham et., 2020). As the pandemic continues, it is vital to acknowledge the creative ways in which these interventions can be modified to meet the demands of the situation (Blackler, 2019; Spooner, 2019) and to recognise the ability for Dance Movement Psychotherapy to move online (Re, 2021) and provide much needed support during lockdowns. Furthermore, the ability of the arts and creative arts therapies to bypass the need for verbal skills to express oneself adds to the strength of these interventions. Providing different avenues for children to creatively and safely articulate difficult feelings and emotions is a further strength (Jones et al, 2005; Karkou and Sanderson, 2006; Karkou 2010). Provision of more holistic frameworks of practice is argued to facilitate de-stigmatisation from seeking support and to build trusting relationships (Payne et al., 2020). This framework of care favours the use of the creative arts psychotherapies for children and adolescents at various stages of their development. Thus, including these intervention options in NICE guidelines can open up opportunities for delivering inexpensive, non-invasive and creative use of these psychological therapies. **The following systematic reviews and primary studies support our claims:**	

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				Alderson, H., Brown, R., Copello, A., Kaner, E., Tober, G., Lingam, R., & McGovern, R. (2019). The key therapeutic factors needed to deliver behavioural change interventions to decrease risky substance use (drug and alcohol) for looked after children and care leavers: A qualitative exploration with young people, carers and frontline workers. BMC Medical Research Methodology, 19(1), 38. https://doi.org/10.1186/s12874-019-0674-3 Andersen-Warren, M., & Kirk, K. (2011). The Stories of Looked-After and Adopted Children and Young People: Where Are Dramatherapy and Psychodrama in Assisting Young People who Are Looked-After Or Adopted?: A review of the literature. Dramatherapy, 33(3), 158–169. https://doi.org/10.1080/02630672.2011.621263 Beauregard, C., Papazian-Zohrabian, G., & Rousseau, C. (2017). Connecting identities through drawing: Relationships between identities in images drawn by immigrant students. The Arts in Psychotherapy, 56, 83–92. https://doi.org/10.1016/j.aip.2017.08.003 Bosgraaf, L., Spreen, M., Pattiselan, K., & van Hooren, S. (2020). Art Therapy for Psychosocial Problems in Children and Adolescents: A Systematic Narrative Review on Art Therapeutic Means and Forms of Expression, Therapist Behavior, and Supposed Mechanisms of Change. Front Psychol, 11, 584685. https://doi.org/10.3389/fpsyg.2020.584685	

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				Boster JB, Spitzley AM, Castle TW, Jewell AR, Corso CL, & McCarthy JW. (2020). Music Improves Social and Participation Outcomes for Individuals With Communication Disorders: A Systematic Review. Journal of Music Therapy. https://doi.org/10.1093/jmt/thaa015 Cahill, S. M., Egan, B. E., & Seber, J. (2020). Activity- and Occupation-Based Interventions to Support Mental Health, Positive Behavior, and Social Participation for Children and Youth: A Systematic Review. American Journal of Occupational Therapy, 74(2), 1–28. https://doi.org/10.5014/ajot.2020.038687 Dieterich-Hartwell, R., Goodill, S., & Koch, S. (2020). Dance/movement therapy with resettled refugees: A guideline and framework based on empirical data. The Arts in Psychotherapy, 69, 101664. https://doi.org/10.1016/j.aip.2020.101664 Donna J. Betts (2003) Creative Arts Therapies Approaches in Adoption and Foster Care, Charles C. Thomas Publisher, Ltd., Springfield, IL, 320 pp. Edwards, J. (2011). The use of music therapy to promote attachment between parents and infants. The Arts in Psychotherapy, 38(3), 190–195. https://doi.org/10.1016/j.aip.2011.05.002	

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				Gonick, R. S., & Gold, M. (1991). Fragile attachments: Expressive arts therapy with children in foster care. Special Issue The 1990 Joint Conference of the National Coalition of Arts Therapy Associations, 18(5), 433–440. https://doi.org/10.1016/0197-4556(91)90055-F Han, Y., Lee, Y., & Suh, J. H. (2017). Effects of a sandplay therapy program at a childcare center on children with externalizing behavioral problems. The Arts in Psychotherapy, 52, 24–31. https://doi.org/10.1016/j.aip.2016.09.008 Harvey, S. (1991). Creating a family: An integrated expressive approach to adoption. Special Issue The Creative Arts Therapies and the Family, 18(3), 213–222. https://doi.org/10.1016/0197-4556(91)90115-Q Huss, E., Nuttman-Shwartze, O., & Altman, A. (2012). The role of collective symbols as enhancing resilience in children's art. The Arts in Psychotherapy, 39(1), 52–59. https://doi.org/10.1016/j.aip.2011.11.005 Moore, J., Andersen-Warren, M. and Kirk, K. (2017) 'Dramatherapy and Psychodrama with Looked-After Children and Young People', Dramatherapy, 38(2–3), pp. 133–147. doi: 10.1080/02630672.2017.1351782. Moula, Z., Aithal, S., Karkou, V., & Powell, J. (2020). A systematic review of child-focused outcomes and assessments of arts therapies delivered in primary	

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				mainstream schools. Children and Youth Services Review, 112, 104928. Sharif, Z. M., Yadegari, N., Bahrami, H., & Khorsandi, T. (2018). Representation of children attachment styles in corman's instruction of family drawing. The Arts in Psychotherapy, 57, 34–42. https://doi.org/10.1016/j.aip.2017.10.004 **References:** Blackler, A., Desai, S., Swann, L., Chamorro-Koc, M., Moyle, G., & Stephens, M. (2019). Using technology to enhance and encourage dance-based exercise. *Heliyon*, *5*(3), e01241. https://doi.org/10.1016/j.heliyon.2019.e01241 Jones, E.A., Carr, E.G., and Feeley, K.M., 2006. Multiple effects of joint attention intervention for children with autism. *Behavior Modification*. 30 (6), pp. 782–834. Karkou, V., (Ed.)., 2010. Arts Therapies in Schools: Research & Practice. London: Jessica Kingsley. Karkou, V. and Sanderson, P., 2006. *Arts therapies: A research-based map of the field*. Elsevier Health Sciences. Koch, S., Kunz, T., Lykou, S. and Cruz, R., 2014. Effects of dance movement therapy and dance on	

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				health-related psychological outcomes: A meta-analysis. *The Arts in Psychotherapy*, *41*(1), pp.46-64. Payne, H. and Costas, B. (2020) 'Creative Dance as Experiential Learning in State Primary Education: The Potential Benefits for Children', Journal of Experiential Education. doi: 10.1177/1053825920968587. Re, M., (2021). Isolated systems towards a dancing constellation: coping with the Covid-19 lockdown through a pilot dance movement therapy tele-intervention, Body, Movement and Dance in Psychotherapy, 16:1, 9-18, DOI: 10.1080/17432979.2021.1879934 Spooner, H., Lee, J. B., Langston, D. G., Sonke, J., Myers, K. J., & Levy, C. E. (2019). Using distance technology to deliver the creative arts therapies to veterans: Case studies in art, dance/movement and music therapy. *Creative Arts Therapies and the Military*, *62*, 12–18. https://doi.org/10.1016/j.aip.2018.11.012 Wigham, S., Watts, P., Zubala, A., Jandial, S., Bourne, J., & Hackett, S. (2020). Using Arts-Based Therapies to Improve Mental Health for Children and Young People With Physical Health Long-Term Conditions: A Systematic Review of Effectiveness. Front Psychol, 11, 1771. https://doi.org/10.3389/fpsyg.2020.01771	
Association for Dance Movement	Guideline	015	011	Recommendation 1.3.12 advises therapeutic and trauma-informed training for carers. We would like to	Thank you for your comment. The systematic evidence reviews that supported this guideline considered only looked-after study populations (or care leavers)

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Psychotherapy UK				highlight the work with creative arts psychotherapies with caring the carers and psychoeducation. Family-centred approaches and interventions targeting carers in addition to the young person with individualised approaches are increasing in creative arts psychotherapies (Blauth, 2019). For instance, Aithal et al (2020), Pasiali (2010) and Thompson (2012) in their doctoral research projects have explored the effects of family-based arts psychotherapies on resilience, parental self-efficacy and supporting positive parenting practice. Teggelove, Thompson and Tamplin (2018) recently published a pilot study which investigated 199 parent-child dyads who received 8 weekly, 45–60 minute, family music-based group play sessions. The authors observed statistically significant results in pre–post parent self-reports: parenting competency was evaluated and better parental responsiveness was seen in those receiving early family services. Similarly, Pasiali (2010, 2012, 2017) has extensively documented the effects of improvisational music therapy techniques with four families who self-reported a history of maternal depression. The findings broaden the understanding of the impact of music therapy, but also acknowledge variables and limitations which influence the parent-child interaction. Positive results on parent-child communication were also found in a quasi-experimental family-based art therapy project in Iran (Moghaddam et al., 2016). Lee and Peng (2017) conducted a 16-week group art therapy study to explore emotional well-being	specifically. Evidence from outside of this study population was not accepted. Please see evidence review protocols in their respective chapters for more details.

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				and the parental empathy of mothers of children with vulnerabilities. The qualitative strand of this study found that art therapy facilitated the reduction of parenting stress. As the high self-care needs of cares pose an alarming risk to their wellbeing, we would like to propose the consideration of arts psychotherapies in this context. Here are some studies which support the contribution of creative arts psychotherapies to address self-care, unmet emotional distress and anxieties of caregivers. Aithal, S., Karkou, V., Kuppusamy, G., & Mariswamy, P. (2019). Backing the backbones—A feasibility study on the effectiveness of dance movement psychotherapy on parenting stress in caregivers of children with Autism Spectrum Disorder. The Arts in Psychotherapy, 64, 69–76. https://doi.org/10.1016/j.aip.2019.04.003 Aithal, S., Karkou, V., Kuppusamy, G. (2020). Resilience enhancement in parents of children with an autism spectrum disorder through dance movement psychotherapy. The Arts in Psychotherapy, 71, 101708. https://doi.org/10.1016/j.aip.2020.101708 Blauth, L., (2019). Music therapy and parent counselling to enhance resilience in young children with autism spectrum disorder: a mixed methods study. doctoral. [online]. Anglia Ruskin University. Available from: https://arro.anglia.ac.uk/704640/ [Accessed 16 Sep 2020].	

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				Kometiani, M. K. (2017). Creating a vital healing community: A pilot study of an art therapy employee support group at a pediatric hospital. The Arts in Psychotherapy, 54, 122–127. https://doi.org/10.1016/j.aip.2017.04.012 Lee, S., & Peng, M. S. (2017) The Effects of Group Art Therapy on Mothers of Children With Special Educational Needs, Art Therapy, 34:1, 12-19, DOI: 10.1080/07421656.2016.1273697 Moghaddam, K., Mohammadi, A.Z., Daramadi, P.S. and Afrooz, G., 2016. Effect of the family-based art therapy program on the social interactions, verbal skills and stereotypic behaviors of children with autism spectrum disorders (ASD). *Iranian journal of public health*, *45*(6), pp.830-832. Pasiali, V., (2010). Family-based music therapy: Fostering child resilience and promoting parental self-efficacy through shared musical experiences. Proquest Dissertations Publishing. Pasiali, V., (2012). Supporting parent-child interactions: music therapy as an intervention for promoting mutually responsive orientation. Journal of Music Therapy. 49 (3), pp. 303–334. Pasiali, V., (2017). Families and children at risk. In: In S. L. Jacobsen & G. Thompson (Eds.), Music therapy	

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				with families: Therapeutic approaches and theoretical perspectives. Philadelphia, PA: Jessica Kingsley. Pasiali, V., Lagasse, A.B., and Penn, S.L., (2014). The Effect of Musical Attention Control Training (MACT) on Attention Skills of Adolescents with Neurodevelopmental Delays: A Pilot Study. Journal of Music Therapy. 51 (4), pp. 333–354. Salzano, A. T., Lindemann, E., & Tronsky, L. N. (2013). The effectiveness of a collaborative art-making task on reducing stress in hospice caregivers. The Arts in Psychotherapy, 40(1), 45–52. https://doi.org/10.1016/j.aip.2012.09.008 Simsek, C., Mengi, A., & Yalcinkaya, E. Y. (2021). The effect of psychodrama on quality of life and sleep in mothers of children with cerebral palsy. The Arts in Psychotherapy, 72, 101726. https://doi.org/10.1016/j.aip.2020.101726 Stubbs, R. M. (2018). A review of attachment theory and internal working models as relevant to music therapy with children hospitalized for life threatening illness. The Arts in Psychotherapy, 57, 72–79. https://doi.org/10.1016/j.aip.2017.10.001 Teggelove K., Thompson, G., and Tamplin, J. (2018). Supporting positive parenting practices within a community-based music therapy group program: Pilot	

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				study findings. Journal of Community Psychology, 47 (4), 712-716. https://doi.org/10.1002/jcop.22148 Thompson, G., (2012). Making a connection: randomised controlled trial of family centred music therapy for young children with autism spectrum disorder. [online]. Available from: http://minerva-access.unimelb.edu.au/handle/11343/37719 [Accessed 16 Sep 2020].	
Association for Dance Movement Psychotherapy UK	Guideline	016	009	Recommendation 1.3.15 advises tailored training for carers on sensory and communication needs. The creative arts psychotherapies are holistic multi-sensory approaches. For instance, drama and dance movement therapists use embodiment, play, projective materials and role as one of the ways in to provide multi-sensory and embodied experiences using several props and sensory materials such as cloth, clay and many other objects. This is reported to assist children to experience, through the body, therapeutic material that might be otherwise blocked by the 'higher reasoning cortex' (Moore, 2009, p. 204). There are also studies which point to the strong locus on mother-infant bonding facilitated through the arts therapies (Nakata & Trehub, 2004). A wealth of literature on child development and attachment patterns provides much evidence to support the role of the arts in mother–infant bonding during various stages of child development. Musicality, sing-song patterns in baby talk, modulating infant arousal, mirroring movements and supporting	Thank you for your comment. The systematic evidence reviews that supported this guideline considered only looked-after study populations (or care leavers) specifically. Evidence from outside of this study population was not accepted. In addition, only peer-reviewed evidence was accepted. Please see evidence review protocols in their respective chapters for more details.

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				emotional synchronicity between mother and infant are shown to facilitate more intense engagement, visual attention, perceived acceptance of a child by its mother, and parental and child psychosocial functioning, than occurs with speech alone (Shenfield & Trehub, 2003). The creative arts psychotherapists are highly influenced by attachment (Bowlby, 1979) and developmental theories (Stern, 1985; Winnicott, 1971). In these cases, the therapist may work with parents and/or with parents and children to enhance the quality of dyadic parent-child relationships. It has been argued that since there is a potential bidirectional influence of the wellbeing of caregivers and children, working with carers may have a direct impact on the wellbeing of children (Aithal et al 2019, 2020). Mirroring remains an important tool used by dance movement psychotherapists to the current date. It often involves an affective attunement to the non-verbal presentation and movement preferences of the children (Meekums, 2002). Stern (2005) argues that these attuned processes facilitate integration and organization of sensory experiences and self-regulation, which are crucial for the development of intersubjectivity which can further social communication in children. Henceforth we would like to highlight the benefits of creative arts psychotherapies for looked after children who are at risk for facing challenges in forming new relationships, often holding themselves responsible for past rejections, and thus, repeating	

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				survival patterns of withdrawing or being excessively demanding. Aithal, S., Karkou, V., Kuppusamy, G., & Mariswamy, P. (2019). Backing the backbones—A feasibility study on the effectiveness of dance movement psychotherapy on parenting stress in caregivers of children with Autism Spectrum Disorder. The Arts in Psychotherapy, 64, 69–76. https://doi.org/10.1016/j.aip.2019.04.003 Aithal, S., Karkou, V., Kuppusamy, G. (2020). Resilience enhancement in parents of children with an autism spectrum disorder through dance movement psychotherapy. The Arts in Psychotherapy, 71, 101708. https://doi.org/10.1016/j.aip.2020.101708 Bowlby, J. (1979). The Making and Breaking of Affectional Bonds. Reprint, London: Routledge, 2005 Cortes Viniegra, C., & Aumeunier-Gizard, M. F. (2021). Facilitating integrated mental, emotional, and physical states in children who have suffered early abandonment trauma. European Journal of Trauma & Dissociation, 5(4), 100214. https://doi.org/10.1016/j.ejtd.2021.100214 Lee, J. H. (2021). Effectiveness of group art therapy for mothers of children with disabilities. The Arts in Psychotherapy, 73, 101754. https://doi.org/10.1016/j.aip.2020.101754	

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				Moore, J., (2009). 'The Theatre of Attachment': Dramatherapy with adoptive and foster families. In *Dramatherapy and Social Theatre* (pp. 203-212). Routledge. Nakata, T. and Trehub, S.E., (2004). Infants' responsiveness to maternal speech and singing. *Infant Behavior and Development*, *27*(4), pp.455-464. Meekums, B., (2002). *Dance movement therapy: A creative psychotherapeutic approach*. Sage. Shenfield, T., Trehub, S. E. and Nakata, T. (2003) 'Maternal Singing Modulates Infant Arousal', Psychology of Music, 31(4), pp. 365–375. doi: 10.1177/03057356030314002. Stern, D. N. (1985). The Interpersonal World of the Infant. Basic Books. Stern, D.N., (2005). Intersubjectivity. In: *In E. S. Person, A. M. Cooper & G. O. Gobbard (Eds.), Textbook of psychoanalysis*. Washington, D.C: American Psychiatric Publishing Inc. pp. 77–92. Winnicott, D. W., (1971) Playing & Reality. Reprint, London: Routledge, 2005.	
Association for Dance	Guideline	016	023	Recommendation 1.3.18 states that training for carers should be informed by trauma work and in particular to	Thank you for your comment. The systematic evidence review work performed to support this guideline

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Movement Psychotherapy UK				raise a good understanding of attachment issues. We would like to highlight the research from the field of creative arts psychotherapies as significant to trauma-based work. The following references need to be considered as relevant to working through trauma and attachment issues through the use of dance movement therapy and other creative forms of psychotherapy. Knowledge from these studies can be used to train carers: Behrends, A., Müller, S., Dziobek, I. (2012). Moving in and out of synchrony: A concept for a new intervention fostering empathy through interactional movement and dance. The Arts in Psychotherapy, 39, 107-116. https://doi.org/10.1016/j.aip.2012.02.003. Cortes Viniegra, C., & Aumeunier-Gizard, M. F. (2021). Facilitating integrated mental, emotional, and physical states in children who have suffered early abandonment trauma. European Journal of Trauma & Dissociation, 5(4), 100214. https://doi.org/10.1016/j.ejtd.2021.100214 De Valenzuela, M. (2014). Dancing with mothers: A school-based Dance/Movement Therapy group for Hispanic immigrant Mothers. American Journal of Dance Therapy. [online] 36, pp. 92-112. doi10.1007/s10465-014-9166-5 [accessed 3/12/2014] Devereauxd, C. 2008. Untying the knots: Dance/movement therapy with a family exposed to	focussed on evidence from looked-after study populations specifically (as well as care leavers). As such, evidence from outside of these populations was not included. In addition, evidence reviews did not included evidence from non-systematic reviews, non-OECD countries, or case studies or vignettes. Please see the review protocols in their respective chapters for more details.

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				domestic violence. American Journal of Dance Therapy, [online] 30(2), pp. 58-70. doi.org/10.1007/s10465-008-9055-x [accessed 14/1/2010] Dunphy, K., Elton, M., and Jordan, A. 2014. Exploring dance/movement therapy in post-conflict Timor-Leste. American Journal of Dance Therapy, [online] 36(2), pp. 189-208. 10.1007/s10465-014-9175-4 [accessed 12/11/2015] Jorden (2020). Acknowledging the past: Trauma informed social justice & dance movement therapy: Body, Movement and Dance in Psychotherapy: Vol 0, No 0. (n.d.). Retrieved 14 June 2021, from https://www.tandfonline.com/doi/abs/10.1080/17432979.2021. Galon (2021). Trauma-informed Dance Movement Psychotherapy Unde.pdf. (n.d.). Retrieved 14 June 2021, from https://research.edgehill.ac.uk/ws/portalfiles/portal/20307147/Caroline+Galon+-+PhD+Thesis+2019.pdf Garrett, K. E. (2020). Creative Therapies, Complex Childhood Trauma, and Neurological Improvement: How the Arts can Enhance Neuroplasticity: A Literature Review. Retrieved 14 June 2021, from: https://digitalcommons.lesley.edu/expressive_theses.	

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				Henley, D. (2005). Attachment disorders in post-institutionalized adopted children: Art therapy approaches to reactivity and detachment. The Arts in Psychotherapy, 32(1), 29–46. https://doi.org/10.1016/j.aip.2004.11.002 Hiles Howard, A. R., Razuri, E. B., Call, C. D., DeLuna, J. H., Purvis, K. B., & Cross, D. R. (2017). Family drawings as attachment representations in a sample of post-institutionalized adopted children. The Arts in Psychotherapy, 52, 63–71. https://doi.org/10.1016/j.aip.2016.09.003 Ho, R. T. H. (2015). A place and space to survive: A dance/movement therapy program for childhood sexual abuse survivors. The Arts in Psychotherapy, 46, 9–16. https://doi.org/10.1016/j.aip.2015.09.004 Ionio, C., & Mascheroni, E. (2021). Psychological well-being and graphic representations of self in child victims of violence. The Arts in Psychotherapy, 72, 101740. https://doi.org/10.1016/j.aip.2020.101740 Kim, J. (2017). Effects of community-based group music therapy for children exposed to ongoing child maltreatment & poverty in South Korea: A block randomized controlled trial. The Arts in Psychotherapy, 54, 69–77. https://doi.org/10.1016/j.aip.2017.01.001 Kozlowska (2001). An Art Therapy Group for Children Traumatized by Parental Violence and Separation,	

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				Lesley Hanney, 2001. (n.d.-a). Retrieved 14 June 2021, from https://journals.sagepub.com/doi/abs/10.1177/1359104501006001006?casa_token=3b2RqGtYvwcAAAAA:PLI8rwtg9EmW6QKPAJRedXeTkysyBNWkolwSkZ7-eCSSucpu5ndRMb9uRYr7W1NwEZPXRMszIA Lee, T.-C., Lin, Y.-S., Chiang, C.-H., & Wu, M.-H. (2013). Dance/movement therapy for children suffering from earthquake trauma in Taiwan: A preliminary exploration. The Arts in Psychotherapy, 40(1), 151–157. https://doi.org/10.1016/j.aip.2012.12.002 Pace, C. S., Guerriero, V., & Zavattini, G. C. (2020a). Children's attachment representations: A pilot study comparing family drawing with narrative and behavioral assessments in adopted and community children. The Arts in Psychotherapy, 67, 101612. https://doi.org/10.1016/j.aip.2019.101612 Sharif, Z. M., Yadegari, N., Bahrami, H., & Khorsandi, T. (2018). Representation of children attachment styles in corman's instruction of family drawing. The Arts in Psychotherapy, 57, 34–42. https://doi.org/10.1016/j.aip.2017.10.004 Shuper Engelhard, E., Ayana Zaides, J., & Federman, D. (2021). The mother's perspective of body knowledge and expressions as a language in mother-infant relationships. The Arts in Psychotherapy, 72, 101746. https://doi.org/10.1016/j.aip.2020.101746	

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				van Westrhenen, N., Fritz, E., Vermeer, A., Boelen, P., & Kleber, R. (2019). Creative arts in psychotherapy for traumatized children in South Africa: An evaluation study. PLOS ONE, 14(2), e0210857. https://doi.org/10.1371/journal.pone.0210857	
Association for Dance Movement Psychotherapy UK	Guideline	024	014	Recommendation 1.5.23 refers to the experiences of the practitioner when undertaking life at life story work. Throughout the guidelines, life story work is the only named intervention recommended for looked-after children and young people. Here we are concerned specifically that no mention is made to the types of facilitators recommended and/or qualifications required to undertake this work. We would like to highlight the work of the creative arts psychotherapies, and in particular the contribution of dramatherapy in working with life stories. Andersen-Warren, M., & Kirk, K., (2011). The stories of looked-after and adopted children and young people: where are dramatherapy and psychodrama in assisting young people, who are looked-after or adopted?: A review of the literature. Dramatherapy, 33 (3), pp. 158–169	Thank you for your comment. The committee focused on peer-reviewed evidence on the effectiveness of interventions for children and young people in care. Although arts therapies may be effective interventions to support looked-after children there was insufficient published evidence to demonstrate this and support a recommendation about arts therapy specifically.
Association for Dance Movement	Guideline	027	011	Recommendation 1.6.5 refers to the use of trauma informed practices. The recommendation appears very	Thank you for your comment. The systematic review work that supported the recommendations made in this guideline focused on evidence in looked after children,

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Psychotherapy UK				generic as it does not specify any particular approach. It will be helpful to know what those practices are? Dance movement psychotherapy and the other creative arts psychotherapies aim to address the trauma and its effects with a view that traumatic memories have a sensory/somatic quality. Since they are interventions that are somatically oriented, their contribution to trauma work is significant. They often work non-verbally through symbolism and creative work to facilitate the expression of difficult and unprocessed emotions (Johnson, Lahad & Gray, 2007). Here is the list of studies for your consideration: Lee, T.-C., Lin, Y.-S., Chiang, C.-H., & Wu, M.-H. (2013). Dance/movement therapy for children suffering from earthquake trauma in Taiwan: A preliminary exploration. The Arts in Psychotherapy, 40(1), 151–157. https://doi.org/10.1016/j.aip.2012.12.002 Chapman, L., Morabito, D., Ladakakos, C., Schreier, H., & Knudson, M. M. (2001). The effectiveness of art therapy interventions in reducing post-traumatic stress disorder (PTSD) symptoms in pediatric trauma patients. Art Therapy, 18(2), 100–104. http://dx.doi.org/10.1080/.2001. 10129750 07421656. De Valenzuela, M. (2014). Dancing with mothers: A school-based Dance/Movement Therapy group for Hispanic immigrant Mothers. American Journal of	young people, and care leavers specifically. Evidence from populations outside of this group were not included. Please see review protocols in their respective chapters for more details.

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				Dance Therapy. [online] 36, pp. 92-112. doi10.1007/s10465-014-9166-5 [accessed 3/12/2014] Devereauxd, C. (2008). Untying the knots: Dance/movement therapy with a family exposed to domestic violence. American Journal of Dance Therapy, [online] 30(2), pp. 58-70. doi.org/10.1007/s10465-008-9055-x [accessed 14/1/2010] Dunphy, K., Elton, M., and Jordan, A. (2014). Exploring dance/movement therapy in post-conflict Timor-Leste. American Journal of Dance Therapy, [online] 36(2), pp. 189-208. 10.1007/s10465-014-9175-4 [accessed 12/11/2015] Eaton, L. G., Doherty, K. L., & Widrick, R. M. (2007). A review of research and methods used to establish art therapy as an effective treatment method for traumatized children. The Arts in Psychotherapy, 34(3), 256–262. http://dx.doi.org/10.1016/j. aip.2007.03.001 Ehntholt, K. A., Smith, P.A., & Yule, W. (2005). School-based cognitive-behavioural therapy group intervention for refugee children who have experienced war related trauma. Clinical Child Psychology and Psychiatry, 10(2), 235–250. http:// dx.doi.org/10.1177/1359104505051214 Forester, C. 2007. Your Own Body of wisdom: Recognizing and working with Somatic	

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				Countertransference with Dissociative and Traumatized Patients. Body, Movement and Dance in Psychotherapy. [online] 2 (2), pp. 123-133. doi.org/10.1080/17432970701374510 [accessed 13/4/2010] Ionio, C., & Mascheroni, E. (2021a). Psychological well-being and graphic representations of self in child victims of violence. The Arts in Psychotherapy, 72, 101740. https://doi.org/10.1016/j.aip.2020.101740 Johnson, D. R., Lahad, M., and Gray, A. (2009). Creative therapies for adults. In FOA, E., Keane, T. Friedman, M. and Cohen, J. Effective treatments for PTSD: practice guidelines from the international society for traumatic stress studies. New York, NY, US: Guilford Press. pp. 479-490 Kang, H.-J. (2017a). Supportive music and imagery with sandplay for child witnesses of domestic violence: A pilot study report. The Arts in Psychotherapy, 53, 72–79. https://doi.org/10.1016/j.aip.2017.01.009 Kim, J. (2017). Effects of community-based group music therapy for children exposed to ongoing child maltreatment & poverty in South Korea: A block randomized controlled trial. The Arts in Psychotherapy, 54, 69–77. https://doi.org/10.1016/j.aip.2017.01.001	

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				Lahad, M., Farhi, M., Leykin, D., and Kaplansky, N. (2010). Preliminary study of a new integrative approach in treating post-traumatic stress disorder: SEE FAR CBT. The Arts in Psychotherapy.[online] 37. Pp 391-399. doi 10.1016/j.aip.2010.07.003 [accessed 26/5/2015] Langmuir, J., Kirsh, S., & Classen, C. (2012). A Pilot study of Body-Oriented Psychotherapy: Adapting Sensorymotor Psychotherapy for the Group Treatment of Trauma. 2012. Psychological Trauma: Theory, Research, Practice and Policy. [online] Vol. 4, No. 2, pp. 214-220. doi10.1037/a0025588 [accessed 15/10/2014] Mamis, E.K. (2020). An Embodied Artistic Inquiry into Attachment-Oriented Therapeutic Relationships. *Am J Dance Ther* 42, 223–255. https://doi.org/10.1007/s10465-020-09336-5 Myers-Coffman, K., Krater, C., Shanine, M., & Bradt, J. (2020). Feasibility and acceptability of the resilience songwriting program for adolescent bereavement. The Arts in Psychotherapy, 71, 101724. https://doi.org/10.1016/j.aip.2020.101724 Quinlan, M., Schweitzer, D., Khawaja. M., Griffin, J. (2016). Evaluation of a school-based creative arts therapy programme for adolescents from refugee backgrounds. The Arts in Psychotherapy, 47, 72–78	

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				van Westrhenen, N., Fritz, E., Oosthuizen, H., Lemont, S., Vermeer, A., & Kleber, R. J. (2017). Creative arts in psychotherapy treatment protocol for children after trauma. The Arts in Psychotherapy, 54, 128–135. https://doi.org/10.1016/j.aip.2017.04.013 van Westrhenen, N., Fritz, E., Vermeer, A., Boelen, P., & Kleber, R. (2019). Creative arts in psychotherapy for traumatized children in South Africa: An evaluation study. PLOS ONE, 14(2), e0210857. https://doi.org/10.1371/journal.pone.0210857	
Association for Dance Movement Psychotherapy UK	Guideline	030	002	Recommendation 1.6.15 makes only two suggestions to improve educational outcomes – paired reading and to consider individual or small group tutoring. The All-Party Parliamentary Group (APPG, 2017) on Arts, Health and Wellbeing has undertaken a major inquiry into the role of the arts in health and wellbeing. It highlights that arts engagement in schools can improve social and emotional wellbeing in pupils. The health evidence synthesis network report by a WHO review included a wide range of studies (Fancourt & Finn, 2019). Therefore, we would like to highlight the evidence for the use of creative arts psychotherapies to improve educational outcomes. Specifically, research in creative arts psychotherapies has shown improvement in academic performance, positive emotions towards learning, improved neural processing of auditory information, improved classroom behaviour, increased problem-solving skills, and improved linguistic	Thank you for your comment and feedback. Thank you for providing these references. The systematic review work that supported the recommendations made in this guideline focused on evidence in looked after children, young people, and care leavers specifically. Evidence from populations

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				development and sensory processing. Please consider the following articles in support of this recommendation. Ager, A., Akesson, B., Stark, L., Flouri, E., Okot, B., McCollister, F., et al. (2011). The impact of the school-based Psychosocial Structured Activities (PSSA) program on conflict-affected children in Northern Uganda. Journal of Child Psychology and Psychiatry, 52(11), 1124–1133. http://dx.doi.org/10.1111/j. 1469-7610. 2011.02407.x All-Party Parliamentary Group on Arts, Health and Wellbeing. (2017). Inquiry Report Creative Health: The Arts for Health and Wellbeing. Available at: https://www.culturehealthandwellbeing.org.uk/appg-inquiry/Publications/Creative_Health_Inquiry_Report_2017_-_Second_Edition.pdf [Accessed 14th Jun, 2021] Beauregard, C. (2014). Effects of classroom-based creative expression programmes on children's well-being. The Arts in Psychotherapy, 41(3), 269–277. https://doi.org/10.1016/j.aip.2014.04.003 Blasco-Magraner JS, Bernabe-Valero G, Marín-Liébana P, & Moret-Tatay C. (2021). Effects of the Educational Use of Music on 3- to 12-Year-Old Children's Emotional Development: A Systematic Review. International Journal of Environmental Research and Public Health, 18(7). https://doi.org/10.3390/ijerph18073668	outside of this group were not included. Please see review protocols in their respective chapters for more details.

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				Braz C.H., Goncalves L.F., Paiva K.M., Haas P., & Patatt F.S.A. (2020). Implications of musical practice in central auditory processing: A systematic review. Brazilian J. Otorhinolaryngol. https://doi.org/10.1016/j.bjorl.2020.10.007 Chiumento, A., Nelki, J., Dutton, C., & Hughes, G. (2011). School-based mental health service for refugee and asylum seeking children: Multi-agency working, lessons for good practice. Journal of Public Mental Health, 10(3), 164–177. http://dx.doi. Org/10.1108/17465721111175047 Christensen, J., 2010. Making Space Inside: The experience of dramatherapy within a school-based student support unit. *Arts therapies in schools: Research and practice*, pp.85-96 Dunphy, K., Mullane, S., & Jacobsson, M. (2013). The effectiveness of expressive arts therapies. A review of the literature. Melbourne: PACFA Fancourt, D. and Finn, S., 2019. What is the evidence on the role of the arts in improving health and well-being? A scoping review (2019). Available at: https://www.euro.who.int/en/publications/abstracts/what-is-the-evidence-on-the-role-of-the-arts-in-improving-health-and-well-being-a-scoping-review-2019?fbclid=IwAR3OTYr6Pw0qDL_DY7ISiBR1V0sd6dkiSxYYJVDoaP0Y0gpmOSbJF6c3Los [Accessed 14th June, 2021].	

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				Karkou, V., Fullarton, A. and Scarth, S., 2010. Finding a Way out of the Labyrinth through Dance Movement Psychotherapy. *Arts therapies in schools: Research and practice*, p.59. Koshland, L., 2010. PEACE through dance movement therapy. *Arts therapies in schools: Research and practice*, pp.43-58. Lavey-Khan, S., & Reddick, D. (2020). Painting together: A parent-child dyadic art therapy group. The Arts in Psychotherapy, 70, 101687. https://doi.org/10.1016/j.aip.2020.101687 McDonald, A., & Drey, N. S. (2018). Primary-school-based art therapy: A review of controlled studies. International Journal of Art Therapy: Inscape, 23(1), 33–44. https://doi.org/10.1080/17454832.2017.1338741 Moneta, I., & Rousseau, C. (2008). Emotional expression and regulation in a school-based drama workshop for immigrant adolescents with behavioral and learning difficulties. The Arts in Psychotherapy, 35(5), 329–340. https://doi.org/10.1016/j.aip.2008.07.001 Moula, Z. (2020). A systematic review of the effectiveness of art therapy delivered in school-based settings to children aged 5–12 years. International	

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				Journal of Art Therapy: Inscape, 25(2), 88–99. https://doi.org/10.1080/17454832.2020.1751219 Quibell, T., 2010. The Searching Drama of Disaffection: Dramatherapy Groups in a Whole-School Context. *Arts therapies in schools: Research and practice*, pp.114-128 Ramirez, K., Haen, C., & Cruz, R. F. (2020). Investigating impact: The effects of school-based art therapy on adolescent boys living in poverty. The Arts in Psychotherapy, 71, 101710. https://doi.org/10.1016/j.aip.2020.101710 Rolka, E. J., & Silverman, M. J. (2015). A systematic review of music and dyslexia. The Arts in Psychotherapy, 46, 24–32. https://doi.org/10.1016/j.aip.2015.09.002 Silva, A. L. M., Anchieta, M. H. M. de, Ferreira, M. A., & Tavares, I. C. L. (2020). The relationship between social behavior in adolescents and music: A systematic review. J. Health Biol. Sci. (Online), 8(1), 1–7. Simhon, V., Elefant, C., & Orkibi, H. (2019). Associations between music and the sensory system: An integrative review for child therapy. The Arts in Psychotherapy, 64(Art&Music&Movement Therapy [3357]), 26–33. https://doi.org/10.1016/j.aip.2018.11.005	

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				Smyth, G., 2010. Solution-focused Dramatherapy Group Work: Working with children in Mainstream education in Sri Lanka. *Arts therapies in schools: Research and practice*, pp.97-113 Tortora, S., 2010. From the Dance Studio to the Classroom. *V. Karkou, Arts therapies in schools: Research and practice*, pp.27-42.	
Association for Dance Movement Psychotherapy UK	Guideline	033	010	Recommendation 1.7.6 advises that relational, emotional and mental support be sought for transitions within the care system. No recommendations are offered for specific interventions that are proven to offer this support. We would suggest that the evidence for the contribution of the creative arts psychotherapies to the relational, emotional and mental health of children and young people should be considered. The evidence shows that the creative arts psychotherapies support improved self-control, decrease in aggressive behaviour, improved symptoms of depression and anxiety, improved quality of life, increase in self-esteem, increased confidence and self-expression, and improved pro-social behaviours. Ye, P., Huang, Z., Zhou, H., & Tang, Q. (2021). Music-based intervention to reduce aggressive behavior in children and adolescents: A meta-analysis. Medicine (Baltimore), 100(4), e23894. https://doi.org/10.1097/MD.0000000000023894	Thank you for your comment. The systematic review work that supported the recommendations made in this guideline focused on evidence in looked after children, young people, and care leavers specifically. Evidence from populations outside of this group were not included. Please see review protocols in their respective chapters for more details.

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				Geipel J, Koenig J, Hillecke TK, Resch F, & Kaess M. (2018). Music-based interventions to reduce internalizing symptoms in children and adolescents: A meta-analysis. Journal of Affective Disorders, 225, 647–656. https://doi.org/10.1016/j.jad.2017.08.035 Meekums, B., Karkou, V., & Nelson, E. (2015). Dance movement therapy for depression. Cochrane Database of Systematic Reviews, 2. https://doi.org/10.1002/14651858.CD009895.pub2 Schwender, T. M., Spengler, S., Oedl, C., & Mess, F. (2018). Effects of Dance Interventions on Aspects of the Participants' Self: A Systematic Review. Front Psychol, 9, 1130. https://doi.org/10.3389/fpsyg.2018.01130 Yuan, S., Zhou, X., Zhang, Y., Zhang, H., Pu, J., Yang, L., Liu, L., Jiang, X., & Xie, P. (2018). Comparative efficacy and acceptability of bibliotherapy for depression and anxiety disorders in children and adolescents: A meta-analysis of randomized clinical trials. Neuropsychiatr Dis Treat, 14, 353–365. https://doi.org/10.2147/NDT.S152747 Flores Fernández, C., & Rioseco Vergara, M.-P. (2020). Bibliotherapy and its contexts of use with children and adolescents. Rev. Cub. Inf. Cienc. Salud, 31(3), e1608–e1608.	

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				Feniger-Schaal, R., & Orkibi, H. (2019). Integrative systematic review of drama therapy intervention research. Psychology of Aesthetics, Creativity, and the Arts, 14(1). https://doi.org/10.1037/aca0000257 Cohen-Yatziv, L., & Regev, D. (2019). The effectiveness and contribution of art therapy work with children in 2018 -what progress has been made so far? A systematic review. International Journal of Art Therapy, 24(3), 100–112. https://doi.org/10.1080/17454832.2019.1574845	
Association for Dance Movement Psychotherapy UK	Guideline	038	006	Recommendation 1.8.2 refers to providing support to care-leavers who are transitioning to independence. Page 38, line 6 refers to providing access to alternative emotional and wellbeing services without offering any guidance on specific services and intervention NICE would recommend. Considering the research provided in all previous comments, we would suggest that the evidence in support of creative arts psychotherapies demonstrates significant positive results with these interventions in the emotional wellbeing of children and young people, including those looked-after and transitioning out of care. In particular we would like to highlight the findings of Alderson et al (2019) that recognise the need for creative, non-traditional ways of working with young people to encourage engagement which results in young people being more likely to express themselves where literacy skills may be low. Alderson, H., Brown, R., Copello, A., Kaner, E., Tober, G., Lingam, R., & McGovern, R. (2019). The key	Thank you for your comment. The committee discussed this issue but felt they did not have the supportive evidence to provide this detail in the recommendation.

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				therapeutic factors needed to deliver behavioural change interventions to decrease risky substance use (drug and alcohol) for looked after children and care leavers: A qualitative exploration with young people, carers and front line workers. BMC Medical Research Methodology, 19(1), 38. https://doi.org/10.1186/s12874-019-0674-3	Thank you for highlighting this research.
Association of Child Psychotherapists	Guideline	022	007	The ACP would like to make a specific comment about recommendation 1.5.13 relating to the provision of CAMHS. 1.5.13 Offer a range of dedicated CAMHS, tailored to the needs of looked-after children and young people. Offer preventive services based on assessed need (see recommendation 1.5.10), with timely delivery to prevent serious mental health problems that need tier 3 or 4 specialist services. (Guideline p. 22 line 7) Our view is that the sentence, "Offer a range of dedicated CAMHS, tailored to the needs of looked-after children and young people" is too open and insufficiently specific to effectively address the variability of services that currently exists for looked-after children and young people, and which is recognised within the guideline. Our concern is that the recommendation as written does not sufficiently reflect the evidence presented within the guideline itself that looked-after children and young people may require specialist multi-disciplinary services appropriate to their needs and circumstances. As a result services may	Thank you for your detailed comments and feedback. These were discussed by the committee and some amendments have been made to the recommendations. For example: 1.5.18 Offer a range of dedicated CAMHS that are tailored to the needs of looked-after children and young people – **for example, making them more trauma informed and relationship based.**

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				respond to the recommendation by providing care that is, as at present, "often inappropriate and not designed for the needs of looked-after children and young people" (Guideline p. 74 line 26). The reasoning behind the recommendation goes on to say that, "Traditional techniques such as behavioural therapy based interventions, were not always suitable for looked-after children and young people, who may need interventions that are more relationship-based and trauma informed interventions." (Guideline p. 74 line 28). We feel that this evidence should be more clearly communicated in the recommendation otherwise the concern is that services will not make the investment and changes to workforce necessary to deliver, "interventions that are more relationship-based and trauma informed interventions." Specifically in relation to children who have experienced trauma and abuse, a recent systematic review of the evidence of effectiveness of psychoanalytic and psychodynamic psychotherapy states that: "A number of studies have evaluated the effectiveness of psychodynamic therapies with children who had experience trauma, including children in foster care and post-adoption. We identified eight studies, three of which are RCTs. These are promising, and show that psychodynamic therapy is as effective as alternative treatments in the treatment of young people who have experienced trauma (Trowell	

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				et al. 2002; Gilboa-Schechtmann et al. 2010). These findings support those of Perenebo (2019), who also found that children who have experienced trauma may benefit from psychodynamic therapy." Midgley, N., Mortimer, R., Cirasola, A., Batra, P. & Kennedy, E. (2020) The evidence-base for psychoanalytic and psychodynamic psychotherapy with children and adolescents: An update and narrative synthesis, p. 50. Available to download via the ACP website at https://childpsychotherapy.org.uk/resources-professionals/evidence-base Recommendation 1.5.13 should be more specific about the need for highly specialist multi-disciplinary assessment and treatment services provided by a team with a range of relevant skills and competences to deliver evidence-based interventions including Child and Adolescent Psychotherapists, Family and Systemic Psychotherapists and Clinical Psychologists, with the option for both brief and long-term work with carers and children in groups and as individuals or family units. These professions have an important role in leading, supervising and developing practitioners with briefer and less-intensive trainings to deliver expanded services, in addition to working directly with children and young people whose needs may be more long-standing, severe or complex, or with their carers.	Thank you for providing these references. This guideline did not look specifically at the detailed treatments and therapies for children and young people who have experienced trauma. The committee discussion section of the guideline says – Based on their experience and knowledge, the committee agreed what trauma-informed training should cover. They recognised that there are multiple levels to this training, from simple awareness of trauma-related issues (for all carers and practitioners

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				We note that in relation to the current variability of specialist looked-after children services, "The committee agreed it was important to encourage the incorporation of prioritised specialist services within CAMHS, to prevent the need for tier 3 or 4 services for looked-after children and young people further down the line." (Guideline p. 75 line 5) Again, the specific need to, "encourage the incorporation of prioritised specialist services within CAMHS" is not properly reflected in the recommendation and we feel this is an omission. As well as leading to the provision of potentially ineffective or inappropriate interventions our view is that this is also one of the reasons behind the evidenced, "frustration felt by looked-after children, young people and their carers about delays and waiting lists for mental health support" (Guideline p. 74 line 9) as services without the necessary specialist expertise may use their resources inefficiently in not addressing the child or young person's underlying difficulties in a timely or effective way. Our experience and evidence from a major survey of Child and Adolescent Psychotherapists (https://childpsychotherapy.org.uk/news-media-0/acp-policy-reports/silent-catastrophe) is that services without the requisite skills can offer serial short-term interventions that do not sufficiently address the difficulties of the child or young person meaning that they continue to access services in a 'revolving door'. This is neither an effective use of scarce resources nor effective in meeting the needs of the child or young	working with looked-after children and young people) to training in trauma-responsive care, which may be needed for more specialised carers and practitioners. For effective delivery of training programmes, the committee agreed it was important for trainers themselves to have a good understanding of trauma and attachment disorders as well as the various effective therapeutic approaches.

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				person. Alternatively, their health may deteriorate such that more expensive care is needed further down the line. The evidence from specialist services such as the Fostering, Adoption and Kinship Care Team at the Tavistock Clinic is that many children and young people, and their carers, need a range of specialisms delivered at the appropriate time to match their needs at different developmental points. We request that the committee review recommendation 1.5.13 in order that it fully reflects the evidence and reasoning presented within the guideline and in order to better ensure the development of prioritised specialist services within CAMHS that include a multi-disciplinary response appropriate to the specific needs of looked-after children and young people.	
Association of Clinical Psychologists	Guideline	General	General	As the professional body for clinical psychologists in the UK we support the guideline's focus on attachments and trauma, the efforts to support the carers and professionals in meeting the needs of the children, and share the hope that increased support for carers will reduce changes in those with relationships with the child. Likewise we agree with the need for affection, touch, play and friendships for children in care.	Thank you for your feedback
Association of Clinical Psychologists	Guideline	020	General	Related to this, we feel that insufficient mental health screening is a significant issue for this population, especially as it is recognised that 45% of LACYP, and 72% of those in residential care have mental health problems that require specialist support. If the only screening is done as one component of a generic health assessment and referrals on to specialists are	Thank you for your comment and raising this issue. The committee were in agreement and recommended: 1.5.18 Offer a range of dedicated CAMHS that are tailored to the needs of looked-after children and young people

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				only completed where the generic health assessor feels this is necessary, this will miss significant levels of need and add delay to the system. We believe it is much better to have a universal system, tied in to the increased specialist CAMHS resource for LACYP that is being recommended. One essential component of this would be the use of regular outcome measurement that covers mental health, relationships and other factors critical to placement stability. This can ensure that needs are being addressed and not just identified, as a lot of "therapeutic" work with no evidence base is done with LACYP (often provided by placements or within schools), and very little evidence-based and evaluated work.	We also added to this recommendation: for example, making them more trauma informed and relationship based.
Association of Clinical Psychologists	Guideline	023	General	Whilst we broadly support the idea that LACYP are given more information about their life stories, we are concerned about who will deliver this and how. Little consideration has been given to the resource and training implications of universal life story work, or how the quality of this will be evaluated and ensured. We saw little evidence to support the claim that life story work improves relationships or how this can be a component of prosocial skills coaching to improve sibling relationships.	Thank you for your comment. Life story work is mandated by statutory guidance for all LACYP with a plan for adoption and therefore needs to be provided with existing resources. This is clearly indicated in the committee discussion on cost-effectiveness and resource use in Evidence Review B. The recommendations made by the committee for life story work simply indicate how life story work should be delivered to align with best practice (e.g., start as early as possible, support placement and emotional stability, considered when planning contact arrangements), which are meant to improve how life story that should already be provided to each LACYP. Training for the professionals/people conducting life story work needs to be integrated into existing training frameworks and use existing materials that are freely

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					available to minimise resource impacts. We appreciate that this may require another area of the existing training frameworks to be altered or removed, however given life story work is mandated by statutory guidance, training for appropriate delivery should be prioritised. Adjustments required to incorporate life story work considerations into existing training frameworks may incur some administrative costs, but these were thought to be minimal and would be outweighed by the increased benefits achieved from the improved delivery of life story work to all LACYP. This additional discussion has now been added to the committee discussion on cost-effectiveness and resource use in Evidence Review B.
Association of Clinical Psychologists	Guideline	026	005	We likewise feel that additional support in education is a positive and appropriate recommendation. However, we note the lack of recognition, or even mention, of learning disabilities or neurodevelopmental disorders in this population – despite their increased prevalence compared to the general population. Much increased recognition of learning disabilities and neurodevelopmental disorders in this group is needed, as underlying needs are often attributed to emotional and behavioural difficulties or missed education, meaning that LACYP do not get the specialist support they require, or have expectations tailored to their developmental level. This leads to some YP being expected to enter "independence" at a point determined by age when they do not (and may never have) the developmental readiness for this. It can also lead to unrealistic expectations that educational attainments for	Thank you for your comment. The committee has considered your feedback and have made more reference to learning disabilities or neurodevelopmental disorders in the recommendations. Recommendation 1.6.7 1.6.7 The designated teacher should: • **be aware of special educational needs and link up with the SENCO** • **liaise with specialist looked-after nurse teams if a health problem has been identified that affects education** New recommendation 1.6.7 1.6.10 Ensure that the virtual school SENCO is trained in the SEND legal framework so they can help looked-after children and young people access all the provision and support that the law entitles them to.

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				LACYP as a group should reach parity with the general population, when the increased prevalence of learning disabilities and neurodevelopmental disorders means that it may not be appropriate to draw a direct equivalence to the ability/attainment distribution in the general population and educational outcomes may never reach parity without making allowance for this.	
Association of Clinical Psychologists	Guideline	032	General	We agree with need for support around transitions, and effective matching, but feel there is a real need for research and improvement in the process of how children and carers are matched.	Thank you for your comment and feedback.
Association of Clinical Psychologists	Guideline	035	003	We would like to raise some concern about the written summary of risk factors as suggested, as this has potential to tar children with historic information or highlight negatives in a way that creates low expectations and even self-fulfilling prophecies of placement breakdown. We also wondered about issues of consent – does the young person get to consent to all of this information being shared with new carers, and does it go to all carers automatically, or do they get a choice?	Thank you for your comment. The committee considered the importance of keeping good health records to create a history of the looked-after children and young person. They noted that gaining consent for this may be a difficult or lengthy process. So the committee discussed the importance of attempting to gain this consent as soon as possible in the care process, to prevent missing important health information that could be important for directing the plan of care. If social workers supplied relevant information and consent to health teams before the initial health assessment, this could support health teams to make a good health plan.
Association of Clinical Psychologists	Guideline	037	General	However, we were most concerned about the wording in relation to transitions to semi-independent living, particularly in light of recent government moves to change the legal obligations of the state and allow wider use of unregistered provision for young people in care. We want to see it stated very clearly that children need care and support not just accommodation until the	Thank you for your comment. The committee felt strongly that a recommendation needed to be made to "Wherever possible avoid using unregulated housing…" in LACYP under the age of 18 despite government moves to allow unregulated provision post-15. The committee acknowledged the potential resource implications of this recommendation,

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				age of 18, and longer if they have developmental or mental health needs. Premature pushing into adulthood and "independence" increases risk of homelessness and negative social outcomes. Specifically, the wording in 1.8.15 is not strong enough ("Wherever possible avoid" should be "do not use") and the resource implications discussed are naive given government moves to allow unregulated provision post 15.	but justified its need on equity grounds. The committee believed that any reasonable person would not consider the use of unregulated housing for children under the age of 18 to be appropriate and therefore would be unfair and/or a social injustice to have LACYP of similar age to have to endure such living conditions simply due to their looked after status. The committee noted that unregulated housing is usually a shared house, usually of low quality, where an individual has their own room, but shares access to other facilities and that there is likely to be very little or no supervision. They believed that this is not an appropriate environment for any child under the age of 18 years to live in and that such an environment would not allow a child to take care of themselves, be safe and it would be unlikely for people to expect other children to live in similar circumstances. The committee therefore felt justified in this recommendation despite the potential resource implications. This additional justification is now provided in the committee discussion section on cost-effectiveness and resource use in Evidence Review N and the rationale section of the guideline on extended care.
Association of Clinical Psychologists	Guideline	075	024	We appreciate the Guideline's focus on mental health and agree with recommendations not to delay input or make this conditional on stable placements, but wonder about the resources for additional outreach and support services. We disagree this can be done within existing funding or by imagined efficiency savings, and feel the funding for CAMHS provision for LACYP needs to be increased and ring-fenced. This particularly needs to	Thank you for your comment, we agree that the recommendations for providing a range of dedicated CAMHS services, tailored to the needs of LACYP, with timely delivery will be associated with substantial resource implications. This is clearly stated in the committee discussion of cost-effectiveness and resource use in Evidence Review G, as we specifically

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				include sufficient practitioner psychologist input to formulate the complex and interwoven biological, psychological and social needs of this population. It is vital that CAMHS provision for LACYP does not to have to fit within the defensive/narrow model in which only diagnosable treatable conditions are considered suitable for CAMHS input. Referral criteria for such services need to be inclusive, and to address the mixed picture of trauma, adversity, social disadvantage, attachment and relationship challenges, that are interwoven with mental health.	note that "This is likely to be associated with substantial resource implications as this would require an expansion of the existing CAMHS services and capacity…". We justify this additional expenditure as there is statutory guidance around CAMHS providing targeted and specialised support for LACYP. To clarify our position, additional justification has been added to the rationale and impact section of the guideline on mental health and child and adolescent mental health services.
BASHH adolescent special interest group	Guideline	General	General	**Physical Health assessments** Accessing physical healthcare: the confidentiality and privacy afforded to most young people in terms of accessing sexual health can often be lacking for looked after children due to the circumstances in which they attend/present to services. In many cases (especially if living in residential care) young people do not have their own phones to receive 1:1 advice or results of testing. They cannot therefore independently access sexual health and contraceptive services as easily as their peers without informing carers (who often need to arrange transport or appointments for them). Support workers/carers should be mindful that this in some cases leads to a lack of appropriate access to services and negative consequences. Support workers and carers also need to be mindful that the young person is entitled to the same level of confidentiality as	Thank you for your comment. A recommendation has been added to the guideline (1.5.7) to consider the need for confidential and private access to healthcare for looked after young people or when seeking out sexual health advice or treatment.

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				other young people in a similar situation eg all information about the CYP is not shared just because they are a LAC, but only that that is necessary to keep the CYP safe. This also helps build trust between the health care professional and the young person for future (as yet unforeseen) contacts. Reference: for both comments to BASHH National Guideline on the Management of STIs in Children and Young People 2021	
BASHH adolescent special interest group	Guideline	021	003 - 010	As well as recommending sexual health screening we would also advocate the discussion of contraception where appropriate as looked after children often struggle to access this independently and can be at higher risk of pregnancy due to risk factors highlighted; poor self-esteem, difficulties navigating relationships, poor mental health etc . From BASHH Guideline on management of STIs in children and young people 2021 – '*Being a LAC or care leaver is associated with an increase of approximately 3 x the risk of a young woman experiencing pregnancy before the age of 18.'*	Thank you for your comment. We have added a cross reference to the relevant NICE guidelines on sexual health in this age group.
Bath & North East Somerset, Swindon and Wiltshire CCG	Guideline	005	008	The statement says general population. Should this not say child population because further down you only use reference of 5-15. It may be interpreted using general population as meaning all age not children comparatives	Thank you, this has been corrected.
Bath & North East Somerset, Swindon and Wiltshire CCG	Guideline	006	010	It says care leavers should it not also say "care experienced" too	Thank you for your comment. The care of previously looked-after children such as those who have been adopted out of care was out of scope for this guideline.

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Bath & North East Somerset, Swindon and Wiltshire CCG	Guideline	006	018	Add statutory before "duty"	Thank you, this has been corrected.
Bath & North East Somerset, Swindon and Wiltshire CCG	Guideline	006	021	Add statutory before "duty to support"	Thank you, this has been corrected
Bath & North East Somerset, Swindon and Wiltshire CCG	Guideline	006	028	Add the date of Working Together doc 2018 and also the date on the Education doc too	Thank you, these dates have been added.
Bath & North East Somerset, Swindon and Wiltshire CCG	Guideline	007	008	Should Section 20 be added to this list too, to ensure they are included in the support from this document	Thank you for your comment. These groups are included within the scope of this guideline.
Bath & North East Somerset, Swindon and Wiltshire CCG	Guideline	007	029	Reference not only increased costs to Local Authorities but health too and other agencies	Thank you for your comment, we have now added reference in the guideline to possible increased costs to the healthcare sector and other organisations/agencies involved in the care of LACYP.
Bath & North East Somerset, Swindon and Wiltshire CCG	Guideline	008	008	Black should have a capital letter	Thank you for your comment. NICE editorial policy uses a lower case b for black.

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Bath & North East Somerset, Swindon and Wiltshire CCG	Guideline	010	010	It says looked-after person should this read looked-after child or young person	Thank you for your comment. This wording has now been corrected.
Bath & North East Somerset, Swindon and Wiltshire CCG	Guideline	010	016	It says looked-after person should this read looked-after child or young person	Thank you for your comment. This wording has now been corrected.
Bath & North East Somerset, Swindon and Wiltshire CCG	Guideline	010	018	Should feedback after contact to the carer be included	Thank you for your comment. Recommendation 1.2.9 and 1.2.10 outlines that contact supervisors should receive training on providing support for and feedback to birth parents. The need for more intense contact supervision should also be considered (in terms of monitoring and feedback provided) in the early stages of care placements.
Bath & North East Somerset, Swindon and Wiltshire CCG	Guideline	011	028	It says looked-after person should this read looked-after child or young person	Thank you for your comment. This wording has now been corrected.
Bath & North East Somerset, Swindon and Wiltshire CCG	Guideline	012	026	Should this read –" offer the children or young person rather than just "person"	Thank you for your comment. This has been corrected.
Bath & North East Somerset,	Guideline	013	011	Should consideration be given to the information given to carers at the beginning of a new placement to ensure as much information is shared as possible including care plans	Thank you for your comment. Recommendation 1.3.1 states - Involve and value the carer's input in decision-making in the broader care team, and **keep carers**

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Swindon and Wiltshire CCG					**fully informed about a looked-after child or young person's care plan.**
Bath & North East Somerset, Swindon and Wiltshire CCG	Guideline	014	012	It says looked-after person should this read looked-after child or young person	Thank you for your comment. This has been corrected.
Bath & North East Somerset, Swindon and Wiltshire CCG	Guideline	019	009	Should this include health needs and treatment	Thank you for your comment. Health needs and assessment has been included in the mandatory training recommendation for carers (1.3.13).
Bath & North East Somerset, Swindon and Wiltshire CCG	Guideline	020	012	1.5.6- Need clarity as to what exactly is being required here. Is this a separate document or is it incorporated into the IHA?	Thank you for your comment. This is incorporated into the IHA.
Bath & North East Somerset, Swindon and Wiltshire CCG	Guideline	021	021	Should consideration be given for a speech and language screening to be considered as part of an IHA	Thank you for your comment. What is covered in the initial health assessment is covered by statutory guidance and is outside the scope of this update.
Bath & North East Somerset, Swindon and Wiltshire CCG	Guideline	021	024	It says looked-after person should this read looked-after child or young person	Thank you, this has been corrected.
Bath & North East Somerset,	Guideline	026	006	Under readiness for school- statement about health in this section particularly referencing the early years and children being toilet trained, have speech and language	Thank you for your comment. Recommendation 1.6.2 outlines the need for bespoke, individual transition support which should cover the issues you suggest.

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Bath & North East Somerset, Swindon and Wiltshire CCG	Guideline	038	001	1.8.2- Bullet Point 3:- Over 18 year old unlikely to get extended CAMHS but PA should support the care leaver to access adult mental health services or services to support with emotional health and wellbeing	Thank you for your comment. The committee considered this issue and has made an amendment to recommendation 1.8.4 - Continue services **beyond 18** until care can be transferred to adult services.
British Association for Counselling and Psychotherapy	General	General	General	There are a number of alternatives to statutory services that can help alleviate waiting lists whilst providing young people with more choice and consistency of provision, involving longer term mental health work with an appropriately experienced counsellor or psychotherapist (including a trauma informed/attachment theory approach). Funding for such work may be secured by the social worker, accessed directly via the local CCG. One example is Talkfit Counselling in Southampton, part of Sportfit, an organisation specialising in transitional work for those leaving care and moving onto independent living (the organisation is moving onto work in this area with under 16's, too). Here the counsellor may initially offer pre-therapy work (based on the work of Garry Prouty), building meaningful, mutually respective and trusting relationships with clients who are not quite ready for counselling as an intervention. In these circumstances, counsellors and psychotherapists, where resources are permitted, can work longer term with care experienced children and young people with complex, high intensity mental	Thank you for your comment and the practice descriptions. The committee could not stipulate any one method of counselling and psychotherapy without strong evidence to support its use among looked-after children and young people. However, certain recommendations are strongly relevant such as "1.5.16 - To avoid delays in care, provide intermediate therapeutic or specialist support for the care network around looked-after children and young people who are on a waiting list for child and adolescent mental health services (CAMHS)…"

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				health needs. Counsellors and psychotherapists work from a relational perspective, embedded in empathy, acceptance and via connecting in creative ways, working imaginatively within boundaries, meeting care experienced children and young people at level which doesn't feel threatening and helps alleviates power imbalances. In some circumstances, looked after children may work with CAMHs and a counsellor at the same time, receiving medication from a psychiatrist but still maintaining longer term counselling work with a non CAMHs provider. In these circumstances the team around the child approach is essential. Another example of counselling alleviating statutory services is offered via the many third sector providers across the nation. One example is Croydon Drop-in Service, in south London. The service offers regular counselling support to looked after children and care leavers, with around 10% of their counselling offer, each year, inclusive of this client group (with no targeted/specific additional funding accessed to work with care experienced CYP). Many care experienced children and young people self-refer or find out about the service via their mobile unit, Talkbus, or hear about the project from friends, foster carers, teachers or the Virtual School. The average time they stay in counselling is 17 weeks, with the service often engaging them in other activities in addition to counselling, offering a more holistic model of support to	

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				best meet their needs. This model is based within youth and community child centred inclusion, with a step care approach to counselling embedded as part of wider support packages on offer.	
British Association for Counselling and Psychotherapy	Guideline	019	004 - 007	**Health and Wellbeing-** Following on from above, BACP registered and accredited counsellors and psychotherapists are trained in a range of modalities including attachment theory and trauma informed approaches, whilst working within a children and young people's professional standard's competence framework, see particularly page 100, 4.2, linked to the role of play in therapy to explore attachments styles and trauma. Likewise, supervision received (1.5 hours per month), is also trauma informed, adhering to a supervision competence framework, p55, ensuring the safest practice possible for both client and counsellor/psychotherapist.	Thank you for your comment and useful feedback.
British Association for Counselling and Psychotherapy	Guideline	024	001	For some young people, the counsellor may be the person who focuses on therapeutic life story work and may work systemically with the social worker, sharing key learning, if agreement is in place with the child or young person. Counsellors offering this service will have undergone additional training in this area, working from a narrative that enables the client to move, for example, into acceptance as a result of trauma and abuse, abandonment and neglect. This is achieved through the use of talking therapy, play and creative arts approaches.	Thank you for your comment. The committee discussed this issue but felt they did not have the supportive evidence to include this in the guideline.

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British Association for Counselling and Psychotherapy	Guideline	027	009	Support in Schools – include school counselling or access to third sector counselling provision as part of the pupil premium offer for looked after children. School counselling services can now be offered remotely, 94% of BACP CYP counsellors from a cohort of 742 counsellors surveyed offer video and audio counselling sessions.	Thank you for your comment. Recommendation 1.6.7 outlines that the designated teacher should refer for specialist support where needed. This could include school counselling.
British Association for Counselling and Psychotherapy	Guideline	027	011	Behaviour management and wellbeing policies should not contradict each other, and both be inclusive of the needs of looked after children	Thank you for your comment. The committee discussed this issue and hoped this sentiment would be applied in schools to support the needs of the looked after child and young person.
British Association for Counselling and Psychotherapy	Guideline	045	018	Definition of practitioner - Concerns that there are no mention of the role counsellors and psychotherapists, the term 'therapist' being somewhat ambiguous. Suggested change to include: ''A paid professional providing direct care for looked-after children and young people. Practitioners may include social workers, independent review officers, educational professionals, healthcare professionals, counsellors and psychotherapists''.	Thank you for your comment, the term "therapist" is deliberately broad in order to "catch" a larger range of professionals working in this area. It should be noted that it would not be possible to list all of the various practitioners who may work directly with looked after children, therefore the list here is not exhaustive and we have tried to include the most common groups working with looked after children.
British Association for Counselling and Psychotherapy	Guideline	047	008	UKCIS (UK Council for Internet Safety) have been working with key charities and organisations to develop a digital passport for care experienced young people - www.internetmatters.org/digital-passport. This was launched in May, 2021 and should be considered as best practice when supporting a looked after child with their internet lives.	Thank you for your comment. The committee focussed on reviewing published and peer-reviewed evidence while writing recommendations and additionally this piece of work would have been developed too recently for consideration for the committee

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British Association of Dramatherapists	Guideline	022	002	(1.5.12) **CAMHS waiting lists** Arts therapists working alongside CAMHS teams and other commissioned services, eg Action for Children, they can take a role in consultations whilst we providing long term 1:1 therapy for a child.	Thank you for your positive comment and feedback from practice.
British Association of Dramatherapists	Guideline	023	001	(1.5.15) Dramatherapy and Arts Therapies can support identity and well-being. Attachment-trauma can impact the relationships that individuals have with others, making it difficult to trust and form healthy relationships throughout their lives. In the therapy room, this can act as a barrier to feeling safe with the therapy in the first instance. By utilising Dramatherapy as a Arts Psychotherapy when working with Looked After Children, the safety of metaphor rather than direct focus on the presenting issues can allow clients to feel more at ease in the therapy space. Through the use of play, games, role, story and art work, the child is able to begin to build a trusting relationship and therefore begin exploring their life story by utilising creative techniques, which takes into accounts the unconscious and bodily experiences, which cannot always be accessed through words.	Thank you for your comment. The committee focused on peer-reviewed evidence on the effectiveness of interventions for children and young people in care. Although arts therapies may be effective interventions to support looked-after children there was insufficient published evidence to demonstrate this and support a recommendation about arts therapy specifically.

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				Dramatherapy offers a unique approach as a "bottom-up" and therefore more naturally inclined trauma-informed approach. Dramatherapy offers the Looked After Child to explore the relationship with the self, as well as the other significant relationships in their lives. The attachment-trauma of the Looked After Child can impact how they navigate the self's body, which can often cause disassociation and lack of understanding around bodily sensations. Dramatherapy can therefore allow the Looked After Child to explore the bodily trauma by utilising movement-based techniques, which would work towards integrating both the trauma of the mind and body, and work towards a place of healing.	
British Association of Dramatherapists	Guideline	049	004	**Therapeutic interventions for promoting school stability and learning** HCPC Registered Arts Therapies have consistent evidence of therapeutic input reducing exclusion, improving learning outcomes, and improving attendance. Storing relationships with schools who have seen the benefits of arts therapies, have meant that sessions have been consistently funded via the Virtual School and Pupil Premium Plus for young people who are looked after. This funding stream is no longer available, and work is being funded via Clinical Commissioning Groups, though they require further evidence that commissioned services such as CAMHS approve the work -very few CAMHS services have arts therapists on their	Thank you for your comment. The committee focused on peer-reviewed evidence on the effectiveness of interventions for children and young people in care. Although arts therapies may be effective interventions to support looked-after children there was insufficient published evidence to demonstrate this and support a recommendation about arts therapy specifically.

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				teams, but what we are seeing is that schools consistently refer for Art and Drama therapy as they see the effectiveness with their pupils. Strong relationships between commissioned services, and service providers of Arts Therapies, are essential for this work to continue. **Trauma informed work** Arts therapies are by their nature trauma informed. Recommended by eg Bessel Van der Kolk, and the European Society for Trauma and Dissociation, arts therapists work with embodied trauma in a safe and attuned way, allowing children to stay within their window of tolerance and symbolically address frightening issues that may be hard to express directly, or that may have occurred pre-verbally. Dramatherapists and related clinicians hold expertise in making sense of this powerful symbolic work with clients and with their carers, social workers and schools. **Life Story work** can be easily integrated into arts therapy sessions so that the child's major life events are addressed and made sense of, and creative responses can ground and help the child process the picture they are putting together.	
British Association of Dramatherapists	Guideline	092	005	(1.7.1 – 1.7.9) **Interventions to support the stability of permanent placements**	Thank you for your comment. The committee recommended specific interventions based on the strength of the peer-reviewed literature identified in looked after children and young people (through systematic review). For more details about the kinds of

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				When delivered as a whole-network approach, working closely alongside Social Workers, Foster Carers, fostering agencies, and schools, Dramatherapy and arts therapies are extremely powerful as a therapeutic intervention with a young person when delivered alongside regular consultation with the network. Children and young people who have survived complex trauma often do not have the language to process and make sense of what has happened to them. Their expressions of trauma are expressed behaviourally - for example through outbursts of anger, difficulty with peers; hoarding, stealing or lying behaviours; self harm; dissociation; or risk taking. This can be difficult for the adults around the child to make sense of and can lead to tragic placement breakdown. Arts therapies enable children and young people to express their trauma, thoughts and feelings through symbol and play, and to find a language for this through trauma informed interventions. The therapist can then have a key role in translating and communicating this to the adult network to help them understand the child's needs and feelings and ways of meeting the trauma behaviours through sensory, trauma informed interventions. Experience is that this way of	evidence included for interventions to support emotional health and wellbeing please see evidence reviews F and G.

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				working enables placements to continue that were at risk of breaking down.	
British Dental Association (BDA)	Guideline	015	021 - 022	Point 1.3.12 we support the inclusion of oral health here "Identifying problems with, and supporting, **good oral health**, diet, and personal hygiene (particularly among those coming into care)."	Thank you for your positive comment.
British Dental Association (BDA)	Guideline	017	014	1.4.2 – As per the intercollegiate guidance for adults/CYP/Looked-after children we are keen to see that a 'designated dentist' role is created in large geographic areas (ICS footprint) to ensure that dentistry can play its full part in safeguarding meetings.	Thank you for your comment. The committee discussed this issue but felt they did not have the supportive evidence to make the suggested amendment to the recommendation.
British Dental Association (BDA)	Guideline	018	029	There should be consistency on the use of the terms Domestic Abuse and Domestic Violence throughout the document. The new Domestic Abuse Act 2021 brings in a "*statutory definition of domestic abuse, emphasising that domestic abuse is not just physical violence, but can also be emotional, coercive or controlling, and economic abuse. As part of this definition, children will be explicitly recognised as victims if they see, hear or otherwise experience the effects of abuse".*	Thank you for your comment. The wording will be amended to be consistent with the statutory definition.
British Dental Association (BDA)	Guideline	021	026 - 029	1.5.11 Health Plan and audit. We believe that the health plan should include a strong emphasis on oral health. However the audit will take some time and will need dedicated time set aside to do this well.	Thank you for your comment and feedback. The committee also considered the problem of actions in the health plan not being followed up or completed (either within a reasonable timeframe or at all). Based on this evidence and their own experience, they agreed it was important that the completion of actions in the health plan be reviewed to ensure the agreed service has been provided. This would need multidisciplinary input because some actions may be undertaken by other agencies.

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British Dental Association (BDA)	Guideline	036	001 - 005	1.7.17 Ensure that there is continuity of healthcare for the looked-after child or young person so that any physical and mental health and wellbeing support can continue in the new placement. This includes making sure that any ongoing referrals are transferred to healthcare services in the new location. We support this for oral health but would like to flag the current difficulties in accessing care in NHS dental services in both the General Dental Services and also the Community Dental Services. There are capacity and backlog issues and because there is no registration in NHS dentistry (since 2006) particular consideration must be given to ensure oral health referrals can be made and accepted. Additional services may need to be commissioned by NHS England/ Improvement.	Thank you for your comment, Dental registration has been removed from the guideline. The committee discussed this issue where it was suggested that finding dental support is often part of some local care offers.
British Dental Association (BDA)	Guideline	038	003	1.8.2 There has been no registration for NHS dental services in England since 2006. Patients can access NHS dental care if there are available appointments. Please note, access to NHS dental care is extremely difficult for all patients seeking NHS care. Community Dental Services are mainly a referral service from high street practices and have COVID backlogs. We urge that these patient groups will need ready access to NHS dental care and that to ensure that access – services are commissioned that can deliver the ultimate goal of this NICE guideline.	Thank you for your comment. Dental registration has been removed from the guideline. The committee discussed this issue where it was suggested that finding dental support is often part of some local care offers.
British Dental Association (BDA)	Guideline	044	003 - 008	Health Plan – because of the vulnerable nature of Looked-after children or unaccompanied asylum-seeking children, the health plan should have a strong emphasis on oral health.	Thank you for your comment, the purpose of this section was to describe what the health plan is, rather than make recommendations about the content of the health plan.

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British Dental Association (BDA)	Guideline	073	021 - 022	We agree with the point that "auditing the health plan may need additional time from the team of health professionals".	Thank you for your comment
British Dental Association (BDA)	Guideline	100	024 - 026	There has been no registration for NHS dental services in England since 2006. We urge that these patient groups will need ready access to NHS dental care and that to ensure that access – services are commissioned that can deliver the ultimate goal of this NICE guideline.	Thank you for your comment. Dental registration has been removed from the guideline. The committee discussed this issue where it was suggested that finding dental support is often part of some local care offers.
British Psychological Society	Guideline	General	General	The recommendations imply that there is a gap in the use of therapeutic interventions that can be used in school, such as, Theraplay evidence. The Society recommends a review for interventions to promote physical, mental, and emotional health and wellbeing of looked-after children, young people and care leavers. For example, Francis et al (2017) - results from this low cost school based theraplay intervention led by Educational Psychologists with primary aged Looked After Children show improvements in children's Social Emotional Mental Health (SEMH) needs reduction in behavioural difficulties as measured by Strengths and Difficulties Questionnaires (SDQ's) and noticeable improvements in relationship skills, confidence and engagement with education.	Thank you for your comment. The committee considered the study by Francis et al (2017) which was a small non-randomised study (n=20) evaluating pre- and post-intervention outcomes. Quantitative data did not meet the threshold for inclusion in this review as a large amount of randomised studies were identified. However, qualitative information from this study was considered but was insufficient to recommend this specific intervention.
British Psychological Society	Guideline	General	General	The draft guidelines are heavily health focused and need to be strengthened to ensure triangulation between health, education and children's services. The profile / contribution of practitioner psychologists / educational psychologist should be enhanced to ensure a holistic view of the child's needs.	Thank you for your comment. We have several recommendations that relate to the need for greater triangulation between services. For example, 1.6.14 which recommends merging EHCP and PEP meetings, the recommendations around the virtual school collaborating with SENCO and health services, and the need to provide multidisciplinary specialist support for

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					school moves (1.6.4 and 1.6.15). The committee could not specify the role of educational psychologists other than to include them among specialist support that may be indicated on an individual basis (see also rec 1.6.7 on the role of designated teachers).
British Psychological Society	Guideline	General	General	Suggested Reference Francis, Y.J., Bennion K. & Humrich S. (2017) Evaluating the outcomes of a school based Theraplay® project for looked after children, Educational Psychology in Practice, 33:3, 308-322.	Thank you for your comment. The committee considered the study by Francis et al (2017) which was a small non-randomised study (n=20) evaluating pre- and post-intervention outcomes. Quantitative data did not meet the threshold for inclusion in this review as a large amount of randomised studies were identified. However, qualitative information from this study was considered but was insufficient to recommend this specific intervention.
British Psychological Society	Guideline	General	General	Suggested Reference Francis, Y.J., Rowland J., Humrich S., Taylor S. (2021) Are you listening? Echoing the voices of looked after children about their transition to secondary school, Adoption & Fostering 2021, Vol. 45(1) 37–55.	Thank you for the suggested reference. This study was published too recently to be included in the literature reviews that supported this guideline. We will pass this reference to the NICE surveillance team which monitors guidelines to ensure that they are up to date, for future consideration.
British Psychological Society	Guideline	001	004	Reflecting on professional practice, it is not helpful to have a focus on children in the Looked After System, when there a number of other groups of needy and vulnerable children who are even more likely to feature in the statistics of poverty, low achievement, and mental health. These are adopted children, children subject to Special Guardianship Orders (SGO), children in Kinship care. Often the only difference between these children is the legislation around their placements. Advocating on the part of a child subject to	Thank you for your comment. The listed groups were those agreed upon as being the focus of the guideline in the scoping process. The care of previously looked-after children such as those who have been adopted out of care was out of scope for this guideline. However, children subject to Special Guardianship Orders (SGO) and children in Kinship (connected) care were included within the scope of this guideline.

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				a SGO can quickly show that there are not the systems and resources in place that are needed.	
British Psychological Society	Guideline	015	011	There needs to be an explanation of what this means and would actually look like in practice.	Thank you for your comment. The committee discussed this issue but did not think this explanation was needed in the guideline as there are a number of trauma informed training courses and approaches available for carers.
British Psychological Society	Guideline	015	026	We suggest adding: that the language used needs to ensure that the young person reading the record in the future, feels that they were observed in a respectful and understanding way.	Thank you for your comment. The wording in rec 1.3.13 reflects your suggestion as it says "and the impact the record may have on the looked-after child or young person."
British Psychological Society	Guideline	019	012	Specialist Social Worker expertise should also include that of persistent and multiple trauma experienced children. Close liaison with commissioning/brokerage services is vital to ensure suitable and safe placement is secured. It would be helpful to specify the need for joined up services between schools, parents, and local mental health services, and how access can be more readily facilitated. This would mean children who have had adverse early childhood experiences and are children we now care for, would not be left waiting for the help and support they require.	Thank you for your comment and feedback. The committee discussed this issue but felt they did not have the supportive evidence to make this suggested amendment in the guideline. The organisational of service provision is also outside of the scope of this guideline.
British Psychological Society	Guideline	027	016	The Designated Teacher (DT) should have a level of seniority to be able to implement support and systemic change for the children for whom they are advocating. If the DT is a less senior member of staff, as can be the case in large secondary schools, their ability to bring about change is less strong. However, if the DT is a	Thank you for your comment and useful feedback. The committee discussed your feedback and felt that the role of the designated teacher is beyond the scope of this guideline update. These requirements should be outlined in statutory guidance.

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				Headteacher in a small primary school, then they may not be able to prioritise the time needed alongside the other demands of their job. The DT also needs to have a good awareness of Special Educational Needs and Disabilities (SEND) and there should be good liaison, planning, and inclusive support for children between the DT and the Special Educational Needs Co-ordinator (SENCO). The Society recommends that there are training and systems in place so that the DT (regardless of their level of superiority) is supported and can escalate any issues to ensure changes are made to meet the needs of the child or young person. Children we care for who also have an Education Health Care Plans (EHCP), can be the subject of many meetings, such as: statutory care reviews, Personal Education Plan (PEP) reviews, SEN reviews. There is a need to look at the impact of multiple meetings on children, which can serve to make them feel a lack of control and different in ways which do not positively build their sense of themselves. Consideration of how this feels to a child and how to reduce the load on staff and schools, can bring about merged meetings whereby information can be shared to enhance support planning, for example children with an EHCP should have one PEP review held jointly with their EHCP SEN Annual Review.	

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British Psychological Society	Guideline	030	010	As well as considering intensive English lessons, there is a need to provide lessons in safety/protective behaviours to ensure children understand how to keep themselves safe, recognise danger signs, how to get help. It should be acknowledged that there are currently long waiting lists and a reduction of in-house expertise for English lessons and the impact that this has on education, social interaction and wellbeing. https://www.unicef.org.uk/wp-content/uploads/2018/09/Access-to-Education-report-PDF.pdf	Thank you for your comment and feedback. Recommendation 1.4.7 outlines that tailored support should be provided for the looked after child or young person to prevent exploitation and to address safeguarding issues.
British Psychological Society	Guideline	031	018	Post 16 transitions should make sure that there is clear planning for the young person in line with their aspirations.	Thank you for your comment and feedback. The committee discussed this issue and extensive amendments have been made to the further and higher education recommendations in line with your feedback.
British Psychological Society	Guideline	046	013	The Virtual School Headteacher should be responsible for the delegation of Pupil Premium Plus (PP+) funding to improve education outcomes for children we care for. When the Virtual School is able to have staffing to include early years and post-16 this can ensure that the support is not just focussed on children who are of statutory school age.	Thank you for this comment. The description of the virtual school in the "terms used" section is only describing what the school is rather than an exhaustive list of its roles. Please see recommendation 1.6.4 which describes the role of the virtual school in distributing the pupil premium grant. Please also see recommendation 1.6.8 which outlines the inclusion of early years expertise, and a post-16 co-ordinator within the virtual school.
British Psychological Society	Guideline	084	021	It is important that the Virtual School works closely with the SEN service to ensure that there is an understanding of what is meant by corporate parenting, what this entails for the Local Authority and that the	Thank you for your feedback. Please see the relevant sections that seek to define the role of the virtual school head making it a close worker with SEN and the lynch pin and key leader and enabler for the collaboration of

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				concept incorporates all children and prioritises those with EHCP. The Virtual School Head needs to be a respected member of the Local Authority, who is included in high level decision making panels/groups.	educational services for looked-after children and young people. (1.6.8 to 1.6.13)
Calcot Services for Children	Guideline	008	006	Being in the care system should be deemed a minority group, as all those faced with being in care are disadvantaged in some way. Education providers and care providers should begin to educate children and young people on the care system to raise awareness and to normalise it for those who are in it. If young people had more knowledge on the care system perhaps looked after children would not face such adversity from others. This is also mentioned by a young person in the "methods" supporting document, Page 44, line 20.	Thank you for your comment.
Calcot Services for Children	Guideline	009	002	The list of defining aspects of positive relationships is similar to that of a therapeutic counselling relationship. Throughout the whole guideline document, it states that young people in care need these aspects from all those involved in their lives. Should care workers in residential settings be afforded some basic or intermediate counselling training? There is much evidence to prove that the therapeutic relationship is often what heals a person's trauma, if a child were given the tools from a therapeutic relationship at the point of going into care would that reduce the continued trauma? Carl Rogers, one of the founders of humanistic psychology identifies the three core conditions of a successful therapeutic relationship as unconditional positive regard, empathy, and congruence. These	Thank you for your comment. The committee discussed this issue but did not think they had evidence on particular therapeutic approaches in order to make a recommendation.

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				characteristics are found in models such as PACE (Dan Hughes), and positive parenting strategies, however therapists who train in person centred counselling go through years of therapy themselves and thousands of pounds worth of training. If the characteristics are the same and the person in question is one of the most vulnerable in society shouldn't the people who are caring for them be afforded the same training and the same level of professionalism? In turn this would raise respect for the sector, raise the care workers pay, and give the young people the consistency and support they need to heal from trauma, and be able to transition into independent life having worked through issues which may have held them back?	
Calcot Services for Children	Guideline	009	009	In residential care settings, there is often a high turnover of staff due to lower pay. Continuity of relationships can be difficult because of this.	Thank you for your comment and useful feedback.
Calcot Services for Children	Guideline	012	002	This is hugely needed for young people in care. I have experienced many young people in care who have displayed high levels of challenging behaviours and I have been devasted to read their debriefs where they say things like "I'm bad" or "that's just me, I can't help it". The young people in care must have role models to be inspired by. We must give them someone and something to identify with that does not re-affirm the internal working model that is, "I am a child in care, I have bad behaviours, I am not worthy".	Thank you for your comment and useful feedback.
Calcot Services for Children	Guideline	015	009	Why is this excluding birth parents? If it was appropriate birth parents should be afforded this training so they may be able to offer their child some supportive parenting whether its from afar or because	Thank you for your comments. This group is outside the scope of this guideline update.

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				they are returning home, or just so they can understand how the care system is working for their child and not against them. Would affording training to all parties support a 360 approach?	
Calcot Services for Children	Guideline	031	005	This suggests that Local Authorities will look for a strategy (as in one) to reduce the number of young people missing education. The largest barrier to education for any child is that one size is supposed to fit all. Young people with trauma who are in care are not always ready to accept help and to accept learning as a positive. Local Authorities should focus on finding strategies, the plural, to ensure all young people have their needs met. Many young people in care that I meet want to learn life skills, want to earn money, want to become independent, want to learn something vocational. Why don't we allow young people to re-join classroom education when they are ready to do the work in a positive way, instead of constantly forcing them into a situation they don't enjoy, and which will eventually re-affirm that they aren't good enough due to the fact they aren't focusing or learning because their mental health/ other needs, won't let them.	Thank you for your comment and feedback.
Calcot Services for Children	Guideline	035	015	One gap I have identified throughout my work with looked after children and young people is that once they reach the age of 18, they no longer will be seen by CAMHS (child and adolescent mental health services) however, some of their needs are not deemed as reaching the threshold for adult mental health services. This leaves young people who have mental health problems extremely vulnerable and without the correct support in place. I would agree that services need to be	Thank you for your positive comment and for raising this important issue. However this topic is considered out of scope for this guideline update. The period before, during and after a young person moves from children's to adults' services is covered by the NICE guideline on Transition from children's to

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				in place for a minority of young people who need specialist care beyond the age of 18 years old.	adults' services for young people using health or social care services. This guideline aims to help young people and their carers have a better experience of transition by improving the way it's planned and carried out. It covers both health and social care.
Calcot Services for Children	Guideline	036	014	This suggests new carers will not be given vital and relevant information about the young person before beginning the new placement/care. This would be detrimental to any situation considering all parties need to be fully informed of the young persons background, needs, trauma, behaviours etc… A genuine trusting relationship could not be formed if the carer did not know important details about the young person. The young person could also live in fear that once the carer knew their past and their trauma that the new carer would also abandon them, re-traumatising them.	Thank you for your comment and feedback. Recommendation 1.7.15 outlines - Give all new carers a history of the looked-after child or young person's care.
Calcot Services for Children	Guideline	037	010	I am making a comment on this guideline in general. There is a huge gap between a children's home and the regulations which they abide by and adult placements/independent life. Young people who are in care need an improved transition into independence and need some level of support after they leave care. Much like an eighteen-year-old who leaves home for the first time, their parents are always there to fall back on in hard times or when they need help in some way. Young people in care sometimes do not have this support in place when they leave care. Care leavers need, somewhere they can drop into for advice and support and potentially there is a need for an	Thank you for your comment and feedback. We hope that your comments are reflected in our recommendations.

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				independent visitor who can purely be there as a peer support/ company/ check in service. Personal advisors need to be more proactive and hands on in that first year of leaving care.	
Changing Minds UK	Definition	050	015	Defining positive relationships – mentions core principles at the end of the definition – what are the core principles?	Thank you for your comment. This refers to the core principles for positive relationships outlined in the recommendation. We have reworded this definition to make clearer.
Changing Minds UK	Guideline	General	General	The definitions, descriptions, and labelling of mental health 'disorders' may imply that the 'problem' lies within the child. It could be helpful to consider mental health as a presentation of what has happened to the child, rather than what is wrong with the child. (see Power threat meaning model published by British Psychological Society)	Thank you for your comment. The term mental health disorder is used once in the guideline in the context, where it refers to clinically diagnosed mental health problems. This has been left in for clarity, however we have also added some text prior to it to show that this is as a result of backgrounds of abuse and neglect – rather than "problematising" the child. "Every child in care is a unique child with individual strengths and needs. However, The physical, emotional and mental health for some looked-after children and young people will have been compromised by neglect or abuse."
Changing Minds UK	Guideline	General	General	It may be of use to look at research relating to traumatised systems, trauma informed practice and how this influences systems – not just directly focusing on child but also the systems around child	Thank you for your comment. The guideline has focussed on supporting the network around the child as well as the child themself. For example, see sections on valuing carers and supporting the social worker relationship. The focus of the guideline was less on service delivery, much of which is covered in statutory guidelines. Instead, as outlined in the scope, this guideline sought to "place a greater focus on the specific interventions needed to help professionals improve outcomes for looked-after children and young people. [and] complement existing national statutory guidance which focuses more on

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					service delivery aspects. Despite this, we have also made recommendations about trauma-informed systems around the child – for example, in behavioural management policies at school (see recommendation 1.6.5).
Changing Minds UK	Guideline	General	General	The document does not emphasise the importance of psychological support or gaining a psychological understanding of young person's story such as through psychological formulation. Research informs us that psychological formulation and systemic thinking is crucial in supporting systems to think relationally and contextually. Knowledge of trauma and the impact on systems and awareness of bio-psycho-social formulation would be essential in supporting this system around the child.	Thank you for your comment. The committee felt that the guideline strongly recommends a trauma-informed approach throughout. For example, mandatory training for carers is to include training on therapeutic, trauma-informed, parenting. Understanding the child's story is encouraged through the use of good quality life story work. Unfortunately, due to the resource constraints in the system, psychological specialist support could not be recommended in every case.
Changing Minds UK	Guideline	General	General	There does not appear to be any acknowledgement of the "adolescent brain" research and impact of trauma and the brain.	Thank you for your comment. This topic would be out of scope for this guideline which focuses on the specific interventions needed to help professionals improve outcomes for looked-after children and young people. The committee were aware of the impact of trauma and made several recommendations in support of trauma-informed care throughout.
Changing Minds UK	Guideline	General	General	There is no reference to trauma informed literature in the context section. The evidence would suggest that this body of literature is pertinent to working with these systems due to experiences of trauma	Thank you for this suggestion. The context section of this guideline served to draw attention to the level of need in the looked-after population as well as pointing to the statutory guidance that forms the framework for the recommendations. It was not possible also to include references to the trauma-informed literature or other bodies of work (such as the attachment literature).

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Changing Minds UK	Guideline	General	General	Guidance makes little reference to preventive measures to maintain stability of placement. In practice, pro active strategies are more beneficial then reactive responses	Thank you for your comment. The committee would argue that the extensive sections on positive supportive relationships, and support for, preparation, training, and inclusion of carers in care processes would amount to the best preventive and proactive measures to support placement stability.
Changing Minds UK	Guideline	General	General	Continuity of relationships – It appears more needs to be done across the system that allows all professionals to be able to provide adequate care. When endings do occur, that these are done therapeutically.	Thank you for your comment. Please refer to recommendation 1.2.23 which discusses ending placements therapeutically. See also recommendation 1.2.17 about ending the relationship with the social worker, with emotional support.
Changing Minds UK	Guideline	005	029	How is this pupil premium used? Do educators have knowledge, understanding, of NICE guidelines?	Thank you, the passage has now been amended to read "Virtual schools oversee the pupil premium grant which is used by them, or designated to schools, to support looked-after children's education". Virtual schools should be aware of, and have understanding of, NICE's guidance. Schools and the education sector is not a traditional audience for NICE guidelines, but we will seek support to disseminate into this area.
Changing Minds UK	Guideline	009	003	**1.2.1** No description of continuity of relationships. What does this look like? Also, no comment on how to end relationships? Endings are significant in this population and need to be considered	Thank you for your comment. The committee discussed this issue but did not have the evidence to describe this. The committee agreed that retaining the same contact supervisors for a looked-after child or young person if possible would help to provide this continuity.
Changing Minds UK	Guideline	009	005 - 014	**1.2.2** Research also informs us about the value of enhancing relationships through use of Playfulness, acceptance curiosity, and empathy (PACE- see Goldings research).	Thank you for your comment. The committee considered your comment and although some evidence for PACE was found in evidence review D, there was not enough evidence to make a specific recommendation for this approach.

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				Connection is key. Fair discipline and boundaries need to also consider the concept of 'connection with correction' (Golding, 2015)	
Changing Minds UK	Guideline	009	008	The word 'active' could be replaced with engaged	Thank you for your comment. Engaged has been added to the recommendation.
Changing Minds UK	Guideline	009	028	**1.2.2** The section on incentives for prosocial behaviour rewarded – this may perpetuate conditional relationships that care is only given when good. "I don't receive rewards, so I am bad"	Thank you for your comment. This recommendation (1.2.4) has been amended to provide greater clarity. For example, to **encourage** prosocial behaviour.
Changing Minds UK	Guideline	011	009	Discusses need for ongoing supervision however in terms of practice consideration needs to be given of workload demand and pressure or the broader organisational culture. There is a sense that supervision in practice is being described in many forms and can be task/management focused. Perhaps there is a need to break down what supervision will be helpful. For example, ongoing supervision should be reflective and supportive.	Thank you for your comment. The committee acknowledged this difficult issue. The committee considered factors that could help prevent burnout at work, as well as improving amount of time available for direct care. These included supervision with regular check-ins and a focus on reflective practice; consultation for complex and specialist problems; and trauma-informed training to promote positive relationships, as well as more practical support to increase the time available for direct one-to-one work.
Changing Minds UK	Guideline	011	009 - 015	Strategic leads need opportunity to reflect and understand what is influencing their systems, what is contributing to staff burn out and high staff turn over (see Sandra Bloom's research)	Thank you for your comment and for highlighting this research. This issue was considered outside the scope of this guideline update.
Changing Minds UK	Guideline	011	014 - 015	Mentions trauma informed training, however it is more about trauma informed organisational approaches. It is important to work in a culture of care that can understand the impact of trauma informed practices and strives to work in this way	Thank you for your comment. The committee discussed this issue but did not have the evidence to support this suggestion.

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Changing Minds UK	Guideline	011	016 - 019	**1.2.1** Would this also be about increasing staff resilience?	Thank you for your comment. The committee discussed this issue but did not have the evidence to support this suggestion of increasing staff resilience.
Changing Minds UK	Guideline	011	016 - 021	This perhaps reads as though carer needs are discussed with child? What would be the intention of discussing needs of carer with child? Wondered if that is based on the assumption that the 'problem' is located in child. This assumption is not considerate of the dyad between parent/carer and child and what carer brings to the relationships. For example, carers bring their own relational history and needs into the relationship. This is helpful to explore in the appropriate way but I would not advocate this to be done with child.	Thank you for your comment. The committee discussed this issue and felt that the needs of carers should be discussed in a manner appropriate to developmental age. This is particularly needed if placements are at risk of breakdown. Social workers should facilitate communication between the carers and the looked-after child or young person (and birth parents if relevant) to try to resolve problems.
Changing Minds UK	Guideline	011	025	**1.2.14** Careful consideration should be taken to recognise the emotional impact of such changes on the looked after child and the opportunity for a therapeutic ending that is mindful of and manages this impact and which is sensitively tailored to the young person should be provided.	Thank you for your comment. The committee discussed this issue but felt that the recommendation acknowledged the emotional impact of such changes on the looked after child and young person.
Changing Minds UK	Guideline	011	028	References Life story work- is there an understanding that when we talk about life story work we are also perhaps talking about a piece of trauma work. It is important to do this when the child is ready	Thank you for your comment. The committee discussed this issue but wished to acknowledge the importance of life story work to help process change.
Changing Minds UK	Guideline	011	029 - 030	Recognising the emotional significance for children who have experienced loss and attachment disruption and providing opportunity to have a positive goodbye/ending' (see research on therapeutic endings)	Thank you for your comment and feedback.
Changing Minds UK	Guideline	012	008 - 010	**1.2.16**	Thank you for your comment. Recommendation 1.2.20 now says 'Consider providing funding to support contact with friends (for example, for travel or

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				Emphasis should be on particularly friendships that existed before … and those that have been supportive in the young person's social and emotional development	activities), **particularly for friendships that existed before the looked-after child or young person entered care.**
Changing Minds UK	Guideline	012	012 - 015	Social workers being on call may lead to high expressed emotion. It would be essential to think about managing risk and recognising early warning signs- therefore being proactive. There is a need to understand behaviour of young person though a psychological perspective. Our clinical experiences informs us that placement stability is linked to: Regulation a child in distress Good understanding of relationship patterns Foster carer ability to regulate in the moment Therefore, it would be essential that foster carers and social workers have opportunity to link back to young person's formulation (psychological understanding) and reflect.	Thank you for your comment. The committee discussed this issue and have added an extra recommendation. 1.2.22 Adopt a proactive approach to identify children and young people who may be likely to present out of hours, for whom out-of-hours support could be planned ahead of time.
Changing Minds UK	Guideline	012	023 - 025	States to give reasons for placement ending- however is it about given appropriate information that is helpful to child and that which is developmentally appropriate	Thank you for your comment. Recommendation 1.2.23 states - Discuss the priorities and needs of carers sensitively and transparently with the looked-after child or young person in a manner appropriate to developmental age.
Changing Minds UK	Guideline	013	007 - 010	Valuing carers section – needs more recognition of caring for children who have experienced trauma	Thank you for your comment. Recommendation 1.3.13 states - Provide a schedule of mandatory training for

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				(including potential burnout, blocked care and vicarious trauma). More consideration within the care planning processes for reflective space and general wellbeing support for carers.	carers, excluding birth parents. Ensure that this training covers: • **Therapeutic, trauma-informed,** parenting (covering attachment-informed, highly supportive and responsive relational care). Furthermore recommendation 1.3.19 states - ensure that **trainers for carers are trauma-**informed and have a good understanding of attachment issues and therapeutic approaches.
Changing Minds UK	Guideline	015	014	Could PACE (Hughes and Goulding) be referenced here.	Thank you for your comment. The committee discussed this issue but did not think that we had the supportive evidence to reference PACE (Hughes and Goulding) in the recommendation.
Changing Minds UK	Guideline	015	015	1.3.12 No comment on self-care training for carers. Also, no comment on training regarding "endings" for carers. We believe these are crucial aspects to training when supporting carers	Thank you for your comment. An addition has been made to recommendation 1.3.13 - Provide a schedule of mandatory training for carers, excluding birth parents. Ensure that this training covers: • Self-care for carers, preventing burn-out, and **coping with placements ending**.
Changing Minds UK	Guideline	015	016 - 017	Do we want carers doing life story? Could this read "Understanding their role in therapeutic life story work"	Thank you for your comment. Recommendation 1.3.13 outlines that carers should receive training in life story work.
Changing Minds UK	Guideline	016	017	1.3.17 Ensure that trauma-informed training covers: - understand the developmental impacts of trauma and childhood adversity (at a emotional, neurodevelopmental, social/relational, cognitive level) and what this means in terms of the care needs of children who have experienced trauma.	Thank you for your comment. Recommendations 1.3.17 to 1.3.20 encapsulates some of the points that you have raised in your feedback.

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				- The potential impact of carers own histories and experiences – and what this brings to the caregiving relationship. - The importance of carers wellbeing	
Changing Minds UK	Guideline	019	002	Ensuring that organisations themselves are aware of the impact of trauma and how this can influence culture and practice, staff and all layers. This would then inform strategic decision making. We would see this as an investment that would reduce costs overtime and improve wellbeing for every stakeholder.	Thank you for your comment. The guideline acknowledges the impact of trauma by recommending: Rec 1.4.3 - This practitioner should lead and facilitate safeguarding meetings and build clear lines of accountability. The practitioner could be, for example, a missing person's coordinator or another trauma-informed specialist with knowledge of exploitation and safeguarding issues in the looked-after population
Changing Minds UK	Guideline	020	012	Could this include where possible a developmental history.	Thank you for your comment. Developmental history is now covered in recommendation 1.5.8.
Changing Minds UK	Guideline	023	002 - 005	Should there be a recommendation at the outset around the need to acknowledge that life story work involves themes of trauma and loss, and therefore needs to be approached with sensitivity and skill. This is essentially a piece of trauma work (for some children). The timing and relational conditions need to be appropriate, it needs to be informed by someone with the appropriate therapeutic knowledge and skill, and there needs to be consideration of the potential for traumatisation (and therefore supports in place to mitigate this).	Thank you for your comment. Recommendations1.5.22 – 1.5.33 outline detailed recommendations on how to carry out life story work.
Changing Minds UK	Guideline	025	005	Could the developmental importance of safe physical touch be made more explicit?	Thank you for your comment. The guideline acknowledges the need for physical touch and affection

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					as a part of a healthy relationship with the primary carer.
Changing Minds UK	Guideline	027	001	Could there be more reference to how schools can be supported to identify/access appropriate specialist support to provide trauma/attachment informed care within the school environment.	Thank you for your comment. The committee discussed this issue and an addition has been made to recommendation 1.6.7: • refer for specialist support, for example educational psychology, when needed **and be aware of the impact of trauma on learning and behaviour**
Changing Minds UK	Guideline	027	011 - 012	1.6.5 schools should ensure that behavioural management strategies reflect trauma-informed practices, are restorative and relationship focused, and compliment a therapeutic approach to supporting young people to develop their coping skills and emotional/ behavioural regulation.	Thank you for your comment. Other recommendations in the support in schools section of the guideline outlines the need to refer for specialist support where needed and be aware of the impact of trauma on learning and behaviour.
Changing Minds UK	Guideline	028	001	It names educational psychology as a potential source of specialist support for schools, but it also needs to explicitly name clinical psychology (trauma and attachment is their specialty) – particularly if we're thinking about the developmental impacts of trauma and the links this has with engagement in learning, attainment and attendance (and how a school can understand and address the broader psychological needs of LAC).	Thank you for your comment. Your suggested amendment has been made to recommendation 1.6.7.

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Changing Minds UK	Guideline	029	014	It names 'designated practitioners in health services' – this needs to be broadened to a term that captures those of us who sit outside health (as many specialist LAC services do) to something like "designated practitioners/services who specialise in working therapeutically with LAC and the systems that support them e.g. CAMHS, dedicated psychology services for LAC etc	Thank you for your comment. The committee considered this issue and the following has been to recommendation 1.6.13. • designated practitioners working with looked-after children and young people who have a health need, including mental health services or therapeutic services.
Changing Minds UK	Guideline	030	002	I think there needs to be an additional recommendation within this section that – Support schools to recognise and understand the developmental impact of childhood adversity on cognitive functioning (for example memory, attention and language) which can impact academic performance so that children can be provided with the help they need to effectively engage in the learning process.	Thank you for your comment. Recommendation 1.6.7 outlines that designated teachers should refer for specialist support where needed.
Changing Minds UK	Guideline	032	007	These next 3 recommendations could be perceived as vague. They do not define what 'support' should look like e.g. are we talking about family support, therapeutic input	Thank you for your comment and feedback. The committee discussed this issue but felt they did not have the supportive evidence to provide more detail in these recommendations.
Changing Minds UK	Guideline	032	012	This should include reference to here needing to be a good understand of a child's psychological needs and strengths. Could this more explicitly name 'formulation' as a means to inform decision making here. Also, it doesn't say who will assess suitability.	Thank you for your comment and feedback. The committee discussed this issue but felt they did not have the supportive evidence to include formulation in the guideline.

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Changing Minds UK	Guideline	032	021	I think there needs to be more consideration within these recommendations around transition between placements about the needs of the child. (e.g. naming that the carer they are leaving may represent a key attachment figure in their lives, and therefore their need for a therapeutic end to this relationships, with the potential for ongoing contact during the transitional phase.	Thank you for your comment and feedback. This issue is addressed in the following recommendations. Recommendation 1.7.1 outlines the need to assess the child or young person's case history and care needs. Recommendation 1.7.10 also notes that during transition to a new permanent or long-term placement, think about the need for a more integrated experience for looked-after children (including non-verbal children) and young people that takes into account previous significant caregiving relationships. Finally, recommendation 1.7.11 outlines that during transition the need for continuity with existing social network should be acknowledged and that there is a transition period to allow sufficient time for new social connections to form and for coming to terms with the loss of previous relationships.
Changing Minds UK	Guideline	034	025	1.7.13 including how this history might have impacted young person's relational dynamics and attachment-driven/seeking behaviours, and how these have been supported in previous settings (formulation)	Thank you for your comment and feedback. The committee discussed this issue but felt they did not have the supportive evidence to include formulation in the guideline.
Changing Minds UK	Terms Used	042	010	Attachment definition – This does not appear to be a trauma informed definition of attachment.	Thank you, this definition borrowed heavily from the definition of attachment used in NICE's own attachment difficulties guideline.
Child protection special interest group	Guideline	020	002	Agreed and think it is important that we get consent to access parental records as well as the PH forms being available at the time of the IHA. We need parental consent to access antenatal screening results etc. • If the correct consent and information about where the child was born is provided, then it should be	Thank you for your comment. We have considered your feedback and have made the following amendment: Cross reference to statutory guidance 1.5.4 In line with statutory guidance, when a child or young person enters care local authorities should

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				the health team who should get the information from the hospital, not the social worker. • CoramBaaf refers to the need for the social worker to provide information as to why the child has become looked after. This requirement is not made in this NICE document and it should be there. Also with a requirement that it should be sufficiently informative, such as a brief pen picture (not just "family dysfunction" or "abuse and neglect" like we often get. • We need clarity about the need for an SDQ at the time of the IHA, as completed by either the carers and /or young person.	ensure that healthcare teams are informed as soon as possible about the legal status of the looked-after person **and why they have entered care (within 5 working days).** The use of SDQs is statutory and is therefore beyond the scope of this guideline.
Child protection special interest group	Guideline	020	007	Social care also need to provide information as to the legal status of the child too, as this is important information with respect to consent status	Thank you for your comment. The committee considered this issue and recommendation 1.5.5 states: Social workers should • Ask for the birth parents' consent to access their relevant health records and their child's birth records. If they consent, the social workers should ask the hospital of birth for information about the birth mother's health in pregnancy.
Child protection special interest group	Guideline	020	012	"indexed history" is not helpful and implies a chronology. A summary overview would be more appropriate, with appropriate interpretation as to how it is affecting the child now or in the future, rather than a list of visits.	Thank you for your comment. The use of the term 'indexed' has been removed from this recommendation.
Child protection special interest group	Guideline	022	011	to add in more explicitly about ensuring access to the full range of trauma related therapeutic options, such as EMDR (currently scarce for children).	Thank you for your comment. The committee discussed this issue but felt they did not have the supportive evidence to make this suggested addition of specific therapeutic approaches in the guideline.

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Child protection special interest group	Guideline	036	001	• Continuity of care is mentioned. Can this be expanded upon e.g. that when placed out of area but geographically nearby (maybe up to 5 miles away) that the existing health visitor is maintained, rather than starting again. Often the paediatrician will be maintained.	Thank you for your comment. The committee discussed this issue and further amendments have been made to recommendation 1.7.19 regarding existing continuity of healthcare.
CoramBAAF	Guideline	General	General	The recommendations generally correlate with the topics/areas that practitioners would expect to be highlighted. However there were some comments that the guideline does not appear to address a number of areas that practitioners felt need further attention. Statistically children and young people, who have experienced care, also have higher levels of needs related to communication and language disorders, FASD, neurodiversity, SEND, and complex mental health disorders. These complexities require further attention. Our members commented that they in many areas the links between recommendations and evidence appears fragile, leaving many recommendations to rely on opinion from the committee. Therefore some were expecting stronger recommendations for further research required in the future.. There is a need for a really strong statement about the need for outcome based evidence research that integrates health and social care perspectives. An example is that the looked after children health assessment process is a "Core process/ intervention" yet there appears to be fragile evidence suggesting effectiveness/impact of these processes.	Thank you for this comment. The committee have reviewed the groups that you have specified in your comment. The committee recognise that there exists already several pieces of NICE guidance that can be referred to here. For example – Attention deficit hyperactivity disorder: diagnosis and management guideline (NG87), the Autism spectrum disorder in under 19s: recognition, referral and diagnosis guideline (CG128), the Post-traumatic stress, NG116), and the guideline on Learning disabilities and behaviour that challenges (NG93), cover diagnosis, service delivery, and management of these conditions with all giving special consideration to looked-after children. We have now cross-referred to these pieces of guidance in the Looked-after children guideline. In addition, the committee considered whether we had said enough about FASD. NICE are currently developing a quality standard on Fetal alcohol spectrum disorder. Further details can be found here. The committee felt this was sufficiently covered by ensuring that birth parent health records and the parental health questionnaire is completed in time for the initial health assessment – see recommendation 1.5.5. In addition, the committee have added a new recommendation targeted at those with speech and

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				Concern has been expressed that the guidance is not specific or concrete enough to inform commissioners of health services. Throughout documents a hyphen appears between looked and after – this doesn't appear correct and is not in other documents.	language needs (rec 1.2.2). After reviewing the evidence, the committee have prioritised eight key areas for future research. However, we are unable to recommend research that focusses on statutory duties of care – as these are outside of the scope of this guideline.
CoramBAAF	Guideline	001	010	The rate of mental health disorders at "45% and 72%" is stark. How it is written problematizes the child in care. Consider presenting this information in a contextualised way that focuses on needs assessment and that is solution-focussed. For example, the physical, emotional and mental health for some care experienced children and young people will have been compromised by neglect or abuse. Professionals and services involved with the child need to work collaboratively to assess and review the child's particular needs and how these can best be met. The proportionate sharing of information and expertise will support this objective.	Thank you for your comment. We have considered and adjusted some of the ways in which this information is presented in the context section. However, some of the starker figures remain as they can be helpful to express the level of need in this population and the importance of care practice to address this need.
CoramBAAF	Guideline	005	001	The context section is too negative. Child-centred/person-centred and 'appreciative' approach is needed. Each child in care is a unique person. Suggest revise the context/introduction to reflect. Currently, children in care are introduced as 'a large number' with a focus of 'deficits'- for example "numbers" with mental health disorders. Consider beginning the document explicating the rights-based approach: There is recent example from	Thank you, some additional passages have been added to the context section to help express the unique needs and strengths of looked after children, and their individual journeys into and through care, and to give a greater sense of hope. However, the summary figures (for example, about rates of mental health problems) remain in the context section as they help to give a clear overview of the level of need in the population. We also have multiple recommendations that address the rights of looked after children and young people –

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				Scotland. A fundamental in "the Plan "(action plan from independent care review in Scotland) is "Organisations that have responsibilities towards care experienced children will be able to demonstrate that their rights under the UNCRC are being consistently upheld". In Scotland learning from their independent care review is that one of 'the fundamentals' is that language really matters and practitioners in other UK nations agree that this is important. Therefore need to consider every child as an 'individual' not just a homogenous 'group'. For example: Every child or young person in care is a unique individual who needs to be respected and listened to. As adults involved in the lives of a child/children in care, we need to consider not only what we do but how we do it. Every child in care is a unique child and we need to consider his/her/their strengths and her/their/ his individual needs. Language is important and our language should support person-centred and individualised care. Care experienced young people have expressed that they do not like the term LAC or 'looked after child'. See… Language that cares by TACT (March 2019). The term looked after child/children is used in legislation, regulation and guidance but this guidance could reflect this tension.	for example, recommendations 1.6.4, and 1.8.11. Regarding terminology, "looked-after child or young person" remains the most easily understood term by stakeholders and those using the guidelines. It also corresponds most naturally to statutory guidelines which are extensive and form the framework of this guideline.
CoramBAAF	Guideline	005	005	Suggest define connected care as this is not well understood.	Thank you, a definition for "connected carers" is in the "terms used" section of the guideline.
CoramBAAF	Guideline	006	002	Whilst numbers leaving care for adoption have fallen the numbers entering special guardianship have	Thank you, we have added in more detail concerning the rises in special guardianship orders. The feeling of

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				increased, this paragraph is misleading without including this – other types of permanent placement can be positive. Generally a missed opportunity in this guidance to accurately, explore, describe and reflect the situation in relation to kinship care and special guardianship including the role of health or "missing role of health."	the committee was that the standard of care for looked-after children should not be different regardless of whether they are in connected care or foster care. Likewise, the standard of support that is offered to children transitioning out of care into adoption or special guardianships should be comparable as outlined in these recommendations.
CoramBAAF	Guideline	006	022	Need to include reference to the Fostering regulations and the adoption act and guidance.	Thank you, a cross-reference and hyperlink has been added to both these pieces of legislation
CoramBAAF	Guideline	007	008 - 009	Children placed under section 20 should be included in this guidance.	Thank you for your comment. These groups are included within the scope of this guideline.
CoramBAAF	Guideline	007	013	Should include children returning home in pathways out of care	Thank you for this suggestion, we have rephrased as "moving into permanency" which would cover a move back home with the birth family
CoramBAAF	Guideline	007	013	Comment from Scotland,…. there are 4 routes to permanency return to birth parents, kinship care, permanent foster care and adoption. It would be helpful for there to be common language as children move within 4 nations that make up the UK. Language that cares: Changing the way professionals talk about Children in Care (TACT, March 2019) reports that children in care rather than 'permanence' have said they prefer to talk about 'my home without disruptions'.	Thank you for your suggestions. NICE guidelines only cover care systems in England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations. While the committee recognises the importance of language that cares, it is also vital that the guideline uses language that is understood. Permanency is a term that is used widely including in the statutory guidance that provides the framework for these recommendations.
CoramBAAF	Guideline	007	018	Helpful to note impact of Covid-19 and agree to learn from new ways of working	Thank you for your feedback
CoramBAAF	Guideline	007	024	What is the evidence for this statement? Some have reported experiencing more positive relationships with young people due to virtual contact methods	Thank you for this feedback. Among other sources, we drew from the ADCS Discussion Paper: "Building a Country That Works For All Children Post Covid-19." This paper states "The pandemic has disrupted

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					professionals' relationships with children and families e.g. youth workers, health visitors and family support workers. The longer-term impact on the voluntary and charitable sector, who work around statutory services or are contracted by Las to deliver services, is unknown. Social distancing measures and a lack of reliable access to PPE supplies curbed home visits, reducing the line of sight into household composition, but these are now resuming with the most vulnerable children and families and those assessed largely via virtual means during lockdown prioritised for a face-to-face visit" – "Using electronic communications, such as Skype and WhatsApp, as a means of 'visiting' children in need or in care may not be as effective if there isn't a safe, quiet space to talk openly at home or if families do not have access to the right technology to engage. Where there is no existing relationship with children and families, frontline workers report remote methods of contact are less impactful, meaning progress may be limited"
CoramBAAF	Guideline	008	005	Suggestion that diversity should mention different socioeconomic groups relating to class and finance and education.	Thank you for your comment. An amendment has been made to the recommendation.
CoramBAAF	Guideline	009	015	Language that cares: Changing the way professionals talk about Children in Care (TACT, March 2019) reports that children in care rather than siblings they prefer "Our brothers and sisters: People who are related to me"	Thank you for this comment. The committee are aware of this piece of work and have tried to use caring as well as clear language throughout the recommendations.

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				Agree with recommendation to support relationships for brothers and sisters in care. This needs to create supports for adults to parent brothers and sisters (sibling groups). 'Sibling groups' have been labelled 'difficult to place'. Children are not responsible for their needs. 'Our' collective systems need to change to meet the needs of sisters and brothers of being together in a lifelong family.	Thank you also for your support of our recommendation to support relationships for siblings in care.
CoramBAAF	Guideline	014	004	Respite is an outdated term. Respite means "a short period of rest or relief from something difficult or unpleasant". We need to consider the sub-message to children. For disabled children, we describe times away from family as 'short breaks'. Language that cares: Changing the way professionals talk about Children in Care (TACT, March 2019) reports that children in care rather than respite say they prefer; "a break for children; day out; home away from home; stay over; stay over family; sleepover; time off/time off for us/ time off for our carers. Consider giving carers paid breaks when a child moves from their family to prevent burnout. Or foster families working with a 'short break' who provide short beaks for children.[Rather than a child needing to move to another family for the carers to take a holiday.]	Thank you for your comment. The committee considered the use of the term 'respite care' however they felt that alternative suggestions were not well understood. In the recommendations we've used the term 'respite' with 'support care' in brackets to encourage its further use.
CoramBAAF	Guideline	017	016	"Use safeguarding meetings as an opportunity to review the case files for looked-after children and young people, share expertise and standardise tools used for risk assessments"	Thank you for your comment. The committee discussed this issue, and an extra recommendation has been added to provide clarity:

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				Intention of this recommendation created questions. It needs more clarity…people not sure exactly what was meant.	1.4.8 Review the case files of looked-after children and young people who have been the subject of safeguarding meetings to help the safeguarding partnership learn and develop future safeguarding responses (or to inform best practice).
CoramBAAF	Guideline	019	008	Ref …."Tell" practitioners and carers working with unaccompanied asylum seekers…… Who should do the telling?…….possibly this is referring to training needs of practitioners??	Thank you for your comment. We have considered your feedback and 'tell' has been replaced with 'ensure'.
CoramBAAF	Guideline	020	003	Possibly this was this meant to read parents health records and child's birth record.	Thank you for your comment. The committee considered this issue and recommendation 1.5.5 now states: Social workers should • Ask for the **birth parents' consent to access their relevant health records and their child's birth records.** If they consent, the social workers should ask the hospital of birth for information about the birth mother's health in pregnancy.
CoramBAAF	Guideline	020	007	However collecting this information should not hold up completing IHA within statutory timescales	Thank you for your feedback.
CoramBAAF	Guideline	020	102	Idea of indexed medical history/chronology…..concern that this becomes a list that does not have meaning or relevance. Unrealistic unless we have a fully joined up electronic patient health record. There is already collation of past medical history, how would this be different? Health practitioners would need very clear explanation and direction with this recommendation.	Thank you for your comment. The use of the term 'indexed' has been removed from this recommendation. Further detail on the compilation of a history of the looked-after child or young person's health is outlined in recommendation 1.5.8.

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				This would need to explain the importance of correlating the medical history with the social history and the assessment of impact of the medical history needs to be viewed in the light of the social history – ie analysis and formulation is psychosocial not just medical. This isn't mentioned at all.	
CoramBAAF	Guideline	021	003 - 020	UASC – comments received that additional considerations required for this group need to assess abuse and safeguarding issues on journey and in UK, risk of radicalisation,/FGM risk, need to consider religion and identity, the need for country specific infectious disease assessment / investigations eg schistosomiasis serology, need to assess for trafficking , slavery , CCE. Rec 1.5.9 We would support the encouragement of the use of the form developed by Kent	Thank you for your comment. These considerations are outlined in recommendation 1.5.11. Thank you for this suggestion.
CoramBAAF	Guideline	021	019	If there is going to be a recommendation for a formal assess of mental health for all UASC, this will require more detail and this has significant implications for resources.	Thank you for your comment. The committee believed that in order to avoid missing LACYP that may suffer from mental and emotional health issues and avoid the substantial long-term costs and consequences incurred when these issues go unidentified, an additional mental health assessment should be considered (not offered) in all LACYP. This is to ensure timely referral to a specialist mental and emotional health assessment. The committee also believed that identifying LACYP with these mental and emotional health issues as early

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					as possible would allow them to receive interventions that may prevent them from requiring more substantial/intensive CAHMS treatment in the future. These details are now provided in the committee discussion on cost-effectiveness and resource in Evidence Review E.
CoramBAAF	Guideline	021	021	Additional assessment is recommended…… this would require additional resources, who is going to do this? ..needs more detail…significant resource implications	Thank you for your comment. The committee believed that in order to avoid missing LACYP that may suffer from mental and emotional health issues and avoid the substantial long-term costs and consequences incurred when these issues go unidentified, an additional mental health assessment should be considered (not offered) in all LACYP. This is to ensure timely referral to a specialist mental and emotional health assessment. The committee also believed that identifying LACYP with these mental and emotional health issues as early as possible would allow them to receive interventions that may prevent them from requiring more substantial/intensive CAHMS treatment in the future. These details are now provided in the committee discussion on cost-effectiveness and resource in Evidence Review E.
CoramBAAF	Guideline	021	021	Rec 1.5.10 In some areas the local authority embeds this in foster carer training.	Thank you for this information.
CoramBAAF	Guideline	021	026	Ensure that it is clear who is responsible for the health action plan…..remember the role of the social worker and IRO.	Thank you for your comment and feedback.

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CoramBAAF	Guideline	026	026	Rec 1.5.29 We would suggest it is important to highlight the importance of being aware of foster carer's own dietary habits- perhaps this could be addressed within the foster carer training provided.	Thank you for your comment. The committee discussed this issue but felt they did not have the supportive evidence to include this in the recommendation.
CoramBAAF	Guideline	048	General	Research recommendations…..some suggestions We need agreed outcome measures. Do we know what interventions and assessment processes, and support measures are appropriate to support children and young people who present with severe and complex mental health needs/ emotional and behavioural crisis? The courts have made significant reference to the failure of care for individual young people in recent years. Should we consider specifically the needs of children in care with FASD? Should we consider specifically the needs of children in care with speech, language and communication /needs disorders? We should evaluate the effectiveness of the health assessment process, both IHA and RHA and health planning as an integral part of care planning. We should undertake research to determine which type of practitioner should be responsible for/ undertake health assessments/ and how these assessments should be completed. We could at least compare the differences across the 4 nations of the UK. .	Thank you for your suggestions. The committee have now made cross-references to NICE guidance on looked after children with learning disabilities and behavioural problems, ASD, ADHD, and PTSD. These guidelines make recommendations specific to looked after children. The committee also considered whether enough had been said about FASD. The committee felt this was sufficiently covered by ensuring that birth parent health records and the parental health questionnaire is completed in time for the initial health assessment – see recommendation 1.5.5. the specific management of FASD is out of scope for this guideline. NICE are currently developing a quality standard on Fetal alcohol spectrum disorder. Further details can be found here. The committee have added more detail about speech and language in recommendation 1.2.2. Finally, the committee were unable to recommend research about the effectiveness of statutory processes such as IHA and RHA meetings, and as such were out of scope of this guideline.

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CoramVoice	Guideline	005	032	Although it is true that children in care have poorer outcomes, this does not reinforce a strengths based approach to working with children and young people. We have found in our Bright Spots work that although a higher proportion of children in care and care leavers have low well-being than their peers, many children in care and care leavers also do well. Over 80% feel that their lives are getting better. Research by Sebba et al found that although Children in care do worse educationally, when you account for disadvantage, they do better than children not in care. It is useful to be mindful of the language and the culture this promotes – see work from Scotland on using a more positive language https://eachandeverychild.co.uk/the-toolkit/.	Thank you, an additional passage has been added "It should be highlighted that, despite the gap in health and educational outcomes between looked-after children and young people and the general population outlined above, research suggests that the longer children remain in care the better they can improve in these areas, and accounting for their disadvantages, they can do better than children not in care."
CoramVoice	Guideline	008	005 - 011	We welcome highlighting diversity issues. It would be useful to also stress the needs of young people with disabilities and long term health conditions too. In CoramVoices' advocacy work we often find that children and young people with disabilities in care can miss out on support, e.g. may not get their entitlements as a care leaver because they are supported by the adult disability team. 13% of advocacy services cannot offer non-instructed advocacy to children and young people who, for a range of reasons, are unable to instruct an advocate to uphold their rights, wishes and feelings We also found in the Bright Spots programme that care leavers appear more likely than other young people to report having disabilities or health problems. Care leavers that define themselves this way also report lower well-being in a range of areas - were lonelier,	Thank you for your comment. NICE currently has a guideline in development on Disabled children and young people up to 25 with severe complex needs: integrated service delivery and organisation across health, social care and education. The scope for this guideline has outlined that it may be relevant to those with looked-after children status.

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				more isolated, and less likely to report they had goals and plans for the future. Fewer disabled care leavers felt settled and safe where they live and more were finding it difficult to manage financially. (https://coramvoice.org.uk/wp-content/uploads/2020/11/1883-CV-What-Makes-Life-Good-Report-final.pdf)	
CoramVoice	Guideline	009	003	We welcome the focus on the importance of relationships – this has been highlighted as key for children and young people in wellbeing measures. When we developed the Bright Spots indicators together with children and young people to measure their subjective wellbeing, the quality they stressed from the people in their lives was "trust". This related to their relationship with carers, social workers and 'trusted adults' in their lives. See: https://www.researchgate.net/publication/295394597_Looked_after_Children_and_Young_People_in_England_Developing_Measures_of_Subjective_Well-Being https://journals.sagepub.com/doi/abs/10.1177/0308575916686034 Not having a trusted adult was also found to be associated with low wellbeing – see: https://coramvoice.org.uk/wp-content/uploads/2021/01/Our-Lives-Our-Care-2017-full-report-2.pdf	Thank you for positive your comment and for providing an example of good practice.
CoramVoice	Guideline	009	015	We welcome the inclusion of sibling relationships in the guidance as this was an area highlighted by children in	Thank you for your positive comment.

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				the Bright Spots programme as important to their wellbeing: https://www.researchgate.net/publication/295394597_Looked_after_Children_and_Young_People_in_England_Developing_Measures_of_Subjective_Well-Being https://journals.sagepub.com/doi/abs/10.1177/0308575916686034	
CoramVoice	Guideline	010	006	Upcoming analysis by the Rees Centre at the University of Oxford, using Bright Spots survey data, has explored over 7,500 quantitative responses from children in care and almost 4,754 written comments on their contact. Initial analysis suggests that: • Most children and young people wanted to see their parents and siblings, but they also wanted to see extended family members and pets. • While there were many who thought contact arrangements were 'just right' many also wanted to see family members more. • Not all children and young people wanted more contact. A few children and young people (2-3%) wanted parental contact to cease or be reduced. Although this research is yet to be finalised early analysis indicates that the following was important to children and young people	Thank you for your comment and for providing these research findings. The committee has considered your feedback and has added an extra recommendation (1.2.7) regarding respecting the wishes of looked-after children and young people about contact arrangements (where and who with) and take them into account when making plans.

				Location Children and young people commented on small drab contact venues with limited activities, the intrusive behaviour of supervisors, and arranged when parents or older siblings found it difficult to take time off from work. Contact centres or the young person's placement were often many miles from their home area and the costs of travel were prohibitive. Some children complained that contact was arranged at times when they wanted to be involved in after school clubs and activities with friends. Children and young people preferred contact to be in large enough rooms or take place outdoors, to offer privacy and for the visit to involve every-day activities such as walking the dog, going for a meal, playing games. **Involvement in decisions about contact** Most of the young people wrote about feeling involved in decision-making and that they felt respected and their wishes were listened to. Others felt that their social workers made all the decisions, that they had not been involved in decisions to reduce the frequency of visits, or that they were ignored when they said they did not want to see certain members of their family. They also felt that contact arrangements were not changed in line with their age, were inflexible, and unresponsive to changes in their family circumstances. For example, a young person wrote about not being allowed to visit a sick grandmother. **Opinions and feelings**	

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				When contact was going well, children and young people wrote about their joy and happiness in seeing their families. Many though wrote about a lack of information and feeling that they were 'kept in the dark' about their families. They wrote about having unanswered questions about their fathers- who they were and why they could not see them and having siblings they had never met. Some of the younger children wrote that did not know when their next contact was happening. Many of the young people whose family were not in the UK, expressed distress and worry about not knowing where family members were living or in some circumstances whether their parents were alive.	
CoramVoice	Guideline	011	007	1.2.11 – social worker case loads as important factor in supporting them and reducing staff turn over.	Thank you for your comment. In the guideline the committee highlighted that – 'social workers on the committee commented on the increase in workload, lack of funding, and an upwards trend in the number of looked-after children and young people'. **'**Turnover of social workers was frequently as a result of workload, burnout, or the need to change work for career progression'.
CoramVoice	Guideline	011	007	1.2.11 We welcome emphasis on reducing turnover of social workers – through the Bright Spots programme frequent changes in social workers was associated with a lack of trust in social workers. (https://coramvoice.org.uk/wp-	Thank you for comment and for providing this example of from practice.

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				content/uploads/2021/01/Our-Lives-Our-Care-2017-full-report-2.pdf, p.13)	
CoramVoice	Guideline	012	002	1.2.15 We welcome the consideration of peer mentoring programs with professional support – should be strengthened from "give consideration" to "establish".	Thank you for your comment. The committee discussed this issue but did not have the evidence to make this suggested change to the recommendation.
CoramVoice	Guideline	012	008	1.2.16 – We welcome the focus on friendships which chimes with Bright Spots findings – the importance of friends and being able to do similar things to your friends were both key aspects that children and young people identified as important to their well-being.	Thank you for your comment and example from practice.
CoramVoice	Guideline	019	001	This section could benefit from highlighting importance of practitioners understanding of what children and young people see as important to their well-being – for example: https://www.researchgate.net/publication/295394597_Looked_after_Children_and_Young_People_in_England_Developing_Measures_of_Subjective_Well-Being https://journals.sagepub.com/doi/abs/10.1177/0308575916686034 https://coramvoice.org.uk/wp-content/uploads/2020/11/1883-CV-What-Makes-Life-Good-Report-final.pdf https://coramvoice.org.uk/wp-content/uploads/2021/03/Words-pictures-case-summaries-North-Somerset-Sep-20.pdf	Thank you for your comment and for highlighting these research findings.
CoramVoice	Guideline	023	002	1.5.15 We welcome emphasis on life story work as understanding why you are in care was also identified by children and young people as important to their well-	Thank you for your positive comment. Thank you also for highlighting these references. We have considered these references and they do not meet the inclusion criteria for our evidence reviews.

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				being. Other information to consider to address this: https://coramvoice.org.uk/wp-content/uploads/2019/10/Bright-Spots-insight-paper-Understanding-why-you-are-in-care_compressed-1.pdfhttps://onlinelibrary.wiley.com/doi/abs/10.1111/cfs.12721 https://coramvoice.org.uk/wp-content/uploads/2021/03/Words-pictures-case-summaries-North-Somerset-Sep-20.pdf https://onlinelibrary.wiley.com/doi/abs/10.1111/cfs.12721 Coman, W., Dickson, S., McGill, L. and Rainey, M. (2016) Why am I in care? A model for communicating with children about entry to care that promotes psychological safety and adjustment, Adoption & Fostering, 40, 1, 49-59	
CoramVoice	Guideline	025	001	In this section it would also be useful to highlight access to nature and the outdoors, which are activities that carers have a key role in. Access to the natural world was one of the areas that children and young people stressed was important to their well-being in the Bright Spots research (https://www.researchgate.net/publication/295394597_Looked_after_Children_and_Young_People_in_England_Developing_Measures_of_Subjective_Well-Being). A wealth of well-being research has demonstrated the importance of access to green spaces and carers have a key role to play in ensuring children have access to this.	Thank you for your comment and for providing this practice example. The committee considered your feedback and have made the following addition to recommendation 1.5.36: • one-to-one activities accompanied by the primary carer (at least initially) to promote opportunities for listening and positive relationship building, **for example, visiting outdoor green spaces such as parks.**

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Da'aro Youth Project	Guideline	General	General	https://www.childrenscommissioner.gov.uk/report/childrens-voices-the-wellbeing-of-children-subject-to-immigration-controls-in-england/	Thank you for your comment and for highlighting this report.
Da'aro Youth Project	Guideline	General	General	https://www.childrenssociety.org.uk/information/professionals/resources/distress-signals	Thank you for your comment and for highlighting this report.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	General	General	These cover far ranging issues in terms of providing and improving services for Looked After children and young people. I was particularly struck by the sections on Valuing Carers (particularly Foster/Connected Carers);Trauma-informed approaches; Life story work as a trauma-informed technique; promoting low levels of staff turnover to improve continuity of Care; positive relationships as the best possible intervention to prevent placement instability; supervision, mentoring and training for Social Work staff; etc. Therefore a lot of the material will be helpful to Social Workers and their Managers/Leaders. I did detect a strong emphasis on developing services and support by cost neutral means. Throughout the documents, collated "UK wide interviews and focus group evidence" are referenced. As NICE Guidance specifically covers England, there are mentions of a number of Provisions such as Virtual Schools and Special Guardians that are not currently available in NI. Aware that the Guideline is not due to be published until October, I will proffer (again) that I continue to find the Endorsement of these documents difficult as there is no acknowledgement in them that NI has an integrated Health and Social Care Structure and for Social Work Services for Looked After Children	Thank you for your comment. NICE guideline recommendations are applicable for health and care provision in England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.

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				different Agencies, legislation and practice than that of England. With that in mind and in tandem with the current HSC Circular, it would appear that the option available in the future during the endorsement of this proposed Guideline may need to be "Highlight Specific Recommendations for Particular Consideration in the design and Delivery Of Services"	
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	General	General	The document makes frequent reference to "local authorities", which reflects structures in the rest of the UK. If the guidance is to be effectively implemented in NI, it would be useful to amend this to reflect structures in NI.	Thank you for your comment. NICE guideline recommendations are applicable for health and care provision in England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	General	General	Careers • Any references to provision of careers services, could include the wording: Organisations should ensure that all looked after young people have access to professional and impartial careers guidance services. In Northern Ireland this support can be sourced at: https://www.nidirect.gov.uk/campaigns/careers	Thank you for your comment. NICE guideline recommendations are applicable for health and care provision in England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	002 - 026	General	**Recommendations 1.4.1 to 1.4.8.** This section is highly relevant to the application of the current Protecting Looked After Children Guidance. The committee recommends leadership in multiagency working would best be provided by a specialist in contextual safeguarding, exploitation and missing children in the looked after population – Is this not the	Thank you for your comments and for highlighting areas of agreement with your Protecting 'Looked After' Children guidance.

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				role and function of the Trust CSE leads?? There are tools in place for assessing risk, identifying indicators of exploitation etc; Data is collected and shared via the CSE leads on a monthly basis on children at risk of CSE; in addition there are standing strategic and operational structures in place in each Trusts area between Trusts and PSNI to share information, monitor trends, share intelligence etc. There may be a need to examine the CSE role / title and to align same with specialist role and remit for "exploitation" in whatever form it takes – sexual, criminal, modern slavery etc	
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	009 - 013	General	**Recommendations: 1.2.1 to 1.2.21:** Defining Positive Relationships: we would acknowledge the "overload" of professionals in a child's life and the necessity of consistent caring relationships in the child's life; it is an area of practice that is challenging and one that is articulated by children in care as an important aspect of their care experience Relationships with birth family section makes significant reference to social media based contact arrangements; it rightly points up the necessity of safeguarding considerations and measures Relationships with social workers: Rightly highlights the impact on continuity of relationships between social worker and child, impact on the child where these relationships end, become fractured etc, causative factors leading to social workers leaving / moving posts and measures to support retention and protecting time for social workers direct work with children; some aspects of this section are helpful to our current	Thank you for your comment and for highlighting this important issue.

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				deliberations on workforce issues; however consideration needs also to be given to how the design and structure of our children's services create and compound changes of social workers.	
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	023 - 024	001 - 027	**Recommendations 1.5.15 to 1.5.25** A strong and welcome section however one that is recognised as requiring more emphasis and focus. Important points noted include the standardising life story work, training, and to be undertaken by a practitioner / carer with the right skill set. Whilst cited as having minimal resource implications training and addressing caseload capacity are likely to incur measurable additional costs.	Thank you for your comment. Life story work is mandated by statutory guidance for all LACYP with a plan for adoption and therefore needs to be provided with existing resources. This is clearly indicated in the committee discussion on cost-effectiveness and resource use in Evidence Review B. The recommendations made by the committee for life story work simply indicate how life story work should be delivered to align with best practice (e.g., start as early as possible, support placement and emotional stability, considered when planning contact arrangements), which are meant to improve how life story that should already be provided to each LACYP. Training for the professionals/people conducting life story work needs to be integrated into existing training frameworks to minimise resource impacts. We appreciate that this may require another area of the existing training frameworks to be altered or removed, however given life story work is mandated by statutory guidance, training for appropriate delivery should be prioritised. Adjustments required to incorporate life story work considerations into existing training frameworks may incur some administrative costs, but these were thought to be minimal and would be outweighed by the increased benefits achieved from

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					the improved delivery of life story work to all LACYP. This additional discussion has now been added to the committee discussion on cost-effectiveness and resource use in Evidence Review B.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	030 - 031	019 - 004	Data is currently collected on looked after children in education via EA which is shared with HSCB / Trusts; DoH through OC returns also collates information on educational outcomes	Thank you for this information.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	013 - 014	General	**Recommendations 1.3.1 to 1.3.9** Availability of support, short break and out of hours responses: the areas highlighted are justifiable and valid; where children are fostered is consideration uniformly given to the wider foster family network and their potential to provide short breaks when required. Previous discussion took place about the Mockingbird model as a foster carer support mechanism and a means of foster carers collaborating to overcome and resolve issues; it has not been progressed primarily because of funding and logistics / cost implications.	Thank you for your comment. NICE makes recommendations based on evidence of both effectiveness and cost-effectiveness of interventions and would not rule out recommending an intervention (e.g., the Mockingbird model) solely based on cost alone. However, in cases where evidence of effectiveness is limited and/or there is likely to be a significant resource impact (>£1 million/year) and no cost-effectiveness evidence is available the committee would not usually be able to make strong recommendations for interventions. Therefore, the committee believe that it is not the costs of certain interventions that are a barrier to their use, but a potential lack of evidence of effectiveness as well as cost-effectiveness to support their use.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	015 - 016	General	**Recommendations 1.3.10 to 1.3.19** May require further consideration and examination of the current training provided to foster carers – mandatory and specialist, how such training is currently provided, its content and delivery model; NICE guideline suggest minimal cost in delivery or	Thank you for your comment. Mandatory training schedules already exist for carers (particularly foster carers) and it is the committee's belief that the recommended training components could be incorporated into these sessions without the need for extra training capacity in many cases or the need to

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				adjustments to existing training programmes / material which may be questionable but there may also be hidden costs in terms of freeing up carers to be able to participate in training.	free up more time for carers to be able to participate in training. The committee appreciate that this may require other areas of the existing training frameworks to be altered or removed, however the recommendations outline the most important elements that should be considered in training schedules for carers and should therefore be prioritised for inclusion over other training areas. Adjustments required to incorporate the recommended areas into existing training frameworks may incur some administrative costs, but these were thought to be minimal and would be outweighed by the increased benefits achieved from reducing variation in training given to carers. This additional discussion has now been added to the committee discussion on cost-effectiveness and resource use in Evidence Review A.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	030 - 031	General	**Recommendations 1.6.19 – to 1.6.21** The importance of schools being notified of a child in care is cited; this is an area that Band 5 education workers are concentrating on as there has been some variance in notifying and issuing the CLA form as required.	Thank you for your comment. NICE guideline recommendations are applicable for health and care provision in England, therefore the wording is weighted towards the English health and social care system. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	011	001 - 005	**Relationship with Birth Family** Ensure statutory duties for visiting are maintained.	Thank you for your comment. The committee discussed this issue but felt this issue will be covered in statutory guidance.

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Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	011	020 - 024	The impact of wider workforce issues should be examined within the context of service delivery and impact upon children and families.	Thank you for your comment. This topic is out of scope for this guideline update.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	012	001 - 006	The Life Deserved Strategy places additional emphasis on mentoring as statutory provision. This should be referenced here for NI applicability.	Thank you for your comment. NICE guideline recommendations are applicable for health and care provision in England, therefore the wording is weighted towards English legislation. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	012	012 - 015	Would require funding stream in NI to enhance existing out of hours provision for looked after children.	Thank you for your comment. Please be aware that NICE guidelines are developed to set out the care and services suitable for most people with a specific condition or need, and people in particular circumstances or settings in England. It is the responsibility of other jurisdictions to review guideline recommendations locally and assess their applicability. The committee discussed a range of possible ways in which out of hours support could be provided in England (which may or may not be applicable to other jurisdictions) in order to allow local authorities to use a system that works best for them - both logistically and financially. One option was that out of hours support would consist of an "on-call" social worker. The committee noted that this would require a contract change for social workers, but agreed that it would be feasible to reallocate existing staff time from regular work hours to out-of-hours work. This contract change

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					and reallocation would likely have cost implications but the committee felt that having social worker availability for these emergency situations would allow for serious issues to be addressed, and may avoid significant costs associated with those emergencies (e.g. self-harm, hospitalisation, placement breakdown, justice system costs). This is highlighted in the committee discussion on cost-effectiveness and resource use in Evidence Review B and is captured in the rationale and impact section of the guideline.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	013	002 - 003	Multi-dimensional treatment foster care? This definition is not consistent with the language used within existing NI foster care provision.	Thank you for your comment. NICE guideline recommendations are applicable for health and care provision in England, therefore the wording is weighted towards provision within England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	013	005 - 006	Attachment practice / therapeutic care is integrated into the NI FITC model.	Thank you for your comment.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	014	019 - 020	Support to adult carers needs further examination within the guidance as to applicability and integration within an NI context.	Thank you for your comment. NICE guideline recommendations are applicable for health and care provision in England, therefore the wording is weighted towards provision within England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Department of Health, Social Services and	Guideline	017	005	Suggest we need to provide clarity to ensure there is **(in context of CJINI and SBNI (Leonard) reports)**	Thank you for your comment. NICE guideline recommendations are applicable for health and care provision in England, therefore the wording is weighted

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Public Safety - Northern Ireland				**common understanding of what exactly these "safeguarding meetings are in NI** 1. CPCC 2. LAC Reviews 3. PLAC Reviews	towards provision within England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	017	008	More inclusive and promotional terminology than 'Child Protection' Risks	Thank you for your comment. NICE guideline recommendations are applicable for health and care provision in England, therefore the wording is weighted towards provision within England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	017	011 - 012	Is of assistance determining what agencies we could reasonably expect to be present at a LAC or PLAC review as well as attending CPCC's clinics.	Thank you for your comment. NICE guideline recommendations are applicable for health and care provision in England, therefore the wording is weighted towards provision within England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	017	011 - 015	The section and references regarding Virtual Schools are not applicable in NI.	Thank you for your comment. NICE guideline recommendations are applicable for health, education and care provision in England, therefore the wording is weighted towards provision within England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	017	017	Clarify the use of signs of safety "mapping" and "scaling" tools with YP parents carers and agencies in LAC and PLAC reviews	Thank you for your comment. The committee discussed this issue but did not think that further amendments were needed.

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Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	017	019 - 020	Who/what grade is Practitioner? There is clear expectation for CPCC?LAC reviews and PLAC reviews and the minimum grade is band 8a equivalent of APSW.	Thank you for your comment. NICE guideline recommendations are applicable for health and care provision in England, therefore the wording is weighted towards the English health and social care system. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	017	019 - 020	Contextual Safeguarding is not a term used within NI.	Thank you for your comment. NICE guideline recommendations are applicable for health and care provision in England, therefore the wording is weighted towards provision within England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	018	002 - 005	Do NOT think we can accept this as it could result in CPCC/LAC Review/PLAC Review being chaired by such a 'Practitioner'	Thank you for your comment. NICE guideline recommendations are applicable for health and care provision in England, therefore the wording is weighted towards provision within England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	018	006 - 014	The Trust CSE leads have specialist knowledge that would be brought to bear in these cases. There is possibly a case for a wider focus on Exploitation as opposed to specific / primary focus on CSE. It may be that there is also a resource implication in respect of these roles going forward – is one per Trusts sufficient particularly if embedding and ensuring implementation of the PLAC guidance is being undertaken Clearly chairs of PLAC reviews should be trained	Thank you for your comment and for providing this example from practice. NICE guideline recommendations are applicable for health and care provision in England, therefore the wording is weighted towards provision within England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.

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				and well informed though uncertain about the nature or extent of training for review chairs.	
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	018	015 - 016	CSE leads provide monthly reports relating to numbers, placement type, gender breakdown etc. At a case specific level where there are CSE issues there would be specific consideration of health and mental health data, prior patterns of engagement with health, education, contact arrangements etc; within each Trust there are strategic and operational structures in place to give wider consideration to area specific missing persons reports, trends, intelligence etc. In terms of Data collection as referred in the NICE guidelines the question is the purpose and benefits of data collection; in addition our information systems are not easily or readily adaptable to new data collection requirements etc.	Thank you for your comment and for providing this example from practice. NICE guideline recommendations are applicable for health and care provision in England, therefore the wording is weighted towards provision within England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	019	General	**Recommendations 1.5.1 to 1.5.3:** This is recognised in NI and is being addressed through SBNI training roll out and through NIFITC; the latter is early stage and to date is not uniform across all child care domains	Thank you for your comment. NICE guideline recommendations are applicable for health and care provision in England, therefore the wording is weighted towards provision within England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	020	001 - 024	**Recommendations 1.5.4 to 1.5.11** Recommendation is likely to have cost implications as is the dearth in multi-disciplinary specialists to focus on looked after children; access is often based on clinically assessed priorities as opposed to looked after child status. Recent Rapid Evidence Review of AHP provision is positive in creating awareness and	Thank you for your comment. A detailed discussion of the potential resource implications of these recommendations are provided in the committee discussion on cost-effectiveness and resource in Evidence Review E. However, it should be noted that provision of the initial health assessment is a statutory requirement and therefore should already be provided

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				highlighting the necessity of specialist and easy access for looked after services to specialist disciplines to inform health and wellbeing assessments and overall individual and therapeutic plans.	in current practice. The majority of recommendations provided in this section simply highlight best practice in delivery and reinforce the importance of this statutory requirement. It is also important to note that the committee acknowledged the current difficulty in delivering initial assessments, but the committee believed that in order to avoid missing LACYP that may suffer from mental and emotional health issues and avoid the substantial long-term costs and consequences incurred when these issues go unidentified, an additional mental health assessment should be considered (not offered) in all LACYP. This is to ensure timely referral to a specialist mental and emotional health assessment. The committee also believed that identifying LACYP with these mental and emotional health issues as early as possible would allow them to receive interventions that may prevent them from requiring more substantial/intensive CAHMS treatment in the future. These details are now provided in the committee discussion on cost-effectiveness and resource in Evidence Review E.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	020	009 - 011	Agreed that importance should be stressed on the need to complete life story work that is not dependent upon the need for children to be stable but more so on child's readiness to participate in the work required.	Thank you for your positive comment and feedback.

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Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	022	002 - 015	**1.5.12 to 1.5.14** It notes that some CAMHS Teams have specialist looked after children's services but that this is variable across the UK. There are particular challenges regarding access, diagnosis, treatment, transitions to adult mental health services and models of provision as well as interface issues between LAAAC Therapeutic Services and CAMHS. DoH led work on Transitions in relation to CAMHS may bring some clarity and direction with regard to future provision that will better support seamless transitions; the roll out of the NIFITC is expected to bring more cohesion and collaborative working. Clearly practitioners are struggling with issues of drugs, polysubstance misuse, poor mental health, self-harm etc as are young people and the gap in service provision needs to be addressed both in terms of resources and effective models of intervention; it is expected that such developments will not be resource neutral or minimal.	Thank you for your comment, we agree that the recommendations for providing a range of dedicated CAMHS services, tailored to the needs of LACYP, with timely delivery will be associated with substantial resource implications. This is clearly stated in the committee discussion of cost-effectiveness and resource use in Evidence Review G, as we specifically note that "This is likely to be associated with substantial resource implications as this would require an expansion of the existing CAMHS services and capacity…". We justify this additional expenditure as there is statutory guidance around CAMHS providing targeted and specialised support for LACYP. To clarify our position, additional justification has been added to the rationale and impact section of the guideline on mental health and child and adolescent mental health services.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	025	005 - 007	Safer caring plan. This is not a term used in NI. Plans to manage risks are made within the context of the child's care plan with FSW and fostering supervising social workers.	Thank you for your comment. NICE guideline recommendations are applicable for health and care provision in England, therefore the wording is weighted towards provision within England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Department of Health, Social Services and Public Safety -	Guideline	026	General	Reference should made to PEPs for LAC throughout his section of the guidelines and enhancements made to support education for LAC in NI. See below.	Thank you for your comment. NICE guideline recommendations are applicable for health and care provision in England, therefore the wording is weighted towards provision within England. Decisions on how

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Northern Ireland					they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	027	001 - 005	Alignment required between children's individual plans / therapeutic plans and PEPs; this is currently being attended to under the NIFITC and the Looked After Children in Education Project, EA; No child in care should change school out with a PEP discussion; Virtual schools are not applicable in NI	Thank you for your comment. NICE guideline recommendations are applicable for health, education and care provision in England, therefore the wording is weighted towards provision within England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	027	006 - 010	Relevant to DE and to EA in terms of policy, provision and practice; collaborative work underway between EA / DE/DoH etc in relation to Life Deserved Strategy and emphasis and focus on the educational progression of children in care in education	Thank you for your comment. NICE guideline recommendations are applicable for health, education and care provision in England, therefore the wording is weighted towards provision within England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	027	General	**Recommendations 1.6.4 to 1.6.7** References to virtual schools is not applicable in NI therefore some of the commentary is not a direct lift or application to NI. We did not adopt the virtual school/virtual head teacher etc in NI. There are some elements of this section that would be worth sharing and discussing with EA / DE colleagues and the LAC Education Project to ascertain where responsibilities lie and how best developments within EA ensure inclusion of looked after children. That said there is good work being done across schools in terms of schools being more trauma informed generally with additionality being provided in terms of emotional health and wellbeing interventions generally and specifically in terms of the LAC Education project. There are elements mentioned in this section which are already incorporated into the LAC Education strategic plan. The pupil premium grant	Thank you for your comment. NICE guideline recommendations are applicable for health, education and care provision in England, therefore the wording is weighted towards provision within England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.

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				for education is referenced with an emphasis on greater accountability by schools for how it is being spent; similar issues are noted in NI with no accountability between schools and EA in relation to application of this funding. Mention is made of the foster carers role in the child's education and that it has not been sufficiently encouraged. There is a significant piece on SEN and recommendation of a special education needs coordinator or someone with SEN Specialism or training. Recommendations make assumptions that the NI system is similar to rest of UK / Las which is erroneous and to apply this guidance where resources permit requires NI to adapt and align with our structures, departmental and organisational arrangements	
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	028	006 - 015	Virtual schools are not applicable in NI	Thank you for your comment. NICE guideline recommendations are applicable for health, education and care provision in England, therefore the wording is weighted towards provision within England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	028	016 - 019	Regional Strategic Group, co-chaired by DE and DfE has, as one of its priority areas, transitions both from primary to post primary education; and transitions post compulsory education	Thank you for your comment. NICE guideline recommendations are applicable for health, education and care provision in England, therefore the wording is weighted towards provision within England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Department of Health, Social Services and Public Safety -	Guideline	029	001 - 005	Task and Finish group in place with EA, DoH, HSCB in relation to educational provision and pathways for separated / unaccompanied children, and with	Thank you for your comment. NICE guideline recommendations are applicable for health, education and care provision in England, therefore the wording is weighted towards provision within England. Decisions

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Northern Ireland				particular emphasis on learning English. Also links with EA Newcomer Strategy	on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	030	002 - 006	Improving educational outcomes: Elements of this are in place; currently scoping any additional Trusts provision in place for primary and post primary school aged children; Contract with fostering network contributes additionality	Thank you for your comment and feedback.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	031	007 - 009	Expenditure of the pupil premium grant; no such mechanism in place at this time though proposals by EA to consider a pilot to test ring fenced pupil premium pot to better connect application of this funding to PEPs	Thank you for your comment. NICE guideline recommendations are applicable for health, education and care provision in England, therefore the wording is weighted towards provision within England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	031	011 - 017	Further and higher education: Good connections and working arrangements already in place between Careers Service (Partnership Agreements between Trusts and Careers Service), universities and FE colleges; regional pathways document in place between Trusts, Fes and HEIs on pathways for care experienced young people into further and higher education; and explicit guidance on Trusts financial responsibilities to young people pursuing further and higher education	Thank you for your comment and for providing this information.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	031	018	Work underway across Trusts and DFE to improve apprenticeship opportunities for care experienced young people	Thank you for your comment and for providing this information.

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Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	031	018 - 020	Youth Inclusion • With relation to training opportunities for young people, the guidelines would benefit in considering the supportive structures that are already available locally and making reference. For example at recommendation 1.6.23 which states that "Virtual schools should support a looked-after young person's entry into careers and training" by providing careers advice and apprenticeship/placement opportunities , it would be helpful to add a bullets such as "by creating links with local training providers outside the statutory Further Education sector, and Careers Advisors.	Thank you for your comment and feedback.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	031	General	**Recommendations 1.6.22 – 1.6.23** Reference is made to the possibility that the UK pupil premium grant may be extended to 16 and 17 year olds in the near future – this would be welcome though may not be being considered locally and requires discussion with DE / EA colleagues	Thank you for your comment and for providing this information.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	032	010 - 014	The aspiration and reality of ensuring a best placement match for the child is challenging; needs versus placement sufficiency	Thank you for your comment.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	032	General	**Recommendations 1.7.1 to 1.7.18** Concentrated efforts on the importance of fostering/permanence/adoption provision, what supports positive transitions, stability etc. There are ongoing challenges faced in terms of recruitment and	Thank you for your comment and feedback. The committee also acknowledged the importance of provision to support transition and stability. Thank you for raising the ongoing challenges being faced.

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				retention of foster carers, and significant shift towards kinship care.	
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	034	002 - 009	During Transition; all aspects make for good / best practice however social work capacity to ensure that supported, well planned and positive transitions are realised may have an adverse impact	Thank you for your comment and feedback.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	037	010 - 021	Transitions out of care to independence: practice as stated is in line with prescribed legislative duties, regulations and good practice; the reality of 1wte personal adviser to a caseload of 25 care experienced young people augurs against an ability to provide quality time and to be responsive to their needs	Thank you for your comment and experience from practice.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	038	004 - 005	Pathway planning is the recognised planning tool for future arrangements for care experienced young people; it is an area that needs to be strengthened in NI and will be subject to review in 21/22	Thank you for your comment and for providing this information.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	038	023 - 026	Extended support up until age 25 is not mandated in NI as yet; it is proposed in the Children Adoption Bill	Thank you for your comment. NICE guideline recommendations are applicable for health and care provision in England, therefore the wording is weighted towards provision within England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Department of Health, Social Services and	Guideline	039	001 - 003	The importance of access to timely advocacy services cannot be overstated; would acknowledge that this needs to be strengthened particularly in relation to	Thank you for your comment and for providing this information.

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Public Safety - Northern Ireland				decision making about accommodation moves, timely planning and living arrangements post care – evidence emerging from Review of Jointly Commissioned Supported Accommodation confirms this	
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	039	015 - 017	NI has progressed guidance and regional requirements to ensure continuity of practical and financial support	Thank you for your comment and for providing this information.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	040	010 - 012	Staying put equates to GEM; this scheme has been good practice in NI following introduction of the Leaving Care legislation; it is expected to become a legal requirement with the introduction of the Children Adoption Bill	Thank you for your comment and for providing this information.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	040	013 - 017	HSCB recognises the increased complexity of need and associated risks and vulnerability of care experienced young people and therefore the requirement for the provision of menu of suitable and appropriate supported living / step down / bespoke arrangements and elimination of use of unregulated living arrangements, such as bed and breakfasts, hotels etc	Thank you for your comment and support of this recommendation.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	041	001 - 004	All Trusts have care experienced young people's forums and participation groups, supported by HSCB contract with VOYPIC.	Thank you for your comment and for providing this information.

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Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	041	005 - 015	Strategic and operational structures in place across and within HSCB and HSC Trusts to support learning, development and improvement in children's services	Thank you for your comment and for providing this information.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	041	General	**Recommendations 1.9.1 to 1.9.2** This section requires greater thought and reflection required in relation to the substantial multi agency working that occurs. We tend to do this on a themed basis eg education, health, missing children, CSE. This section advocates for broad system meetings for a range of disciplines, those providing care / services for looked after children and professionals to come together with the goal of improving communication, sharing best practice, understanding statutory guidance, alignment of tools used for health and social care assessments	Thank you for your comment and feedback.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	066	020	Same issues as identified in CJINI and SBNI/Leonard	Thank you for your comment.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	066	021 - 023	Same issues as identified in CJINI and SBNI/Leonard	Thank you for your comment.

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Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	066	028 - 029	Our Overview of implementation/use of PLAC Guidance needs to identify where this has and has not happened.	Thank you for your comment. The care of children on the edge of care or previously looked after were out of scope for this guideline
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	067	002 - 004	Can we evidence this inclusion (especially in those LAC/PLAC cases where CYP were vulnerable to exploitation/abuse	Thank you for your comment. The recommendation states "seek the views of looked-after children and young people and their carers, to ensure that responses to safeguarding risks are effective and acceptable. For example, by coordinating safeguarding responses for siblings in care." If the guideline is followed this would be documented in care notes where implemented. However the committee did not feel that the need for documentation should be stipulated in every case/or for every recommendation.
Department of Health, Social Services and Public Safety - Northern Ireland	Guideline	067	015 - 016	Hence our 'requirement' that all such CPCCs, LAC reviews and PLAC Reviews be chaired by a Grade 8a with knowledge and experience in children's social care and child safeguarding and protection policies, procedures, protocols and processes	Thank you for your comment. The committee did not want to stipulate the grade of the practitioner but rather the skills and expertise needed. Knowledge and experience in children's social care and child safeguarding and protection policies, procedures, protocols and processes is covered by the statement that the practitioner should be a missing person's coordinator or another trauma-informed specialist with knowledge of exploitation and safeguarding issues in the looked-after population.
Department of Health, Social Services and Public Safety -	Guideline	067	017 - 018	There is a need to maintain consistently out core message re: the expectation of chairing by Grade 8a (or in very complex/organised abuse cases a more senior officer). Otherwise there will be both confusion in	Thank you for your comment. The committee did not want to stipulate the grade of the practitioner but rather the skills and expertise needed. Knowledge and experience in children's social care and child safeguarding and protection policies, procedures,

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Northern Ireland				the sector and a progressive dilution of standards we are attempting to maintain.	protocols and processes is covered by the statement that the practitioner should be a missing person's coordinator or another trauma-informed specialist with knowledge of exploitation and safeguarding issues in the looked-after population.
Hywel Dda University Health Board	Guideline	072 - 073	029 - 010	Who will complete these (training and identified tool to use)	Thank you for your comment. These will be completed by a paid professional providing direct care for looked-after children and young people. Practitioners may include social workers, independent review officers, educational professionals, healthcare professionals and therapists.
Hywel Dda University Health Board	Guideline	005	002 - 007	Why are the figures for Wales not represented	Thank you for your comment. NICE guideline recommendations are applicable for health and care provision in England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Hywel Dda University Health Board	Guideline	005	015	Statutory guidance not applicable to Wales	Thank you for your comment. NICE guideline recommendations are applicable for health and care provision in England, therefore the wording is weighted towards English legislation. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Hywel Dda University Health Board	Guideline	006	021	Social Services and Well Being Act (2014) not mentioned	Thank you for your comment. The Social Services and Well Being Act (2014) is part of Welsh legislation. NICE guideline recommendations are applicable for health and care provision in England, therefore the wording is weighted towards English legislation. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.

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Hywel Dda University Health Board	Guideline	007	020	Delay in health appointments and extension of waiting list times is not considered	Thank you for your comment. The guideline makes a number of references to waiting list and a recommendation has been added stating that as a result of moving placements to a new location, LACYP should not lose their place in the waiting list for CAMHS (rec 1.5.20).
Hywel Dda University Health Board	Guideline	010	007	Contact supervisors is a good idea as lot of time is spent by SW supervising contact but they need to be adequately trained as key information and interaction can be identified with contact	Thank you for your positive comment. Recommendation 1.2.9 also outlines the training that contact supervisors should receive.
Hywel Dda University Health Board	Guideline	010	015	Children who are nonverbal or have significant speech problems are not considered	Thank you for your comment. An addition has been made to recommendation 1.2.9 that now ensures that the needs of non-verbal children are included.
Hywel Dda University Health Board	Guideline	012	012	Providing out of hours support for young people would be beneficial as crisis tends to happen out of hours.	Thank you for your comment.
Hywel Dda University Health Board	Guideline	021	021 - 025	Implication of this does not appear to be considered and who will complete these additional emotional assessments (consideration to training and an identified tool to use)	Thank you for your comment. Further clarification has been added to this recommendation. This could be, for example, by the first review health assessment.
Hywel Dda University Health Board	Guideline	022	001 - 015	This is a key area and in Wales these are underfunded and CYP need to have a mental health diagnosis before seen by Sp CAMHS. There are very little preventative services and emotional support available.	Thank you for your comment and feedback from practice.
Hywel Dda University Health Board	Guideline	036	001 - 005	With transferring of health care services LAC should be prioritised or otherwise they will be at the bottom of the waiting list in new area.	Thank you for your comment. This issue was considered by the committee and the following new recommendation has been added: 1.5.20 Ensure that children moving placements do not lose their place in the waiting list for CAMHS.

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Hywel Dda University Health Board	Guideline	046	003 - 008	In Wales the term is 'When I am Ready Scheme' If these are documents for both countries, we need to be using the terminology or documents for both countries. This document is weighted towards English legislation.	Thank you for your comment. NICE guideline recommendations are applicable for health and care provision in England; therefore the wording is weighted towards English legislation. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Hywel Dda University Health Board	Guideline	071	004 - 030	I feel medical care is a term that is medicalising Looked After Children and that Doctors are mainly involved with their care. We have come away from this term in Wales when medicals were done by Drs and children and young people did not attend as it was a physical examination. We are identifying their holistic health needs and addressing these, also providing health promotion and appropriate interventions as required. The overview of their health needs is mostly supported by appropriately trained nursing/midwifery health professionals.	Thank you for your comment – "medical care" has been changed to "healthcare plans"
Hywel Dda University Health Board	Guideline	073	011 - 018	Auditing pre and post health care plans would be good practice and would improve health actions and ultimately health outcomes. This practice needs to be promoted widely across Wales and England	Thank you for your comment. The rationale for the recommendation states - the committee reflected on less robust evidence (not from randomised controlled trials) showing that auditing systems before and after health assessments improved the uptake of health actions.
Hywel Dda University Health Board	Guideline	073	025 - 031	The assessment of the health needs of unaccompanied asylum seekers should be done by a dedicated team of nurses who develop the expertise and experience rather than ad hoc for some LAC nurses who would only do a few every year. The volume of work for LAC nurses is increasing significantly without unaccompanied asylum seekers being added to their workload.	Thank you for your comment, this section has been corrected and now refers to medical professionals (since its about the initial health assessment) rather than LAC nurses who may perform the review health assessments.

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Hywel Dda University Health Board	Guideline	084	022	SEN has now become ALN (additional learning needs) in Wales	Thank you for your comment. These guidelines are directed towards health, education, and social care services in England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Hywel Dda University Health Board	Guideline	086	005	SENCO will now be known as ALNCO in Wales	Thank you for your comment. These guidelines are directed towards health, education, and social care services in England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Independent Panel for Special Education Advice (IPSEA)	Guideline	027	008	Would it be possible to add 'including special educational provision' after 'their rights to educational support'. It is important to spell this out because such a high proportion of looked-after children and young people have special educational needs (55% compared with 14.9% of all children and young people).	Thank you for your comment. We have considered your feedback and have made the following addition: The committee agreed that ensuring that looked-after people and their carers know about their rights to educational support (for example, the purpose of the pupil premium grant for education, and how it is distributed), **and including special educational provision under the SEND legal framework,** would encourage accountability in spending.
Independent Panel for Special Education Advice (IPSEA)	Guideline	028	007 - 019	This section states that the virtual school should include early years expertise, a special educational needs coordinator and a post-16 coordinator. There is then a para on early years provision, a para on post-16 support – and no equivalent para on the role of the special educational needs coordinator. Would it be possible to add a para stating that the virtual school SENCO should be trained in the SEND legal framework, to ensure they are able to help looked-after children and young people access all the provision and support that the law entitles them to.	Thank you for your comment. The committee considered your feedback and has added the following recommendation: 1.6.10 Ensure that the virtual school SENCO is trained in the SEND legal framework so they can help looked-after children and young people access all the provision and support that the law entitles them to.

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Independent Panel for Special Education Advice (IPSEA)	Guideline	065	016 - 018	IPSEA specialises in providing training in accessing support for children with all types of special educational needs and disabilities and could provide tailored training for carers of looked-after children. We would be happy to be listed here alongside the National Autistic Society.	Thank you for your comment. We have added your organisation to this recommendation.
Independent Panel for Special Education Advice (IPSEA)	Guideline	081	030	Would it be possible to add 'including special educational provision' after 'their rights to educational support'. We know from experience that children and young people with SEND are more likely to receive the provision and support they need if their parents/carers know about and understand their rights and entitlements under the SEND legal framework.	Thank you for this comment. We have added in this extra detail to the rationale section.
Independent Panel for Special Education Advice (IPSEA)	Guideline	084	021 - 028	We agree that there is plenty of evidence that social care staff do not, in general, have sufficient knowledge and understanding of the SEND Code of Practice and the legislation that underpins it. Would it be possible to include a recommendation that social care staff working with looked-after children and young people should receive training in the SEND legal framework, to enable them to understand how children's needs can be met holistically and work more effectively with their SEN colleagues. This is important because such a high proportion of looked-after children and young people have special educational needs (55% compared with 14.9% of all children and young people).	Thank you for your comment. This is not the main area of expertise for most social workers, training on extensive SEND legal framework would be expensive, and the committee considered that a more cost-effective way of working would be better collaboration and multiagency working with those who do have SEND expertise. This is reflected in the recommendations concerning greater inclusion of the SENCO within the virtual school, for instance.
Lancashire and South	Evidence Review D	General	General	Section D	Thank you for your comment.

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Cumbria NHS Foundation Trust				A very relevant area to research. Included the views of vulnerable children such as UASC and different cultures. One study acknowledged dental de-registration and issues with attending. Interesting as the East Lancs dental pilot project is looking at this as well.	
Lancashire and South Cumbria NHS Foundation Trust	Evidence Review E	General	General	Section E Important area to increase uptake of health assessments and ensure that emotional health is assessed appropriately. Training for staff, staff guidance and prompts.	Thank you for your comment.
Lancashire and South Cumbria NHS Foundation Trust	Evidence Review F	General	General	Section F NICE looking at the uncertainty of what interventions work. Very important area which impacts on all areas of health and outcomes. Would provide further guidance to local authorities.	Thank you for your comment.
Lancashire and South Cumbria NHS Foundation Trust	Evidence Review J, K, L	General	General	Sections J, K, L 1.6.5 Agree schools needs a trauma- informed practice and cover attachment issues in their behaviour management policies, rather than excluding children for their behaviours if they have experience trauma.	Thank you for your comment and feedback.
Lancashire and South Cumbria NHS Foundation Trust	Evidence Review J, K, L	General	General	Sections J, K, L 1.6.14 This is a good recommendation to assist in getting timely and effective support for looked after children. It should be made clear on the invites for educational meetings assistance is required from health professionals due to a medical need.	Thank you for your comment and feedback.
Lancashire and South Cumbria NHS	Evidence Review J, K, L	General	General	Sections J, K, L 1.6.16	Thank you for your comment and feedback.

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Foundation Trust				This may need the support of healthcare professionals such as speech and language.	
Lancashire and South Cumbria NHS Foundation Trust	Evidence Review J, K, L	General	General	Sections J, K, L 1.7.6 - 1.7.7 Think family approach may be useful here, health could support social worker referring into adult services.	Thank you for your comment and feedback.
Lancashire and South Cumbria NHS Foundation Trust	Evidence Review J, K, L	General	General	Sections J, K, L 1.7.11 It would be useful to ensure a copy of the health summary and action plan from the health assessment is present when moving placements, as this includes the child's voice and their likes and dislikes, which may help transition.	Thank you for your comment and feedback.
Lancashire and South Cumbria NHS Foundation Trust	Evidence Review J, K, L	General	General	Sections J, K, L 1.7.12 Specialist resources can useful here, picture cards for younger children, children with learning disabilities.	Thank you for your comment and feedback.
Lancashire and South Cumbria NHS Foundation Trust	Evidence Review J, K, L	General	General	Sections J, K, L 1.7.17 It would be useful to involve the health services in new location prior to transfer to assist in getting services transferred to ensure they have services able to meet the child's needs.	Thank you for your comment and feedback.

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Lancashire and South Cumbria NHS Foundation Trust	Evidence Review M, N, O	General	General	Sections M, N, O There is a lot of material to read and difficult to navigate. From what I have read I can see that a lot of evidence has been gathered and the importance of a continued relation between the foster carer and the permanent carer and the child should be maintained over time. This will prevent some distress of leaving a previous carer as this relationship will not end suddenly. I could not see much evidence of the child's voice in this research which was mentioned and this should be included in any transition plan	Thank you for your comment and feedback. As part of this guideline update NICE commissioned qualitative research - A participatory study to explore looked after children and young people's perspectives on outcomes and interventions. The findings from this work was used by the committee to develop their recommendations.
Lancashire and South Cumbria NHS Foundation Trust	Evidence Review M, N, O	General	General	Sections M, N, O This seems to have covered all areas of support required to move to independence. I would add that this would only be effective if the transition to independence started when it should at 15 ¾ not 17 which often happens. The interventions would more likely be successful if started early and this would help elevate stresses and anxieties many care leavers have about leaving care.	Thank you for your comment and feedback.
Lancashire and South Cumbria NHS Foundation Trust	Evidence Review M, N, O	General	General	Sections M, N, O Comments are as previous section. I felt what was clear was a need for the care leavers to maintain some relationship with their previous carers as would happen in relationships for us all. This provided security and some one to approach for help.	Thank you for your comment and feedback.

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Nationwide Association of Fostering Providers	Guideline	General	General	R1.1a What is the effectiveness of health and social care interventions and approaches to support care placement stability? ● Regular supervisions with carers, reflective opportunities ● Regular support, additional support in times of crisis - support work, therapeutic interventions ● Meaningful training, Personal development plans. ● Placement stability meetings - listening and putting in support to change / improve outcomes and regular review and monitoring of these ● Realistic plans for children - appropriate risk taking, risk reduction plans ● Partnership working - meaningful - "team around the child"	Thank you for your feedback. Your comment touches on several areas already covered in the recommendations. For example, support and training for carers, including the provision of out of hours support and therapeutic input where indicated; addressing placement instability; and encouraging partnership/multiagency working.
Nationwide Association of Fostering Providers	Guideline	General	General	R2.1b Are interventions to support placement stability acceptable, accessible to children looked after and foster carers? What are the barriers to the effectiveness of these interventions? This depends on the agency and the resources, and how they are used - being resourceful! Some of the barriers would be higher caseloads, crisis management approach rather than planning for challenges and helpful strategies to prevent - rather than react - so again meaningful support, training, time with children and listening to what they feel is acceptable - are they part of their own safer caring plan, risk reduction plan - what would they say is acceptable sanctions for their behaviour etc - what is leading to their risk taking behaviours, how can we understand this - "compete"	Thank you for your feedback. Your comment touches on several areas already covered in the recommendations. For example, taking the time to listen to children and incorporate their feedback; appropriate behavioural management approaches that are trauma-informed; multiagency working; out-of-hours support; respite; peer mentoring; and support groups.

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				with what they are drawn to - support groups for children, opportunities and outcomes - the "corporate parent" approach. Barriers can also be a lack of partnership working - reviewing and monitoring and working together to improve the opportunities for children. Making life a little easier for our carers - out of hours support, respite, peer mentoring, support groups.	
Nationwide Association of Fostering Providers	Guideline	General	General	RQ 1.2 The barriers for supporting care placement stability? Children not knowing what is expected of them, are things really achievable. Are things broken down enough into realistic steps that are not daunting? Do we expect too much of our children and carers? We continue to have a "blame culture" - we often see referrals sent out that talk of how the carers were at fault, rather than what we can learn from them. There is still a "them and us" from the local authority and independent fostering agency (IFA) sectors. Resources and funding is often an issue - investing the right support often brings additional costs - eg therapeutic / clinical support and this is declined, Poor referral information - not transparent that is not helpful.	Thank you for identifying the barriers for supporting care placement stability. The committee has made recommendations to support care placement stability based on evidence of both effectiveness and cost-effectiveness of interventions and would not rule out recommending an intervention solely based on cost alone. Please refer to Evidence Review B for the evidence that was reviewed to make recommendations related to barriers for supporting care placement stability. However, please note that in cases where evidence of effectiveness is limited and/or there is likely to be a significant resource impact (>£1 million/year) and no cost-effectiveness evidence is available the committee would not usually be able to make strong recommendations for interventions. Therefore, the committee believe that it is not the costs of certain interventions that are a barrier to their use, but a potential lack of evidence of effectiveness as well as cost-effectiveness to support their use.
Nationwide Association of Fostering Providers	Guideline	General	General	RQ2.1a The effectiveness of interventions and approaches to support positive relationships for children looked after/care leavers?	Thank you for your feedback, your comment touches on several areas already covered in the recommendations, such as supporting ""things that are enjoyed" e.g. games, shopping, and favourite food" as

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				Creativity, think outside the box, be "curious" and "interested" in children and their interests, find the spark and run with it. Request and listen to children's feedback. Inclusive - how they are involved in service development - given opportunities How we can consider what "long term" means - this requires an overview - practitioners and carers do not fully understand or promote what this is - eg caring for a child until they are truly ready to "leave home" - adapting and changing with children as they change, learning to manage and care for a child in various developmental stages in their lives without "giving notice" to end the placement.	well as outings. We also have recommendations on incorporating the looked after person's feedback into strategic decisions taken by leadership (see rec 1.8.19), for example, through child in care councils.
Nationwide Association of Fostering Providers	Guideline	General	General	RQ2.1b Are interventions to support positive relationships acceptable and accessible to look after children and their care providers? What are the barriers to, and facilitators for the effectiveness of these interventions to support positive relationships in school aged looked after children? The local authorities' thresholds may differ and some local authorities will put in early intervention models to prevent working in crisis, but most unfortunately appear to work in crisis, most interventions and support is provided for children on the cusp of care, often too late. Or children being left in poor home environments for too long, increasing their trauma levels. Barriers are "thresholds" - depending on what the local authorities are having to manage in their region. The independent fostering sector has usually invested in additional support services for their carers and children - eg	Thank you for your feedback. The committee has made recommendations in these areas based on qualitative evidence. Support for children on the edge of care was out of scope for this guideline. The committee sought to set a standard for support for carers that is applicable whether the looked after person is in private or local authority foster care.

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				support workers, teaching staff, their own clinicians - that can be accessed as required and not on waiting lists. They are usually able to respond as required to stabilise placements, offer the support to carers that is needed, and to assess the needs of children. There is still some way to go to "work together to safeguard children", a "them and us" - that needs to end for the benefit of children's future.	
Nationwide Association of Fostering Providers	Guideline	General	General	RQ2.2 What are the barriers to, and facilitators for, supporting positive relationships for looked after children, young people and care leavers? As above, a respectful partnership way of working across all sectors - sharing of information, communication, planning and monitoring. The principle of staying put should have enabled young people living care to feel part of a family, but the arrangements for support and finances is so problematic that this is a barrier. Additional pressure is placed on the foster carer, the young person - who have limited support and often the staying put arrangements ends prematurely with lasting effects. Also, when the "right" carers have been found and matched for younger children, there is a reluctance to secure a long term arrangement due to the financial commitment around this, rather than this is the right family for this child.	Thank you for your feedback. section 1.9 is relevant – which encourages the use of multiagency forums to agree a "partnership approach to practice". The committee have also made recommendations concerning staying put (recommendation 1.8.1) and extended care. The committee recognised the financial difficulties surrounding these arrangements, as outlined in the rationale.
Nationwide Association of Fostering Providers	Guideline	General	General	RQ 3.1a What is the effectiveness of interventions and approaches to support practitioners in completing physical and mental health and wellbeing assessments (and act on finding during the care journey) for looked after children?	Thank you for your feedback. The committee made recommendations relevant to the points raised. For example, to improve the provision of social care information to health teams for better partnership working.

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				Providing the right therapeutic services following a robust assessment, with clear roles and responsibilities, a working partnership between all practitioners has proven to have a positive result. This is in the way of stabilising fostering placements for the most vulnerable and challenging children. The approach is one of changing the package of support and care as children's needs change. So an ongoing and "live" approach to risk assessing, risk reduction and making "risk sensible" decisions to allow children to experiment in an appropriate way depending on their abilities, age etc.	
Nationwide Association of Fostering Providers	Guideline	General	General	RQ 3.1b Are interventions to support practitioners in completing physical and mental and wellbeing assessments acceptable and accessible to looked after children and their care providers? What are the barriers to, and facilitators for completion of physical and mental health and wellbeing assessments and acting on their findings by practitioners? Limited access to therapeutic services, CAMHS long waiting lists, or referral criteria prevents children from accessing services until they are "settled" in a fostering placement. A reluctance to accept the therapeutic services that some of the independent fostering agencies can provide due to costs, or being on a waiting list for their own in house services is short sighted. The cost of foster placement breakdowns is several placements within short periods of time. Children believing they are "unlovable", carers believing they have let children down and feeling despondent with fostering, leaving the sector. The impact is children's lives. Also an ongoing sufficiency problem for	Thank you for identifying the barriers for completion of physical and mental health and wellbeing assessments. The committee has made recommendations to for these assessments based on evidence of both effectiveness and cost-effectiveness of interventions and would not rule out recommending an intervention solely based on cost alone. Please refer to Evidence Review G for the evidence that was reviewed to make recommendations related to barriers to, and facilitators for completion of physical and mental health and wellbeing assessments. However, please note that in cases where evidence of effectiveness is limited and/or there is likely to be a significant resource impact (>£1 million/year) and no cost-effectiveness evidence is available the committee would not usually be able to make strong recommendations for interventions. Therefore, the committee believe that it is not the costs of certain interventions that are a barrier to their use, but a potential lack of evidence of effectiveness as well as cost-effectiveness to support their use.

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				recruiting foster carers and caring for them "a duty of care".	
Nationwide Association of Fostering Providers	Guideline	General	General	RQ 3.2a What is the effectiveness of interventions and approaches for promoting physical, mental and emotional health and wellbeing of looked after children and care leavers? Stability - less breakdowns in fostering placements. Providing the right resources at the time a child requires this means that we can be less "crisis led", often when it is too late to make a difference to the longevity of the fostering placement. Carers are likely to be more responsive and less exhausted, fatigued and "burned out". More flexible and willing to hear how they can be part of making a difference for children. Interventions also give children the "right" messages, helping them to understand their needs do not define them. Providing effective support enables children to be children whilst recognising part of their emotions and feelings need supporting to enable them to be happy. Also, hopefully the right interventions as a child may result in less need for adult services, often children who are not provided with the right support may develop enduring mental health issues as adults, or often find themselves homeless, or in the criminal system. Leaving care should not be at 18 yrs old - leaving care should be when a young person is "ready" to leave home, staying put has not fully addressed the complexities around this.	Thank you for your feedback. The committee made several recommendations relevant to the points raised. For example, two extensive sections on positive relationships and supporting carers pro-actively to reduce burn out, and to include carers input more within the professional team around the child. The committee have also made recommendations concerning staying put (recommendation 1.8.1) and extended care. The committee recognised the financial difficulties surrounding these arrangements, as outlined in the rationale
Nationwide Association of	Guideline	General	General	RQ3.2b Are interventions to promote physical, mental and emotional health and wellbeing acceptable and accessible to looked after children and their care	Thank you for identifying the barriers to the effectiveness of interventions to promote physical, mental and emotional health and wellbeing. The

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Fostering Providers				providers? What are the barriers to, and facilitators for the effectiveness of these interventions? No, not commonly within foster care. The barriers are usual in relation to cost and resources rather than being child led. Often these barriers result in poor decision making and unsettling children in care and carers becoming despondent with the services that are there to protect and support children. Lots of independent agencies have developed their own therapeutic services to ensure children and carers can be supported effectively, but obviously they come at a cost as they have clinicians on their books, but the challenge and battles that go on to secure any of this is reported to be tiresome and difficult.	committee has made recommendations in the guideline for this area based on evidence of both effectiveness and cost-effectiveness of interventions and would not rule out recommending an intervention solely based on cost alone. Please refer to Evidence Review G for the evidence that was reviewed to make recommendations related to barriers to, and facilitators for completion of physical and mental health and wellbeing assessments. However, please note that in cases where evidence of effectiveness is limited and/or there is likely to be a significant resource impact (>£1 million/year) and no cost-effectiveness evidence is available the committee would not usually be able to make strong recommendations for interventions. Therefore, the committee believe that it is not the costs of certain interventions that are a barrier to their use, but a potential lack of evidence of effectiveness as well as cost-effectiveness to support their use.
Nationwide Association of Fostering Providers	Guideline	General	General	RQ3.3 what are the barriers to, and facilitators for, promoting physical, mental and emotional health and wellbeing of looked after children and care leavers? Although there is more "acceptance" that children may be struggling with their emotions amongst their peers, there is still more work to be done. Covid has brought new challenges for young people and a rise in concerns of their wellbeing. See our blog - Building resilience in young people	Thank you for your comment. Please see the section at the beginning of the guideline recognising the impact of Covid-19 (within the context section).
Nationwide Association of Fostering Providers	Guideline	General	General	RQ4.1a What is the effectiveness of interventions to support readiness for school? School offers supportive factors for children in need, at risk or within care. It offers additional eyes and ears	Thank you for your feedback and your comments concerning the role of schools for vulnerable children. Please see the extensive section of recommendations

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				and supports social care services with an overview of how vulnerable children can be. It provides a resilience factor, provides stability, boundaries often absent and at times care, such as providing a meal. School also provides an opportunity for children to build relationships. However, it also highlights if children find building relationships difficult, or by being in a large group often brings challenges such as bullying, not feeling as if they "fit in", it challenges children's ability to manage their emotions. Transitions to high school are often the most difficult and where children's behaviour can escalate - more work in preparation for this leap needs to take place to ensure children are not lost in often large academy type settings. The small, nurturing junior school type of environment is a million miles away from senior schools where children are often lost within.	regarding support for readiness for school and transitions between school placements.
Nationwide Association of Fostering Providers	Guideline	General	General	RQ4.1b Are interventions to support readiness for school acceptable and accessible to looked after children and their care providers? What are the barriers to, facilitators for the effectiveness of these interventions to support readiness for school? All of the above is often heightened for children looked after due to their early life experiences and trauma. They have often missed school, have not had boundaries in place, may have a lot of catching up to do or additional learning needs. Some children have developmental delay due to the level of neglect and trauma and are behind their peers. If children are left in poor home conditions the extent of this is only heightened and at the point of entering care are often in	Thank you for your comment. Some of the points you have raised relate to recommendations the committee made regarding behavioural management policies in schools (1.6.5), the role of the designated teacher (1.6.7 – particularly regarding timely assessment and referral for learning needs) and the sections on initial health assessments (1.5.4 to 1.5.16)

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				large classroom settings and are unable to manage this. There is misdiagnosis, or even a delay in being assessed due to the lack of resources within CAMHS, or accessing Educational Psychologists. Children have been labelled with ADHD, or not, poor diagnosis and observation. Schools often feel out of their depth to manage and understand behaviours in children and the go to approach is to remove them from the classroom situation as a punishment. (my own experience of being a CAMHS practitioner).	
Nationwide Association of Fostering Providers	Guideline	General	General	RQ3.2a What is the effectiveness of interventions to support learning needs of either a learning provider or carer of school aged looked after children? Stability - enabling children to remain in the school environment is often the only stability children have, the constant to an ever changing care life. Educating carers and teaching staff is key, helping them to be supported in managing children who are a "challenge" to them in the classroom. Helping them to "normalise" children's behaviour and enable the other students to understand the needs of others starting from primary school. Children can be "cruel" to one another rather than remove a child from the environment. More thought should be made in keeping a child in the environment in a supportive and protective way.	Thank you for your comment. Some of the points you have raised relate to recommendations the committee have made regarding interventions to support placement stability (see sections 1.2 and 1.3), regarding education of carers and teacher staff (as well as behavioural policies) see recommendations 1.6.5, 1.6.7, 1.3.13, and 1.5.1.
Nationwide Association of Fostering Providers	Guideline	General	General	RQ4.2b Are interventions to support learning needs acceptable and accessible to looked after children and care providers. What are the barriers to and facilitators for the effectiveness of these interventions to support learning needs in school aged looked after children?	Thank you for your comment. Some of the points you have raised relate to recommendations the committee have made regarding involving existing children in the home of the new permanent carer to be involved when a looked after child or young person moves into their new placement (1.7.4). regarding education of carers

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				More consideration should be given when having to move a child's school due to where they are living, this might be the right decision based on the long term commitment of a fostering family, but often children are moved to a school of the carers own children and this has often led to many concerns / issues for both the child looked after and the carers own children. More understanding of this is required. Often children are out of a school environment when they have "moved placement" - often without educational resources and expectations on carers to provide educational opportunities. Fostering agencies attempt to fill this gap. Covid has brought lots of online learning for children and carers to access - however, carers report that they are exhausted with this - or sometimes they have limited understanding of a subject area and this can be challenging. Children with additional needs in school often require a very long and complex assessment that is not readily available and therefore their needs are not assessed for months, possibly years where they are seen as "disruptive" "naughty" and these behaviours hide learning needs. Once children are assessed and allocated funding / resources are provided they are often not enough or not used appropriately for the needs of that child.	and teacher staff (as well as behavioural policies) see recommendations 1.6.5, 1.6.7, 1.3.13 and 1.5.1.
Nationwide Association of Fostering Providers	Guideline	General	General	RQ4.3a What is the effectiveness of interventions to support entry into further or higher education or training? That children are able to make a contribution - that they are provided with direction, continued structure, boundaries and learning opportunities. Continued	Thank you for your comment. Some of the points you have raised relate to recommendations the committee made regarding support for care leavers in further and higher education (see recommendations 1.8.16 to 1.8.18).

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				support to meet new like minded people. A corporate parenting approach from the local authorities and fostering providers means that children are given similar opportunities to children outside of the care system.	
Nationwide Association of Fostering Providers	Guideline	General	General	RQ4.4 What are the barriers to, and facilitators for, supporting learning needs of looked after children? Children have often moved from foster homes to foster homes or residential care and have not had great stability in an educational setting, this can lead to further disruption, delay. The result may mean that sustaining work placements or higher education can be a challenge. There are too few young people that achieve going to university, only the determined few. This is not about ability but more about a disruptive pattern within their childhood.	Thank you for your comment. Some of the points you have raised relate to recommendations the committee made regarding support for care leavers in further and higher education (see recommendations 1.8.16 to 1.8.18).
Nationwide Association of Fostering Providers	Guideline	General	General	RQ5.1a What is the effectiveness of interventions and approaches to support looked after children transitioning out of care to living with their adoptive or birth parents or special guardians, or into connected care? This should not be funding related, if this is what the child's wishes and feelings are and the environment is safe and supportive then there could be more efforts to build the relationship between the "family" and the fostering family. This can be challenging when the fostering family have a level of concern in relation to the child's own family, but rather than see the fostering family as a protective factor in this transition there is often an expectation that this ends, cut off. Foster carers should be supported and "held" to manage this	Thank you for your comment. Some of the points you have raised relate to recommendations the committee made regarding supporting transition between care placements and to permanent placements support (see recommendations in section 1.7 of the guideline). These recommendations cover support for all permanent carers, including long-term foster carers, special guardians, connected carers, adopters and reunified birth parents.

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				and not left to their own devices as this can be challenging but not impossible to achieve with the right support and interventions from the local authority in support of the fostering agency. However, children often vote with their feet when they reach 16+ and return to often an unboundaried, neglectful home situation to achieve the "freedom" that they consider they don't get in a structured home environment (fostering) and could if not supported fully lead to behaviours in young people escalating. Decisions around connected care are often court led and with a lack of understanding into "hidden harm". Fostering Panels are often challenged in making recommendations, lesser standards to parenting appear to be acceptable by the local authorities or court system due to often a vague connection. "Someone who knows the child" (may have met them once, a family friend, or absent relative, who have considerable "issues" of their own) The adoption process and support to prepare carers for this is a positive one - enabling adopters to come into the foster home and support children at significant times of the day - eg bedtime.	
Nationwide Association of Fostering Providers	Guideline	General	General	RQ5.b Are interventions to support looked after children transitioning out of care to living with their adoptive or birth parents or special guardians, or connected care acceptable and accessible to looked after children and their care providers> what are the barriers to, and facilitators for the effectiveness of these interventions? As above - as the local authorities are working in crisis, have high caseloads, high thresholds then the work that	Thank you for your comment. Some of the points you have raised relate to recommendations the committee made regarding supporting transition between care placements and to permanent placements support (see recommendations in section 1.7 of the guideline). These recommendations cover support for all permanent carers, including long-term foster carers,

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				is required to ensure the transition back to family can be secondary to managing the ongoing crisis in children needing to enter care, this results in a lack of continued care when children return home. Although post - adoption appears more effective, there is a recognition for the importance of this post placement support. If children return home and are not on a Care Order, then support is likely to be absent. Leaving care services differ, some are excellent, some local authorities have less investment.	special guardians, connected carers, adopters and reunified birth parents.
Nationwide Association of Fostering Providers	Guideline	General	General	RQ5.2 What are the barriers to and facilitators for supporting and developing looked after children to transition out of care to living with their adoptive birth parents, special guardians , or into connected care? As above - court driven decisions can hinder any support / progress in this area.	Thank you for your comment. Some of the points you have raised relate to recommendations the committee made regarding supporting transition between care placements and to permanent placements support (see recommendations in section 1.7 of the guideline). These recommendations cover support for all permanent carers, including long-term foster carers, special guardians, connected carers, adopters and reunified birth parents.
Nationwide Association of Fostering Providers	Guideline	General	General	RQ61.a What is the effectiveness of interventions and approaches (including entry into employment, training, life skills and higher education) to support looked after young people transition out of care and into independent living? Some local authorities have creative approaches to "corporate parenting" as do some independent fostering services. Job fairs, encouraging employers to offer opportunities to care young people. Independence training programmes to teach young people daily life skills as often children who have been in care move into their own home much sooner. Trainer flats, leaving	Thank you for your comment. Some of the points you have raised relate to recommendations the committee made in section 1.8 of the guideline regarding transition out of care to independence.

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				care support and support workers can support with this, and most foster carers have remained in touch with the young person, become part of their lives, but this does not take away the challenges of young people being on their own, in accommodation that can be in vulnerable areas, where there are everyday challenges.	
Nationwide Association of Fostering Providers	Guideline	General	General	RQ6.1b Are interventions to support transition out of care for care leavers acceptable and accessible to care leavers and their providers? What are the barriers to, and facilitators for the effectiveness of these interventions? Poor accommodation options, homelessness, hostels, use of bed and breakfasts. Lack of employment opportunities due to a transient lifestyle, poor boundaries and care experiences as well as the "draw" of family and the challenges this brings. Young people go from a supportive, boundaried home environment in foster care where outcomes are measured and promoted, to managing without those things. Often influences from peers, limited income, loneliness etc.	Thank you for your comment. Some of the points you have raised relate to recommendations the committee made in section 1.8 of the guideline regarding transition out of care to independence.
Nationwide Association of Fostering Providers	Guideline	General	General	RQ6.2 What are the barriers to, facilitators for, supporting and developing looked after young people to transition into independent living? How young people see the value of support available to them, how this is more appealing than their current lifestyle choices. How we prevent children entering this too soon, when they are unable to understand and manage. Staying put should be funded in the same way fostering is - ongoing support from fostering agencies	Thank you for your comment. The committee agree with the need to continue support for young people as they transition out of care and therefore made the recommendation to "*Tell care leavers and their primary carers of the rights of care leavers to statutory support (related to care-leaver status such as child in care and relevant child support) and extended support from age 18 to 25 (including reopening pathway planning and contact with the local authority)*." In light of feedback

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				(this is refused from the local authority who expect the carer and young person to work it out, pay rent etc, this causes so much conflict and unsettles and often ends what was a wonderful relationship) to foster carers to manage the transition into adulthood and the complexities of young people who see themselves at 18 years old as an adult, but who lack the maturity and skill to manage on their own. More commitment to young people until they are 21 years old and beyond (24 years) - more funding and resources - this would be cost effective and provide more successful outcomes, less demand for adult services and possibly less involvement from the criminal services, better outcomes for young adults.	from consultation, we have included an additional recommendation (1.8.1) – "*Encourage and support young people leaving care to stay in their current care placement until at least age 18. Explore the possibility of staying with current carers beyond age 18.*" In the resource and impact section of the guideline, we note how the cost of continuing care beyond 18 years of age (for example, the potential loss of the foster carer to the system) is offset by the benefits of improved outcomes for those who have support for longer beyond their in-care placement.
NHS Devon CCG	Guideline	General	General	Terminology: use of the term Looked After Children: while remaining in statute, children have identified they do not like this term and more specifically the acronym 'LAC'. Could this be acknowledged? Language That Cares document published by The Adolescent and Children's Trust March 2019	Thank you, this issue was raised with the committee. However, while the need to use language that cares is recognised as important, the need for the guideline to be widely understood is also paramount. "looked-after child" is still widely used in statutory guidance which forms the framework for this guideline
NHS Devon CCG	Guideline	General	General	Terminology: you use the term 'placement' throughout the document: could it be acknowledged that children and young people in care and care leavers prefer the term 'home' and for 'contact' the use of the term: family time: as noted in the Language That Cares document published by The Adolescent and Children's Trust March 2019 While appreciating changing the language in the main document may be difficult – acknowledging the	Thank you, this issue was raised with the committee. However, while the need to use language that cares is recognised as important, the need for the guideline to be widely understood is also paramount. "contact" and "placement" is still widely used in statutory guidance which forms the framework for this guideline. "home" could be misunderstood as meaning the birth family home, for example.

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				preferences of our children ensures their voices are represented.	
NHS Devon CCG	Guideline	General	General	Terminology: you note an alternative term for "respite" - which infers the Carers need a break from the child and not in line with the Language That Cares document (March 2019). Could you use 'support care' throughout the document?	Thank you, this issue was raised with the committee. However, while the need to use language that cares is recognised as important, the need for the guideline to be widely understood is also paramount. While we attempted to use "support care" feedback we received suggested that this was not well understood., In the recommendations we've used the term 'respite' with 'support care' in brackets to encourage its further use.
NHS Devon CCG	Guideline	General	General	The term 'developmental age' is used throughout the document where more accurately 'developmental stage' reflects they may have delayed development due to neglect.	Thank you for your comment. The term 'developmental age' was used in the guideline as a reference to how closely a person's physical and mental development parallels with normal developmental milestones.
NHS Devon CCG	Guideline	007	013	Context section: when a child moves to permanency they do not move out of care unless they are adopted.	Thank you, this error has been corrected
NHS Devon CCG	Guideline	015	021	Section 1.3.12 Additional point regarding Carers being trained in the importance of health assessments, issues of consent and delegated authority and its role in access to healthcare.	Thank you for your comment. Your suggested wording has been added to rec 1.3.13.
NHS Devon CCG	Guideline	019	002	Could this be building expertise in Local Children's Safeguarding Partnerships about trauma and raising awareness – to ensure this includes all partner agencies and all organisations working within a locality with children and families.	Thank you for your comment. The guideline acknowledges the impact of trauma by recommending: Rec 1.4.3 - This practitioner should lead and facilitate safeguarding meetings and build clear lines of accountability. The practitioner could be, for example, a missing person's coordinator or **another trauma-**

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					informed specialist with knowledge of exploitation and safeguarding issues in the looked-after population.
NHS Devon CCG	Guideline	020	003	Section 1.5.4 More specific timescales within guidance on providing consent: within 5 working days;	Thank you for your comment. The committee considered this issue and recommendation 1.5.5 states: Social workers should • Ask for the birth parents' consent to access their relevant health records and their child's birth records. If they consent, the social workers should ask the hospital of birth for information about the birth mother's health in pregnancy.
NHS Devon CCG	Guideline	020	008	Add additional section with link to Promoting the Health and Wellbeing of Looked After Children (DOH/DFE March 2015) Appendix A: age appropriate health assessments recommended content.	Thank you for your comment. The guideline already makes reference to relevant statutory guidelines.
NHS Devon CCG	Guideline	020	008	New section: the document needs to make reference to the need for health care professionals undertaking health assessments to be trained to the competencies as outlined in the Intercollegiate Document: Looked After Children: roles and competencies of healthcare staff. (RCN/RCPCH Dec 2020).	Thank you for your comment. The guideline already makes reference to relevant statutory guidelines.
NHS Devon CCG	Guideline	021	025	Section 1.5.10 With the Bercow report 10 years on: and the Royal College of Speech and Language Therapists work: is there now enough evidence for there also to be a recommendation for SALT screening early in the care journey for a child / young person given the prevalence of developmental language delay predicted in children in care and the relationship between speech and	Thank you for comment. The committee considered this issue, and the following recommendation has been added: 1.2.2 If the looked-after child or young person has speech, language, and communication problems (whether or not these have been previously diagnosed), refer them to speech and language therapists, if

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				language difficulties and social, emotional and mental health difficulties?	needed, for assessment and for advice on how to communicate effectively with them.
NHS Devon CCG	Guideline	021	029	Section 1.5.11 Including where a child / young person has moved out of their originating area.	Thank you for your comment. This issue was considered by the committee and the recommendation has been amended to: 1.5.13 Healthcare professionals responsible for the care of looked-after children and young people should review whether care recommendations in the health plan have been completed, **particularly if the child or young person has been moved out of area, checking with the professionals concerned across agencies.**
NHS Devon CCG	Guideline	021	029	New point after line 29: Healthcare professionals responsible for the care of looked after children and young people should produce outcome measures to ensure their health needs are being met.	Thank you for your comment. The committee discussed this issue but did not think that further amendments were needed
NHS Devon CCG	Guideline	026	004	Section 1.6.3 Healthcare practitioner role to support transition could be strengthened by it being in a separate point.	Thank you for your comment. This point was kept in recommendation 1.6.3 as healthcare professionals are part of multidisciplinary specialist support for transition between school placements.
NHS Devon CCG	Guideline	029	013	Section 1.6.12 Named Nurses for Children in Care Nurses and Children in Care CAMHS leads	Thank you for your comment. Specialist looked-after nurse teams if a health problem has been identified that affects education is included in recommendation 1.6.7 under specialist support for designated teachers.
NHS Devon CCG	Guideline	032	006	Please state which professional group needs to take the lead on transitions.	Thank you for your comment. The committee considered this issue and recommendation 1.7.1 now says:

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					1.7.1 When planning transition between care placements, **social workers should aim to have a good match** between the permanent carers and the looked-after child or young person.
NHS Devon CCG	Guideline	032	014	Within section 1.7: Ensure there is an up to date health assessment prior to the child / young person moving placements: wherever possible. The abilities of care / residential care staff may be challenged creating instability where children with complex physical and/ or emotional healthcare needs are not assessed to inform matching.	Thank you for your comment and feedback. Recommendation 1.7.19 outlines the need to ensure continuity of healthcare for the looked after child or young person so that any physical and mental health and wellbeing support can continue in the new placement.
NHS Devon CCG	Guideline	036	003	Section 1.7.17: support – including medication regimes – can continue in the new placement.	Thank you for your comment and feedback.
NHS Devon CCG	Guideline	036	004	Section 1.8.2 GP, dentist, optician, specialist secondary healthcare support e.g. Diabetes specialist care where relevant…	Thank you for your comment and feedback.
NHS Devon CCG	Guideline	036	008	Section 1.7.18 and are accessing this.	Thank you for your comment.
NHS Devon CCG	Guideline	039	011	Section 1.8.10 Does this need to be more explicit to cover the needs of the more complex group this is relevant for? E.g. 'For children with highly complex needs including those with learning disability, autism and significant mental health difficulties: please see further guidance on transition from child to adult services…'	Thank you for your comment. An amendment has been made to recommendation 1.8.15 regarding those with complex health needs and disabilities.

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NHS East and North Hertfordshire CCG	General	General	General	No reference to adverse childhood events (ACE's) – we know that on average a Looked After Child is likely to have had at least 4 by the time they come into care?	Thank you for your comment. We have amended the context section of the guideline acknowledging the importance of traumatic adverse childhood events. The committee were also keen to emphasise the importance of a trauma-informed approach throughout the recommendations outlined in this guidance. For example, recommendation 1.3.13 recommends "therapeutic, trauma-informed parenting training" for all carers. This approach is highly relevant for the care of those who have experienced adverse childhood events. In addition, recommendation 1.5.35 now states "When making safer caring plans, taking into account any adverse childhood experiences, think about a looked-after child or young person's need for physical touch and affection as a part of a healthy relationship with the primary carer…"
NHS East and North Hertfordshire CCG	General	General	General	No reference to local needs being identified by JSNA and supported by the partnership	Thank you for your comment. Joint strategic needs assessments are beyond the scope of this guideline which sought to "place a greater focus on the specific interventions needed to help professionals improve outcomes for looked-after children and young people. [and] complement existing national statutory guidance which focuses more on service delivery aspects." However, section 1.9 is relevant – which encourages the use of multiagency forums to agree a "partnership approach to practice"
NHS East and North Hertfordshire CCG	General	General	General	Several positive references to improvements to CAMHS – however opportunity to support the transfer of care between one CAMHS service and another could be set out clearly here. There are often significant delays in the process between services which can only	Thank you for your comment. The committee were not able to stipulate timeframes since strong evidence was lacking and they were mindful of the significant pressures on CAMHS currently. However, the committee noted that a big problem with transfers is the

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				impact on a child. What is a reasonable expectation in timeframes of service change due to placement moves?	fact that a child moving will find themselves back at the bottom of the queue. One new recommendation has been drafted which is relevant: stating that children moving placement should have their place in the waiting list for CAMHS protected. (Rec 1.5.20)
NHS East and North Hertfordshire CCG	Guideline	General	General	General discussion at the CCG is that the document is a positive improvement reflecting many changes and ideas that are taking place in Hertfordshire.	Thank you for your positive comment.
NHS East and North Hertfordshire CCG	Guideline	General	General	The document does not refer to Partnership working as a phrase although it is appreciated that the document refers to inclusion and collaboration with other services. Considering Woods review (May 2021) the term *partnership* should be clear in the text of this document as this is what we are aiming for. Integrated partnership working for this group requires sharing knowledge skills and information across health education social care and the police to help provide wrap around care.	Thank you for your comment. Recommendation 1.9.2 has been amended to reflect the importance of a partnership approach to practice.
NHS East and North Hertfordshire CCG	Guideline	General	General	Oral Health is not a phrase that is across services – Social care submit the 903 which refers to dental health not oral health – need consistency of terminology across all documents / processes and reports.	Thank you for your comment. The use of the term 'oral health' was discussed by the committee who agreed that this term should remain in the guideline as it is a term commonly used by health professionals. Oral health encompasses the health of the whole mouth rather than the teeth.
NHS East and North Hertfordshire CCG	Guideline	General	General	Unable to find any reference to completing out of county assessments as you would in county – believe that this document is an opportunity to strengthen process and ensure all areas are implementing this as it is stated in statutory guidance. Many delays experienced across the country are in relation to health assessments for children placed out of county where	Thank you for your comment. Recommendation 1.5.13 has been amended to ensure that care recommendations in the health plan have been completed, particularly where the CYP has been moved out of area, checking with the professionals concerned across agencies.

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				the originating CCG are not able to support the process due to distance and the receiving area do not treat the out of county placements in same manner as in county.	
NHS East and North Hertfordshire CCG	Guideline	020	001 - 008	Very positive – opportunity here to be more specific in relation to history taking and in particular alcohol consumption during pregnancy as difficulties in diagnosing FASD for example when no information relating to alcohol consumption available to the paediatricians, FASD is common in Looked after children with 1 study identifying 75% of children up for adoption had diagnosis of FASD. (Peterborough)	Thank you for your comment. This topic was considered out of scope for this guideline update. NICE are currently developing a quality standard on Fetal alcohol spectrum disorder. Further details can be found here.
NHS East and North Hertfordshire CCG	Guideline	044	012	Opportunity to consider other trained specialists – nurses to undertake Initial health assessments as completion time frames impacted particularly out of area by capacity outside of originating CCG control. If Nurses could be included in the professionals able to undertake these assessments this would be a positive step towards meeting the statutory assessment timeframes which are for some children not being met across the country. Appreciate that this would require work / consultation with RCN but is worth consideration.	Thank you for your comment. It is out of the scope of this guideline to make recommendations to change existing statutory guidance, which forms the framework for this guideline.
NHS England & NHS Improvement	Guideline	General	General	We are pleased to see the inclusion of trauma informed care. (LDA)	Thank you for your comment.
NHS England & NHS Improvement	Guideline	General	General	We suggest the guidance adopts a bigger focus on Children and Young People (CYP) who are autistic or have a learning disability and who are in residential care including residential school (up to and including 52 week settings) where the policy of LAs is that these CYP must become automatically 'looked after' while often allowing parents to retain parental involvement	Thank you for your comment. The guideline cross refers to other related NICE guidelines on the recognition, referral, and diagnosis of autistic spectrum disorder (ASD) and Autism spectrum disorder in under 19s: support and management. This contains a recommendation acknowledging that local autism

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				(Section 20 agreements under the Children Act 1989). (LDA)	teams should provide (or organise) the interventions and care recommended for LACYP. The guideline also contains a recommendation cross referring to guidance on service design and delivery for learning disabilities and behaviour that challenges.
NHS England & NHS Improvement	Guideline	General	General	We recommend greater references to legal rights under the Children and Families Act; Care Act; Building the Right Support including CETRs, DSRs, keyworkers; work by NHSEI to support those at risk of or who are in the Criminal Justice System. (LDA)	Thank you for your comment. The committee acknowledged that this is a complex area, and that looked-after children and young people continue to be significantly over-represented in the criminal justice system. The context section of the guideline makes reference to the legislative framework for looked-after children and young people and amendments have been made to this. Furthermore, the committee were impressed by the evidence of effectiveness of multidimensional treatment foster care, particularly evidence showing reduced involvement with the criminal system and reduced rates of violent crime and imprisonment across these populations. So they agreed this intervention would be suitable for looked-after young people with behavioural issues that are significant and persistent enough to merit regular involvement of the criminal system. NICE has also produced other guidelines to support the mental health of adults in contact with the criminal justice system and Physical health of people in prison
NHS England & NHS Improvement	Guideline	General	General	We suggest the guidance should reflect support for and risks to children and young people who are autistic and who have a learning disability wherever they are placed	Thank you for your comment. The guideline cross refers to other related NICE guidelines on the recognition, referral, and diagnosis of autistic spectrum

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				as looked after children and young people in relation to county line gangs, abuse etc and how they can be better supported. (LDA)	disorder (ASD) and Autism spectrum disorder in under 19s: support and management. This contains a recommendation acknowledging that local autism teams should provide (or organise) the interventions and care recommended for LACYP. The guideline also contains a recommendation cross referring to guidance on service design and delivery for learning disabilities and behaviour that challenges.
NHS England & NHS Improvement	Guideline	General	General	In the section on the impact of COVID-19, we recommend mentioning the importance of access to therapies, particularly important for children with a disability. (LDA)	Thank you for your comment.. The committee discussed this issue but didn't feel that further amendments were needed. NICE currently has a guideline in development on Disabled children and young people up to 25 with severe complex needs: integrated service delivery and organisation across health, social care and education. The scope for this guideline has outlined that it may be relevant to those with looked-after children status.
NHS England & NHS Improvement	Guideline	General	General	We recommend greater inclusion about physical health in terms of the research that looked after children have particular health inequalities and the need to reference sensory checks (LDA)	Thank you for your comment. The guideline acknowledges that looked-after children and young people experience inequality, and these guideline recommendations seek to ensure that their needs are adequately met. The need for sensory checks and screening is outlined in statutory guidance. The guideline has also made a recommendation to offer unaccompanied asylum-seeking children tailored initial health assessments which includes sensory issues not previously identified because of lack of screening (rec 1.5.11)

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NHS England & NHS Improvement	Guideline	General	General	We recommend a specific section on considerations for children away from their families in residential schools. (LDA)	Thank you for your comment. Residential schools is beyond the scope of this guideline. Promoting the education of looked after children and young people in residential settings is outlined in statutory guidance.
NHS England & NHS Improvement	Guideline	General	General	We recommend including reasonable adjustments to life story work to ensure it works for disabled children and young people. Is there anything in the research about placement breakdown- and the characteristics of children most likely to experience this. (LDA)	Thank you for your comment. The guideline contains a recommendation (1.5.25) ensure that life story work for looked-after children and young people captures and embraces other personal aspects of identity, for example disabilities. Our two evidence reviews on placement stability did not provide data on children most likely to experience placement breakdown.
NHS England & NHS Improvement	Guideline	General	General	Overall, I would make two comments: 1. Whilst the importance of cross-organisational working comes through, that of identifying responsibility does not so much. As a reviewer of serious incidents and patient paths leading to death in custody in this group, I have found that the bystander effect, whereby an erroneous assumption is made that another will or has acted/dealt with an issue are too often implicated in a poor outcome. As a deputy medical director, I also consider that to identify responsibility should lead to best use of resource and avoidance of duplication. As a GP, I note that neurodevelopmental disorders are prevalent in this group, may not have been previously identified and require consistency in terms of behavioural strategies. Lack of recognition, assessment and inconsistency in approach are all associated with a	Thank you for your comment. The committee discussed the issue of identifying responsibility and felt this should be outlined in statutory guidance. Specific recommendations on the recognition and assessment of neurodevelopmental disorders for this group is beyond the scope of this guideline. The guideline cross refers to other related NICE guidelines on the recognition, referral, and diagnosis of autistic spectrum disorder (ASD) and Autism spectrum disorder in under 19s: support and management. This contains a recommendation acknowledging that local autism teams should provide (or organise) the interventions and care recommended for LACYP.

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				higher risk of issues regarding mental health, physical health, substance misuse and involvement in the criminal justice system. The importance of raised awareness and consistency of approach in view of their prevalence and association with poor outcomes could be stronger. (PC)	
NHS England & NHS Improvement	Guideline	013 - 014	015 – 016, 001 - 003	Currently many foster carers / contact centre workers / residential unit staff are advised to contact the generic Emergency Duty Team/Out of Hours service for support. These services will need to be equipped to deal with queries or to redirect to appropriate support as required. (PCG)	Thank you for your comment. Emergency Duty Teams or Out of Hours service has been added to recommendation 1.3.2.
NHS England & NHS Improvement	Guideline	002	018	This statement is Local Authority/ social care focussed. From a health care perspective, I believe that we have a responsibility to the patient and their family/carers that extends beyond cooperating with/ supporting the local authority to produce a care plan to something that demonstrates an awareness of the vulnerability of this group and the importance of prioritising their care. Active collaboration between organisations with the child as the focus seems a more appropriate goal than cooperation. (PC)	Thank you for your feedback. Section 1.9 of the guideline –encourages the use of multiagency forums to agree a "partnership approach to practice".
NHS England & NHS Improvement	Guideline	005	005 - 011	In the Diversity section, we suggest this should explicitly include those categories under the Equality Act and expressly include children and young people who are autistic and who have a learning disability. (LDA)	Thank you for your comment. An amendment has been made to this section.
NHS England & NHS Improvement	Guideline	008	001 - 011	We recommend that the importance of people being involved in discussions and being supported to be involved meaningfully in those discussions to get the right outcome is highlighted in the guidance.	Thank you for your comment. An amendment has been made to this section.

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				In the diversity section there is no mention of people with a learning disability or autistic people, can you please specifically add this in. (LDA)	
NHS England & NHS Improvement	Guideline	008	003	It would be useful to include a link to the new NICE guideline on shared decision making to emphasise the importance of involving CYP in decision making. (PCG)	Thank you for your comment. A definition of shared decision making has been added to the guideline. This has been taken from the NICE guideline on Shared decision making. This guideline covers how to make shared decision making part of everyday care in all healthcare settings.
NHS England & NHS Improvement	Guideline	008	006	All 9 protected characteristics are important. Disability is not mentioned, and my experience is that neurodevelopmental disability is a significant risk factor for exclusion in this group. (PC)	Thank you for your comment. Neurodevelopmental disability has been added to recommendation 1.1.1.
NHS England & NHS Improvement	Guideline	009	008	We recommend including a reference to the importance of being able to take listening on board. (LDA)	Thank you for your comment. We considered that we have already covered this issue as recommendation 1.2.1 states: • listening that is engaged and non-judgemental
NHS England & NHS Improvement	Guideline	009	013	We strongly recommend changing 'challenging behaviour' to 'behaviour that challenges'.	Thank you for your comment. This recommendation has been amended to the following: • persistence and understanding to respond to behaviours that challenge and to support positive behaviours
NHS England & NHS Improvement	Guideline	009	021	We recommend the importance of taking into consideration if a sibling might be a carer themselves. (LDA)	Thank you for your comment. The committee considered your feedback but we did not find evidence on the role of siblings as carers within the context of the care system to make specific recommendations.

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NHS England & NHS Improvement	Guideline	010	012 - 021	Does there need to be a reference to training in approaches such as Trauma Informed Therapy in this section? They should also be trained in communication skills so they are able to communicate effectively with those children who have SEND and may use alternative or augmentative communication methods. (LDA)	Thank you for your comment. The recommendation lists in recommendation 1.2.9 Contact supervisors should receive training in: • safeguarding the looked-after child or young person, including **trauma-informed training** in recognising signs of distress (including in babies and in **non-verbal** children and young people) and how and when to end a session
NHS England & NHS Improvement	Guideline	010	026 - 028	Access to interpreting / signers is best practice but often workers are left with only option being telephone/ digital interpreting especially where appointments are crisis / unplanned. Consider recommending workforce representation is reviewed & employing some people across systems with these essential language and communication skills. (PCG)	Thank you for your comment. The issues you've raised are addressed in recommendation 1.2. 11 - provide interpreting services for contact supervisors if the people taking part in contact are non-English speaking. Consider any additional communication support as needed, for example, sign language.
NHS England & NHS Improvement	Guideline	011	001 - 005	It may be useful to add an additional point on the provision of therapy/therapeutic interventions delivered remotely/using digital technology as required during the pandemic, and the continued safe use of these methods where they suit children and young people / family choice. (PCG)	Thank you for your comment. The committee discussed this issue but did not have any evidence on the use of digital technology to make a recommendation
NHS England & NHS Improvement	Guideline	011	006 - 015	Recommend building relationships / support / training between social workers and other practitioners involved in the service. There are too many gaps between social workers and therapeutic inputs from children and young people's mental health services – often the child/young person gets caught in between yet another fraught relationship. We have seen an example from Thurrock where the youth facilitator from the VCSE is embedded in the CAMHS	Thank you for your comment and for providing an example from practice.

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				team and attends all joint forums, helping to build relationships. (PCG)	
NHS England & NHS Improvement	Guideline	011	016 - 019	We think there should be a reference to managers supporting staff to ensure that any underlying judgements social workers may have are resolved so social workers can operate objectively and non-judgementally, avoiding making assumptions. (LDA)	Thank you for your comment. The committee discussed this issue but did not have the evidence to support this suggestion
NHS England & NHS Improvement	Guideline	012	008 - 010	It may be helpful to indicate some potential sources of funding as there are challenges in managing limited resources. (PCG)	Thank you for your comment. The committee felt this could be funded from existing budgets.
NHS England & NHS Improvement	Guideline	012	022 - 029	Line 24 -says according to their developmental age – we would also recommend including ' also in accordance with the communication needs'. (LDA)	Thank you for your comment. The term 'developmental age' was used in the guideline as a reference to how closely a person's physical and mental development parallels with normal developmental milestones. The committee considered that they did not have the evidence to add communication needs. The recommendation mentions the need for sensitivity and transparency.
NHS England & NHS Improvement	Guideline	013	001 - 003	Multidimensional treatment foster care is currently underfunded / unavailable in many places (PCG)	Thank you for your comment. The committee were aware that multidimensional treatment foster care is currently underfunded and unavailable in many places. However, the committee were impressed by the evidence of effectiveness of multidimensional treatment foster care, particularly evidence showing reduced involvement with the criminal system and reduced rates of violent crime and imprisonment across these populations. So they agreed this intervention would be suitable for looked-after young people with behavioural issues that are significant and persistent enough to merit regular involvement of the criminal system.

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NHS England & NHS Improvement	Guideline	014	008 - 009	This statement needs to reflect greater involvement of the CYP in the decision making. Suggest amending to "Engage the child or young person in discussions about respite options". There should be shared decision making for every decision that needs to be made, where possible. (PCG)	Thank you for your comment and feedback.
NHS England & NHS Improvement	Guideline	015	009 - 031	We recommend including the importance of training for carers. (LDA)	Thank you for your comment. The guideline makes a number of recommendations on training for carers.
NHS England & NHS Improvement	Guideline	015	021	Promote healthy lifestyle and health awareness (exercise, non-smoking, healthy weight, take up of public health offers such as immunisation and screening) (PC)	Thank you for your comment.
NHS England & NHS Improvement	Guideline	016	001	We suggest that the training for carers should be carried out by people with lived experience as well as specialist healthcare teams and voluntary organisations? (LDA)	Thank you for your comment. The committee discussed this issue but felt they did not have the supportive evidence to make this suggested consideration.
NHS England & NHS Improvement	Guideline	017	001 - 010	Multidisciplinary meetings should be focused on tangible outcomes based on what matters to the CYP, with agreed actions. Suggest adding: "Adopting a personalised approach ensuring there is evidence of shared decision making and 'what matters to me' conversations having taken place in advance of these forums (including transparent discussion of risks), and; by starting every meeting / conversation with what matters to the child / family a different range of options /solutions is likely to be explored." (PCG)	Thank you for your comment and feedback. Recommendation 1.4.1 outlines that a multidisciplinary approach should: • seek the views of looked-after children and young people and their carers, to ensure that responses to safeguarding risks are effective and acceptable, for example by coordinating safeguarding responses for siblings in care.

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NHS England & NHS Improvement	Guideline	020	012	It is not obvious who should take responsibility for this. A single shared account avoids duplication and encourages a consistent/joined-up approach which is very helpful however it also seems important to make it clear that someone should take the lead since there could be many health care professionals involved in this young person's care. (PC)	Thank you for your comment and useful feedback.
NHS England & NHS Improvement	Guideline	020	012 - 016	We suggest more references to key records such as Education, Health and Care Plans if relevant. (LDA)	Thank you for your comment. Reference to the Education, Health and Care plan are made in the learning and education recommendations.
NHS England & NHS Improvement	Guideline	020	021 - 024	1.5.8 refers to language barriers – should also mention access to interpreters if needed? (LDA)	Thank you for your comment. This issue is addressed in recommendation 1.5.10: If language remains a barrier to communication, think about the need for a culturally appropriate, **registered interpreter to be available in person for subsequent health and social care assessments.**
NHS England & NHS Improvement	Guideline	021	General	Also include neurodevelopmental and educational assessment to include social functioning, literacy and consideration of other factors impacting on attainment/social interaction such as attention or specific learning difficulties. (PC)	Thank you for your comment. The committee recognised the higher prevalence of ADHD, autism and PTSD among looked-after children and young people. They were aware of existing NICE guidelines on the identification and diagnosis of these conditions and their subsequent management and agreed to cross-refer to these.
NHS England & NHS Improvement	Guideline	022	001 - 006	Can helpful suggestions be added re examples now or how this might be managed? We have some examples through the CYP Mental Health programme e.g. partnerships with the VCSE in Isledon (PCG)	Thank you for your comment. We are unable to provide examples of good practice in a NICE guideline however NICE has a shared learning database. Our shared learning examples show how NICE guidance and standards have been put into practice by a range of health, local government and social care organisations.

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NHS England & NHS Improvement	Guideline	023	001 - 005	As well as Life story work, CYP & families / carers could also benefit from undertaking preparation for a 'what matters to me' conversation e.g. developing one page profiles, outlining what is important to/for them (PCG)	Thank you for your comment. The committee discussed this issue but felt they did not have the supportive evidence to make reference to this approach in the guideline.
NHS England & NHS Improvement	Guideline	025	008 - 022	Weommend this section should mention the need for additional support if the child or young person has a SEND to ensure they can access these activities. (LDA)	Thank you for your comment. The committee considered this and made the following addition to the rationale and impact section: The committee agreed that ensuring that looked-after people and their carers know about their rights to educational support (for example, the purpose of the pupil premium grant for education, and how it is distributed), **and including special educational provision under the SEND legal framework, would encourage accountability in spending.**
NHS England & NHS Improvement	Guideline	026	001	We recommend making this point clearer: Young people themselves should be directly involved in these meetings about their transition to different education settings. (LDA)	Thank you for your comment. The involvement of young people themselves is outlined in recommendation 1.6.2 and 1.6.7.
NHS England & NHS Improvement	Guideline	026	011 - 014	We have examples from Bedfordshire of CYP being supported via a personal health budget to purchase a sensory watch to help them in transitioning from primary to secondary school. In primary school they had 1:1 support & instead they were supported to develop own skills / confidence in managing condition with use of sensory watch – also led to more independent relationships outside school – sleep overs at others and; mum having less sleepless nights (PCG)	Thank you for your comment and for providing this example from practice.

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NHS England & NHS Improvement	Guideline	027	016	I would add that they should be aware of the potential educational, social and health vulnerabilities of this group. (PC)	Thank you for your comment and feedback.
NHS England & NHS Improvement	Guideline	027	016 - 022	We recommend this section should reference the "Assess, Plan, Do, Review" process within the EHCP for those with SEND. (LDA)	Thank you for your comment and feedback. The committee discussed this issue. However as we did not look at the evidence for approaches to plan special education needs support in schools, we cannot make reference to this particular approach in the recommendation.
NHS England & NHS Improvement	Guideline	028	006 - 010	We have examples of 2 CAMHS sites focused on children out of school due to mental health needs which used a model of a 'youth coach' supporting steps towards return to school. This included personalised care and support planning/'what matters to me' conversations; partnership and shared decision making with clinical staff; and exploring of what is in the community to support them. (PCG)	Thank you for your comment and examples from practice.
NHS England & NHS Improvement	Guideline	030	General	Consider that specific issues which are likely to impact on learning such as dyslexia, dyscalculia, dyspraxia, attention deficit disorders and autism may not yet have been picked up in these children (and will also impact on social interaction and mental health) (PC)	Thank you for your comment and feedback. The committee discussed this issue but this is covered in relevant statutory guidance.
NHS England & NHS Improvement	Guideline	032	004 - 008	Where the child or young person has a SEND and is transitioning: additional and appropriate support should be put in place – e.g. social story, photographs, communicated in a way that works for the child or young person with sufficient time to process etc. (LDA) Equally, the carer must fully understand the needs of that child/young person, and the nature of their condition or disability etc.	Thank you for your comment and feedback. Strategies to manage more specialist problems is discussed in recommendation 1.7.25.

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NHS England & NHS Improvement	Guideline	035	012	Neurodevelopmental disorders and specific learning difficulties. (PC)	Thank you for your comment.
NHS England & NHS Improvement	Guideline	035	025 - 029	We recommend greater emphasis on continuity through transition – it should also be noted that if the child or young person has an EHCP and is moving LAs, additional support and oversight should be given to ensure the needs of the person continue to be met by the new Local Area. (LDA)	Thank you for your comment and feedback. Recommendation 1.7.11 outlines the need for continuity within their existing social network.
NHS England & NHS Improvement	Guideline	037	010 - 021	We recommend this section adds greater reference to those with SEND and other protected characteristics who may need additional support to access the things that are being recommended. (LDA)	Thank you for your comment. A consideration of SEND is included in recommendation 1.7.25.
NHS England & NHS Improvement	Guideline	038	007	I might change this to "care has been transferred" since this process can take some while and there is a significant risk of the adolescent falling between the two stools. (PC)	Thank you for your comment. This suggested addition has been made to the recommendation.
NHS Gloucestershire CCG	Guideline	005	General	Should this paragraph include something about the national trend for rising numbers of looked after children in recent years?	Thank you for your comment, we have added a statement about the increasing yearly numbers of children looked-after over the past 10 years.
NHS Gloucestershire CCG	Guideline	006	017	…should be Children Act 1989 (rather than Children's Act 1989)	Thank you, this has been corrected
NHS Gloucestershire CCG	Guideline	007	010	There are still issues with LAC on remand re health assessment quality, timeframes and communication re health history, health needs and health plans particularly during periods of transition – is the guidance also directed at YOI health services/teams?	Thank you for your comment. This section of the guideline was aimed at providing context and background to the guideline rather than for making recommendations. The committee has made several recommendations regarding the quality of health

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				The LAC health network (mainly doctors and nurses) is well established – NHSE host a database of generic email addresses for CCG and health provider teams which makes communication much easier as children in care are moved around the country to ensure good information sharing – could this be developed to include YOI health teams? What is NHSE and CQCs role regarding YOI health teams?	assessments and communication of health plans, particularly during times of transition. These would be expected to apply even with looked after children on remand. With regard to Youth offenders, the committee focussed on criminal behaviour as a negative outcome to be prevented where possible through stable placements and relationships and possibly more advanced interventions such as multidimensional treatment foster care. As with children on remand, statutory health care and assessments still apply to those who looked after and are youth offenders.
NHS Gloucestershire CCG	Guideline	011	020	Should this read local authorities and partner agencies…? many LAC health teams hold caseloads in order to offer continuity of care to children and young people – there is anecdotal evidence that children and young people respond well to this and that it can lead to higher quality of care, better information sharing and more rigorous follow up of health needs	Thank you for your comment. Partner agencies has been added to the recommendation.
NHS Gloucestershire CCG	Guideline	012	021	suggest…consider seeking support and advice from the child and adolescent mental health or CiC mental health team	Thank you for your comment. The committee discussed this issue but agreed that it was better to discuss reasons for placement breakdown openly, giving emotional support built into ongoing life story work and using accessible and age-appropriate communication. Furthermore the committee considered that they did not have the evidence to make this suggested change to the recommendation.
NHS Gloucestershire CCG	Guideline	015	026	Consider the use of Language that Cares across local partnerships, both in everyday practice and in written	Thank you for this comment. The committee are aware of this piece of work and have tried to use caring as

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				records; https://www.tactcare.org.uk/news/language-that-cares/	well as clear language throughout the recommendations
NHS Gloucestershire CCG	Guideline	020	018	Consider the use of Language that Cares across local partnerships, both in everday practice and in written records; https://www.tactcare.org.uk/news/language-that-cares/	Thank you for this comment. The committee are aware of this piece of work and have tried to use caring as well as clear language throughout the recommendations
NHS Gloucestershire CCG	Guideline	032	014	Should this include health history as well? A carer may decide that they will not be suitable once they understand the child's health needs for example – a child requiring oxygen and the care/ equipment needed	Thank you for your comment. The committee discussed what information would be helpful for new carers and prospective adopters, to cover the needs of the new placement, including personal health history.
NHS Gloucestershire CCG	Guideline	036	005	…healthcare professionals should provide appropriate training for the permanent carers in for looked-after people who have medical conditions	Thank you for your comment. The committee did not think that further amendments were needed.
NHS Gloucestershire CCG	Guideline	037	015	does the guideline need to make reference to the importance of providing personal and family health histories and summaries as part of the life story work and transitions beyond care?	Thank you for your comment. This issue is considered in the recommendations on life story work (1.5.22 – 1.5.33)
NHS Gloucestershire CCG	Guideline	038	007	Consider adding 'beyond 18' to this statement; Continue services…	Thank you. This has been added to the recommendation.
NHS Gloucestershire CCG	Guideline	038	008	Consider adding 'where needed' to this; 'be transferred to adult services'	Thank you for your comment. This suggested addition has been made to the recommendation
NHS Gloucestershire CCG	Guideline	038	026	…should we include here something about the need to outline the local offer for care leavers and what that includes?	Thank you for your comment and feedback. Recommendation 1.8.7 makes reference to a care offer and ensure that this can be accessed easily by care leavers up to the age of 25.

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NHS Gloucestershire CCG	Guideline	039	004	Consider adding to 'when developing plans for care leavers…' 'ensure it reflects all aspects of the young persons needs including the final health assessment and plan'	Thank you for your comment. Recommendation 1.8.6 outlines care leavers should be told of their rights and extended support available up to the age of 25.
NHS Gloucestershire CCG	Guideline	056	007	…eg peer mentoring?	Thank you, peer mentoring is covered in recommendation 1.2.18. This refers to out of hours support from adults and the options referred to are described in recommendation 1.2.21.
NHS Gloucestershire CCG	Guideline	057	015	…this sentence seems to imply that trauma informed training is only directed at social workers, shouldn't this be (like safeguarding) across all sectors and all age ranges to be really effective? It should also be about more than just training which would just form part of an overall strategy to have any real impact	Thank you for your comment. This section of the rationale is referring specifically to a recommendation on the trauma-informed training of social workers. Elsewhere in the guideline there are recommendations for the trauma-informed training of carers and our most wide-reaching recommendation 1.5.1 which states to "Ensure that all practitioners working with looked-after children and young people are aware of the impact of trauma (including developmental trauma) and attachment difficulties and appropriate responses to these, to help them build positive relationships and communicate well." Taken as a whole, the recommendations address trauma-informed practice across the whole care network, requiring an overall strategy.
NHS Gloucestershire CCG	Guideline	058	012	…we have sexually harmful expertise within our local CAMHS so this would be available 'in house', however, we have many examples of children's social care (csc) unilaterally commissioning independent assessments ie of speech and language or occupational therapy, often without consultation with the local CiC health team – this has raised concerns over governance – CSC should explore what is already available locally that will	Thank you for your comment. We agree with your point and feel that the recommendation and rationale as stands does not preclude the use of in-house services where available, but rather encourages this approach as a better use of resources.

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				meet the child's needs, not incur unnecessary extra cost and be incorporated into the health plan so that it is accessible to the team around the child	
NHS Gloucestershire CCG	Guideline	060	026	...should this read '…their local authority and partner agencies' ?	Thank you, we have made this addition to the rationale.
NHS Gloucestershire CCG	Guideline	061	003	Surely foster carers should be included in any Life Story work as they should be part of it?	Thank you for your comment. The committee pointed out that life story work may be performed by a range of significant adults in the lives of looked-after children and young people and therefore may not be aware of ongoing work, especially if short-term carers.
NHS Gloucestershire CCG	Guideline	072	011	Consider the use of Language that Cares across local partnerships, both in everday practice and in written records; https://www.tactcare.org.uk/news/language-that-cares/	Thank you for this comment. The committee are aware of this piece of work and have tried to use caring as well as clear language throughout the recommendations.
NHS Gloucestershire CCG	Guideline	074	025	… I agree that support for the network should not be considered a replacement for CAMHS if direct work is indicated, but would argue that this can be very helpful way to skill up and support professionals around the child without the child needing to make another new relationship with another worker – we use a consultation model in our area which works well – but this is delivered through the CiC CAMHS team mainly with foster carers, supervising social workers and the child's social worker	Thank you for your feedback
NHS Gloucestershire CCG	Guideline	075	019	We have a local charitable (church based) charity who support refugees and asylum seekers, they have been commissioned by the CCG to provide support around emotional and mental health to our unaccompanied	Thank you for your comment

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				asylum seeking children with one to one and group support in ways that are more culturally acceptable	
NHS Gloucestershire CCG	Guideline	076	027	Our local maternity services are extending the issue of 'memory boxes' first developed for parents who have lost a child through still birth or neonatal death to also be given to mothers and babies where babies are removed from the mothers care at birth – this includes photos and foot and hand prints – this fits with both life story work and trauma informed approach to care – I understand that several areas are doing similar and it should be encouraged as good practice, but also needs to be embedded as part of Life Story work so that these precious mementos of early life and personal history are not lost during transitions	Thank you for your comment. The recommendations (particularly 1.5.19) do not preclude such approaches (and encourages the use of art, pictures and narratives)
NHS Gloucestershire CCG	Guideline	094	014	…agree, a prospective adopter providing early permanence placement to a young child helpfully described it to me as that 'the adult (ie the adult carer/s) taking the risk rather than the child' – which is great from a child centred point of view, but this should be clear to the adult carers from the outset and they should receive the right level of support to accept this	Thank you for your feedback
NHS Gloucestershire CCG	Guideline	096	017	Agree..it is also important to ensure that any key health information is shared (ideally before placement) straight away including health conditions that may need management, medications and allergies and that the carer has the necessary information, support and training to provide safe care	Thank you for your feedback. Information concerning health conditions, health contacts, and any ongoing referrals has now been recommended for any placement change (not just into permanency) – see recommendation 1.2.23.
NHS Gloucestershire CCG	Guideline	096	021	…agree, often children get labelled and sometimes even criminalised due to behaviours which we would handle differently for children not looked after	Thank you for your feedback

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NHS Gloucestershire CCG	Guideline	097	015	Agree, though in practice this often doesn't happen due to crisis management and emergency placements, so in reality the health team often don't find out about the move until after the event, so this links with better planning for transitions and early interventions and support when children and / or carers are struggling	Thank you for your comment. The committee recognises the realities of crisis and emergency placements. As you have suggested, better planning and support to avoid such emergency moves can help prevent this situation.
NHS Gloucestershire CCG	Guideline	097	024	…could argue that providing continuity of health care can be resource heavy as to do this properly needs a specialist dedicated team of health professionals who hold caseloads of LAC and can ensure that care is transferred and information shared in a timely way during periods of transition and that they maintain an 'arms length' overview of children placed out of area – not all areas have sufficient capacity to do this, in line with intercollegiate role framework 2020	Thank you for your comment. The committee recognises that there are numerous ways in which services can be arranged to achieve the ends laid out in these recommendations. With regard to resource use, the committee recommends the areas in which local authorities and health services should focus to improve outcomes, this may require resources being reallocated from other areas.
NHS Gloucestershire CCG	Guideline	106	029	…providers, and carers) at all levels (very often working practice is good on the ground, but not more strategically and all this needs to be in place to ensure sustainability	Thank you, we have made the suggested change to the wording.
NHS Newcastle Gateshead CCG	Guideline	General	General	A missed opportunity on recommendations for data collection on health needs above and beyond the KPIs collected. Recommending data collection for health needs assessment of this most vulnerable population would strengthen the profile of Children in care and care experienced young people (LAC & care leavers) within health service design, review and commissioning.	Thank you for this comment. Looked-after children already receive regular statutory assessments of their health and it was beyond the scope of this guideline to recommend additional health data collection. This guideline sought to "place a greater focus on the specific interventions needed to help professionals improve outcomes for looked-after children and young people. [and] complement existing national statutory guidance which focuses more on service delivery aspects.

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NHS Newcastle Gateshead CCG	Guideline	General	General	The terminology throughout is what most areas are trying to move away from -many are rebranding to children in care and are using more child friendly terminology as outlined in TACT -Language that cares 2019 doc. Not sure if appropriate within this document but worthy of a mention.	Thank you, this issue was raised with the committee. However, while the need to use language that cares is recognised as important, the need for the guideline to be widely understood is also paramount. "looked-after child" is still widely used in statutory guidance which forms the framework for this guideline
NHS Newcastle Gateshead CCG	Guideline	017	001	Rec 1.4. this section on safeguarding does not adequately address the needs to ensure that CCGs (ICS in the future) & health services are aware of Children in care (LAC) placed in their area. These are usually the most vulnerable and at-risk young people and receiving CCGs are often not notified of their placements or if we are it is rare that the risks are shared. Promoting a consistent approach would be helpful	Thank you for your comment. The committee considered your feedback, and an addition has been made to recommendation 1.4.1: • include all relevant agencies in meetings to address safeguarding concerns This recommendation also says: • facilitate the sharing of data between agencies Finally, recommendation 1.4.2 also addresses this issue: 1.4.2 Hold safeguarding meetings to bring together practitioners from multiple agencies involved in the care and support of looked-after children and young people such as: social care; fostering, residential and connected care; education and the virtual school; healthcare; voluntary agencies; housing services; emergency services; policing; and immigration.
NHS North East Lincolnshire CCG	Guideline	General	General	General discussion and search of the document raised further themes and trends around: supporting birth parents when children are placed with foster carer outside the family home; consideration of fostering to	Thank you for your comment. The committee considered your feedback and some additional detail was added regarding the co-production of service users in applying feedback to decision making (see

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				adopt carers and preparation when children have been returned to family; Unaccompanied Asylum Seeking Children who lose right to remain/have No Recourse To Public Funding; The need for a focus on co-production with service users; voice of the child; collaboration and embedding into practice; strengthening health contribution to Education Health Care Plan.	recommendation 1.8.19.) Support for birth parents beyond the support for reunification was beyond the scope of this guideline, as is support for asylum seeking children who lose the right to remain. We have considered fostering to adopt carers in the case of concurrent planning and have recommended out of hours and peer support for carers to help them process placement changes and breakdowns. The committee have also strongly recommended co-production, for example, recommending that feedback is incorporated into decision making to improve services (see rec 1.8.21.)
NHS North East Lincolnshire CCG	Guideline	022	002	The inclusion criteria needs to be strengthened to include children placed out of area as well as children placed in the local area.	Thank you for your comment. This issue was considered by the committee and the recommendation has been amended to: **1.5.13 Healthcare professionals responsible for the care of looked-after children and young people should review whether care recommendations in the health plan have been completed,** particularly if the child or young person has been moved out of area, checking with the professionals concerned across agencies.
NHS North East Lincolnshire CCG	Guideline	022	007	The inclusion criteria needs to be strengthened to include children placed in area from other areas, residential placements or placed with parents.	Thank you for your comment. The inclusion criteria for CAMHS was considered out of scope for this guideline update.
NHS North East Lincolnshire CCG	Guideline	023	018	The inclusion criteria need to be strengthened to include health information to inform the child's life story work from early years.	Thank you for your comment. This issue is covered in recommendation 1.5.29.

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NHS North East Lincolnshire CCG	Guideline	037	017	The inclusion criteria to be strengthened to include physical health.	Thank you for your comment. Physical and mental health is included in the recommendation.
NHS North East Lincolnshire CCG	Guideline	038	003	The inclusion criteria to be strengthened to include support services for pregnant care leaver and care leaver who are to become fathers and to include sexual health services.	Thank you for your comment. Support for pregnancy and parenting has been added to recommendation 1.8.4.
NHS North East Lincolnshire CCG	Guideline	068	010	The inclusion criteria re flagging to include training on CP-IS.	Thank you for your comment. This would be included under being "familiar with how to report concerns" in the recommendation. We cannot specify training on CP-IS as this recommendation includes both practitioners (professionals) and carers.
NHS North East Lincolnshire CCG	Guideline	073	025	Healthcare professionals performing IHA for UASC to be made specific to statutory guidance regarding medical professional.	Thank you for your comment, this has been corrected
NHS North East Lincolnshire CCG	Guideline	107	007	Forum for strategic leadership and best practice: should this be expanded to include other partners e.g. health, to include the wider systemic partners working with children looked after and themes and trends that affect all agencies to work collaboratively around locality issues and agree priorities.	Thank you for your comment. The recommendation does include health as reflected in the statement – "The committee considered that one of the key components was improving communication between disciplines (for example health professionals, social care providers, and carers) at all levels to ensure that statutory guidance was being adhered to" and in the mention of health in the recommendation itself.
NHS Portsmouth CCG	Guideline	001	General	Promoting integrated working at ICS level but we need to be explicit regarding how school nurses, health visitors and paediatrics are all integrated into the model too. The school nurse role for LAC is very important and they need to know and monitor/support the ongoing health, wellbeing and development of their	Thank you for your feedback. The professionals mentioned are included in the scope of this guideline under "health and education practitioners working with looked-after children and young people and care leavers"

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				LAC cohort. However as the 0 - 19 Public Health Model develops their inputs seems to be reducing.	
NHS Portsmouth CCG	Guideline	005	008 - 012	Justification (if even needed) for routine psychological/CAMHS assessment on being placed in care - needs to replace SDQ use as of limited value. SDQ's are not done in a universally coordinated manner.	Thank you for your comment. The use of SDQs is statutory and is therefore beyond the scope of this guideline. The committee also spent a significant amount of time considering the benefits of a referral to CAMHS balanced against the significant resource pressures affecting children's mental health services. Please see section 1.5 "Mental health and child and adolescent mental health services" for these recommendations, as well as the accompanying rationale section.
NHS Portsmouth CCG	Guideline	005	018 - 022	More evidence of need for integrated EHCP/health and LAC reviews into a single process, so all parties are clearly aware of and understand interrelated issues and have multi-agency support plan.	Thank you for your comment. Please see recommendation 1.6.14 which now states "Local authorities should simplify and merge meetings if possible. For example, EHCP for looked-after children and young people and PEP meetings may benefit from occurring together."
NHS Portsmouth CCG	Guideline	005	025 - 029	Integrated EHCP/Health/LAC reviews should also include YOT review if we are to truly understand the life and challenges of the child/young person who is in the criminal justice system.	Thank you for your comment. While the committee did not specify that YOT reviews should occur alongside LAC reviews. A recommendation was made that promoted the merging of meetings where possible in order to reduce the burden of meetings for looked after children who often felt overwhelmed by professionals and to promote greater integration and multiagency working. Please see recommendation 1.6.14 which now states "Local authorities should simplify and merge meetings if possible. For example, EHCP for looked-after children and young people and PEP meetings may benefit from occurring together."

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NHS Portsmouth CCG	Guideline	006	003 - 004	Significant impact therefore on health and social care providers of care and support to LAC, the resource needs expansion to meet year on year increase in demand.	Thank you for your comment. We have added a statement in this section indicating that the increase in the number of children entering care and the reduction in the number of adoptions has lead to "increasing pressures on health and social care providers to continue to provide high quality care with existing resources."
NHS Portsmouth CCG	Guideline	006	010 - 012	The care leaver health offer is not always explicitly specified in service specs and contracts and therefore may not be commissioned either effectively or adequately. This needs to be scoped and understood and care offer elements defined at a national level. The complexity and intensity of supporting care leavers needs better recognition and understanding. Potential for "leaving care/transition" LAC nurse roles.	Thank you for your comment. The committee considered the fact that the care offer was not always explicitly specified and made the following recommendation (1.8.7): "Explicitly outline the support available to care leavers in a care offer, and ensure that this can be accessed easily by care leavers up to age 25.". The committee also considered the possibility of leaving care nurse roles but there was insufficient evidence to support the expenditure that this would require.
NHS Portsmouth CCG	Guideline	006	024	There needs to be improved clarity and understanding of how multi agency partners can work more consistently and effectively as well as holistically, rather than carving need and accountability into health, education etc. Improving care leaver provision and support in health will support improved and more confident/appropriate health seeking behaviours, which will result in less use of A&E for non-urgent needs and less late presentations of health issues. There is a need for improved education, training and understanding regarding LAC across Primary Care Services in health.	Thank you for your comment. This section of the guideline was aimed at providing context and background to the guideline rather than for making recommendations.

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				The payment for adult medicals (initial and review) for adoption and fostering needs to be recognised as core GMS contract work or have a clear national tariff and payment mechanism used across all areas. Transition into adulthood work with care leavers requires significant improvement and investment, to enable support to be effective and accessible for care leavers. Planning and interventions needs to start earlier, be truly multiagency in nature, include Primary Care and to be underpinned by quality health passports. Off-framework care providers for care leavers/16+ housing are seeing increasing issues (CCE/CSE included) when using placement providers who are not regulated- quality and safeguarding monitoring must be built into these placement arrangements with national guidance to support.	
NHS Portsmouth CCG	Guideline	007	016	Edge of care and their families is a real area of need. These children and young people are often lost to the system once they are stepped down from LAC status, despite many being placed back into care relatively quickly. There should be a mechanism for LAC health practitioners to support both the transition out of care and to continue to be involved/informed of what is happening to the child or young person, so that they can share relevant or helpful information/insights, or prepare to start supporting transition back into care when this occurs. It may be that the optimal time for	Thank you for your comment. The care of children on the edge of care was out of scope for this guideline. Many of the recommendations aim to ensure that children who leave the care system are sufficiently supported to remain stable in their new permanent homes. See particularly section 1.7 covering transition between care placements and to permanent placements.

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				this practitioner to continue being involved/informed is for 6 months after being stepped down from looked after care. Strong bonds and understanding are/is often established with LAC health teams therefore the value of these relationships should not be underestimated.	
NHS Portsmouth CCG	Guideline	008	003 - 004	How do we capture, monitor, quality assure and report on this, we need the equivalent of an annexe H around this as this represents the voice of the child for many? When writing a care plan for a 17 year old we need to empower the young person to start taking responsibility for arranging their own appointments - write the care plan to them.	Thank you for your comment. The writing of individual care plans is outside the scope of this guideline and is outlined in statutory guidance.
NHS Portsmouth CCG	Guideline	008	006 - 011	How do we capture, monitor, quality assure and report on this as there seems to be little or no place based or national data which evidences this level of detailed understanding of the diversity of the LAC cohort? This information is crucial if we are to be child and adult centred in the care and support that we offer LAC and Care Leavers. This would include recognising that many of the standard tools used, such as SDQ's, are not appropriate for use with cohorts such as UASC or those from cultures whereby asking for help (particularly re: emotional wellbeing) is not viewed in the same way. Consider hierarchy of need etc.	Thank you for your comment. The committee acknowledged that this is an important issue but considered this to be out of scope for this guideline update. The use of SDQs is statutory and is therefore beyond the scope of this guideline.
NHS Portsmouth CCG	Guideline	009	010	Joint case discussion would work well here. Too many children are moved and their health needs not taken into consideration.	Thank you for your comment and feedback.

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NHS Portsmouth CCG	Guideline	010	007 - 010	Need to be mindful of sibling conflict, especially when results in separation - need to support relationship repair. This is especially important when some children are removed but some remain in the family home. Psychological support and the use of all means of communication should be employed to maintain and repair these relationships.	Thank you for your comment but we did not feel this change was needed. Many of the issues raised have already been included in recommendations 1.2.3 – 1.2.6. They outline that interventions should include: structured conversation around relationships and conflict resolution. Furthermore, relationship coaching should also be considered independently from the carer.
NHS Portsmouth CCG	Guideline	011	007	This administrative work is highly complex at times and requires specific skills and knowledge, so admin should be adequately provided and invested in and be of the correct knowledge, skill and competence grade, attracting the appropriate level of remuneration. The lack of social worker reports requires addressing in many areas as these are crucial for IHAs but commonly absent. Also there is a need for all agencies and partners to understand each other's roles and functions, as Local Authority can mistakenly assume that all health practitioners have ready access to all health information, which is not the case. Could this guidance consider specifying the need for regular health/social care partnership meetings between local LAC teams to discuss all the above/operational issues/challenges/good practice (in additional to formal Corporate Parenting boards, at a more operational level) and to improve communication and relationships.	Thank you for your comment and feedback. Section 1.9 of the guideline reinforces the importance of partnership and encourages the use of multiagency forums to agree a "partnership approach to practice"

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NHS Portsmouth CCG	Guideline	012	002	Need a sound understanding and implementation of risk assessments to support staff in taking positive risks which convey a stronger sense of choice and control for the LAC, but with explicit governance and safety netting. Recognise the benefits of peer support however risks must be appropriately identified and managed and this must be made explicit in this guidance.	Thank you for your comment. The committee discussed this issue but did not have the evidence to make a recommendation on risk assessment.
NHS Portsmouth CCG	Guideline	012	006	Empower young people to make calculated risks/choices. All children on regular medication need to have the skills to manage their own medication before leaving care.	Thank you for your comment.
NHS Portsmouth CCG	Guideline	012	014	There is a need for improved out of hours (OOH) provision for LAC across all agencies. Care/safety/contingency plans that are child specific for complex and high risk individuals should routinely be shared across key health and social care settings, such as ED and urgent care and paediatric ward. Training needs to be better for departments and teams where it is likely that high risk LAC will present OOH, to include access to and use of such plans. Children's Care home settings can find their staffing levels or staff confidence and expertise/competence challenged out of hours and at weekends which can lead to an increase in ED presentation, again this needs addressing via training and improved OOH cover across all agencies.	Thank you for your comment and useful feedback for improved out of hours provision. The committee discussed a range of possible ways in which out of hours support could be provided in England (which may or may not be applicable to other jurisdictions) in order to allow local authorities to use a system that works best for them - both logistically and financially. One option was that out of hours support would consist of an "on-call" social worker. The committee noted that this would require a contract change for social workers, but agreed that it would be feasible to reallocate existing staff time from regular work hours to out-of-hours work. This contract change and reallocation would likely have cost implications but the committee felt that having social worker availability for these emergency situations would allow for serious issues to be addressed, and may avoid significant costs associated with those emergencies (e.g. self-harm,

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				There need to be mechanisms for flagging LAC known/expected to escalate OOH with on call teams, sharing care/safety/contingency plans, as such planning means that responses to crisis are less dramatic, as they are better informed and therefore more tailored and responsive. Such sharing of plans would also be incredibly helpful and reassuring for first time foster and adoptive parents. by improving the support of foster carers in this way, recruitment may also improve.	hospitalisation, placement breakdown, justice system costs). This is highlighted in the committee discussion on cost-effectiveness and resource use in Evidence Review B and is captured in the rationale and impact section of the guideline.
NHS Portsmouth CCG	Guideline	013	014	When limited information is given to foster carers, this can lead to more challenging behaviours at times of escalation and/or OOH, due to lack of a tailored and informed response.	Thank you for your comment and feedback.
NHS Portsmouth CCG	Guideline	014	002	It is now imperative that nationally health and social care quantify this OOH issue, as commonly behavioural dysregulation results in inappropriate hospital admission as out of hours provision is so limited. This is resulting in LAC being placed in inappropriate environments in hospital, which can be antagonistic for them as this often involves sight of security personnel which will only further agitate. Safeguarding issues as a result of heightened behaviours also can and commonly do arise in ward settings, which is frightening for medically sick children.	Thank you for your useful feedback.
NHS Portsmouth CCG	Guideline	015	002	In addition to the core training offer for foster carers and adoptive parents, tailored training should be offered which reflect the potential/specific challenges for the specific LAC.	Thank you for your comment. This issue is covered in recommendation 1.4.1 - seek the views of looked-after children and young people and their carers, to ensure that responses to safeguarding risks are effective and acceptable.

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				Placements should always be preceded by a discussion with the carer about what level of risk and/or behaviour challenge they are willing and able to support and accept, especially when the LAC will not be the sole child in the household. Tailored training may help them to widen this brief.	
NHS Portsmouth CCG	Guideline	015	009	Training should always be multiagency and include at least education, health and children's services. Should include medication management and regularly updates on key health issues - especially asthma. regular updates are also required for carers who have children with epilepsy, anaphylaxis	Thank you for your comment. This issue is covered in recommendation 1.3.11 - Plan training for carers so that it is delivered before it is needed. **Think about the need for multiagency involvement in training programmes and ensure that the organisations involved agree the source of funding between them.** Furthermore, recommendation 1.3.11 outlines the importance of training in health assessments.
NHS Portsmouth CCG	Guideline	016	004	This should be mandated not only a consideration.	Thank you for your comment. This recommendation has been amended to 'Provide tailored training…..
NHS Portsmouth CCG	Guideline	016	008	This should be mandated not only a consideration. Needs to competencies set.	Thank you for your comment. This recommendation has been amended to 'Provide tailored training…..'
NHS Portsmouth CCG	Guideline	017	011	Suggest that this section needs rethinking. There is nothing mentioned prior to safeguarding, which given there are already looked after doesn't feel appropriate. Is safeguarding an appropriate term for children who are looked after? Is this done in other forums such as IRO reviews?	Thank you for your comment. The committee discussed this issue, and an amendment has been made to recommendation 1.4.1 to provide further clarity. 1.4.1 Local authorities should facilitate a multidisciplinary approach to safeguarding looked-after children and young people **recognising that, like other children, looked-after children may need a full safeguarding response despite already being in care.**

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NHS Portsmouth CCG	Guideline	017	015	Need to include youth offending where appropriate.	Thank you for your comment. Recommendation 1.4.1 outlines that a multidisciplinary approach should: • include all relevant agencies in meetings to address safeguarding concerns The committee agreed that it was not appropriate to provide an exhaustive list of appropriate agencies.
NHS Portsmouth CCG	Guideline	017	018	Why should safeguarding meetings be relied upon for this, this should be standard practice. LAC is not a sub section of safeguarding and not all looked after children will be subject to regular safeguarding processes per se.	Thank you for your comment.
NHS Portsmouth CCG	Guideline	018	001	The LA should always retain overall accountability for LAC as the Corporate Parent. There is already too much confusion around lead professional - social workers need to remain the lead and perhaps use the 'team around the worker' model. This also negates the need for the YP to have yet another person they have to tell their story to. Will this result in a shift of responsibility and accountability from the social worker, as support from such a specialist can be sought and utilized without a need to shift the accountability form the corporate parent representative.	Thank you for your comment. The committee considered the section on safeguarding to be comprehensive. Local authorities should take a lead and facilitate a multidisciplinary approach to safeguarding looked-after children and young people.
NHS Portsmouth CCG	Guideline	019	008	This need to part of the training and development section. Should be mandatory and yearly updates.	Thank you for your comment. Safeguarding procedures has been included in the mandatory training recommendation for carers (1.3.13).
NHS Portsmouth CCG	Guideline	020	006	What about where parents refuse - we still need to expedite health assessments in compliance with statute and statutory guidance and in the best interests of the child. Again the LA need to be accountable and have a	Thank you for your comment. In the case where a parent refuses consent, recommendation 1.5.8 outlines that - Healthcare professionals should compile a history of the looked-after child or young person's health from the information they hold in the health records and

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				process for this in the face of refusal, so that timely assessments of looked after children can take place.	additional information given to healthcare professionals from other teams, to give practitioners and carers a clear sense of their past, present, and likely future physical and mental health needs.
NHS Portsmouth CCG	Guideline	020	006	Align with timescales in statutory guidance: Promoting the health and welfare of looked after children (2015)	Thank you for your comment. Recommendation 1.5.4 cross refers to the relevant statutory guidance.
NHS Portsmouth CCG	Guideline	020	012	Summative health chronologies would be helpful as part of a pen picture of the child or young person and may support the young person in their understanding too. however we need to have clear governance surrounding such detailed accounts, as these will contain very sensitive information - who will hold this and how will the young person be supported in safe storage/access?	Thank you for your comment. The issues you have raised are now covered in recommendation 1.5.9.
NHS Portsmouth CCG	Guideline	021	021	Who is going to be responsible for identity this addition need. If the social worker - they will need addition training this is the case.	Thank you for your comment. The committee believed that in order to avoid missing LACYP that may suffer from mental and emotional health issues and avoid the substantial long-term costs and consequences incurred when these issues go unidentified, an additional mental health assessment should be considered (not offered) in all LACYP. This is to ensure timely referral to a specialist mental and emotional health assessment. The committee also believed that identifying LACYP with these mental and emotional health issues as early as possible would allow them to receive interventions that may prevent them from requiring more substantial/intensive CAHMS treatment in the future. These details are now provided in the committee discussion on cost-effectiveness and resource in Evidence Review E.

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NHS Portsmouth CCG	Guideline	021	025	SDQs are of limited value and a psychological/CAMHS assessment shortly after being placed in care may prove far more effective an assessment and enable a swift onward referral to Tier 1/2 services to commence appropriate support asap, where deemed appropriate by CAMHS. There is much evidence that placements have broken down due to a lack of assessment and understanding of emotional and mental health and wellbeing needs, meaning that LAC are not supported in swiftly accessing Tier 1/2 services or even accessing CAMHS at the time of need. this only adds to the trauma and distress experienced by these LAC.	Thank you for your comment. The use of SDQs is statutory and is therefore beyond the scope of this guideline. Thank you for providing this feedback from practice.
NHS Portsmouth CCG	Guideline	021	026	It should not be health's responsibility to chase up carers to see if they have actioned the recommendations. Children have an IRO and health should be regularly addressed there.	Thank you for your comment and feedback.
NHS Portsmouth CCG	Guideline	022	001	The provision of this intermediate therapeutic support for the care network would be an LA function and not one for mental health services.	Thank you for your comment.
NHS Portsmouth CCG	Guideline	022	008	We need to ensure referrals are made based on clinical need so as to avoid positive discrimination- also perhaps the language of "CAMHS" is misleading as there may be lower levels of support required/available rather than just level 3 CAMHS. However if needs are identified, looked after children should be a priority upon being placed into care and we should recognize the trauma that has led to their care arrangements akin to the recognition of other trauma.	Thank you for your comment. We have considered your comment and feel these issues are addressed in recommendations 1.5.17 and 1.5.18.

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NHS Portsmouth CCG	Guideline	024	002	The oversight of a social worker is critical in this to offer safeguarding oversight in case of any new disclosures of a safeguarding nature.	Thank you for your positive comment. The committee are in agreement.
NHS Portsmouth CCG	Guideline	024	021	Foster parents do not receive adequate historical information always and the limited sharing of risk information may result in poor scope to effectively risk assess and safeguard LAC and/or other children in a household. This can also be the case in care homes which can present even greater risk as there are multiple vulnerable LAC in these venues usually. Sharing information in this way will support the care network in their understanding, but again we do need to have clear governance surrounding such detailed accounts, as these will contain very sensitive information - who will hold this and how will the young person be supported in safe storage/access?	Thank you for your comment and for raising this issue. The committee has considered this and have made the following addition to recommendation 1.5.27: Give the child or young person control over who this is shared with and how it is stored. Help them to choose a safe and secure storage option.
NHS Portsmouth CCG	Guideline	027	002	The 0 - 19 service should be fundamental to this as school nurses should know of and engage with their LAC and monitor the LAC normal development. This can often be conflated with the role of the LAC Specialist Nurse in health organisations but the 0 - 19 focus and that of a health LAC Nurse are two separate ones. The 0 -19 role and function with LAC is clearly outlined in national documents relating to public health nursing roles and functions.	Thank you for your comment. Recommendation 1.6.7 acknowledges the role of specialist looked-after nurse teams in supporting looked after children and young people. The committee referred to this specialist role as they have additional knowledge skill and experience in working with looked after children and young people.
NHS Portsmouth CCG	Guideline	027	004	Again 0 - 19 school nurses are fundamental to supporting this.	Thank you for your comment. Recommendation 1.6.7 acknowledges the role of specialist looked-after nurse

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					teams in supporting looked after children and young people. The committee referred to this specialist role as they have additional knowledge skill and experience in working with looked after children and young people.
NHS Portsmouth CCG	Guideline	029	020	There is a need to integrate EHCP/health assessment/LAC review assessments.	Thank you for your comment. The committee were in agreement and made the following recommendation. 1.6.14 Local authorities should simplify and merge meetings about looked-after children and young people if possible. For example, education, health and care plan meetings for looked-after children and young people and personal education plan meetings may benefit from occurring together.
NHS Portsmouth CCG	Guideline	030	009	Any LAC presenting with new behavioural challenges and struggling with academic work should undergo screening for conditions associated with neurodiversity such as dyslexia. When these children and young people present with behavioural issues, they can easily be framed as misbehaving and therefore fail to be offered access to appropriate support. the individuals who screen and test such children and young people need to use comprehensive and accredited methods and be skilled and competent practitioners. This will help to effectively identify undiagnosed SEND needs within the LAC cohort. Similarly LAC should be viewed as individuals in their own right and not conceptualized in the context of school experience of siblings who may have been	Thank you for your comment and feedback. The committee discussed this issue but this is covered in relevant statutory guidance.

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				challenging and presented with behavioural issues of their own.	
NHS Portsmouth CCG	Guideline	031	009	We need to routinely collate data on the level and range of neurodiversity presentations in LAC and the impact this has on their health and wellbeing as well as their educational attainment It would be helpful to monitor the number diagnosed only after being placed in care. What assurance is given that delegated budgets for LAC with SEND are being used with positive impact for all children's' needs and not just a select few?	Thank you for your comment and feedback. The committee discussed this issue but felt routine data collection for looked after children and young people was outside the scope of this guideline.
NHS Portsmouth CCG	Guideline	032	014	There needs to be more discussion with local health providers pre placement of children with complex health needs (physical and mental) regarding capacity for local services to appropriately support, as not all areas offer the same range or expertise in available services. Without this placements are not always in the best interest of the child/young person. Whilst statutory guidance requires pre placement, at best this is poor and so needs to become a performance metric. For this reason it is also essential that local health representatives are present on local adoption and fostering panels, particularly nursing representatives who can provide a more holistic insight into local provision and psychosocial considerations, to complement the medical assessments and reports.	Thank you for your comment and feedback. Recommendation 1.7.19 outlines the need to ensure continuity of healthcare for the looked after child or young person so that any physical and mental health and wellbeing support can continue in the new placement. Thank you for your comment however representation on local adoption and fostering panels was considered outside the scope of this guideline.

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NHS Portsmouth CCG	Guideline	033	012	This should be an LA commissioned offer unless there are diagnosed mental health conditions, given the capacity of mental health provision.	Thank you for your comment and feedback. This issue was considered outside the scope of this guideline.
NHS Portsmouth CCG	Guideline	033	014	This is routine and standard provision.	Thank you for your comment.
NHS Portsmouth CCG	Guideline	035	002	Where explicit/known health needs exist, it is essential that health practitioners are involved in this discussion for the reasons outlined above regarding the scope of local services to meet the needs of the child or young person.	Thank you for your comment and feedback.
NHS Portsmouth CCG	Guideline	035	006	This should include a tailored health directory of contact numbers for relevant health professionals where there are known health issues.	Thank you for your comment.
NHS Portsmouth CCG	Guideline	036	005	As stated above, all communication when known health needs exist should to be commence pre placement, especially when it involves OOA placement or LAC. There are examples of LAC being transferred to locations which then realize they cannot offer the right level of support and/or expertise which results in safeguarding and high risk behaviours, presentations and outcomes. Communication needs to take place with the appropriate health team first pre placement.	Thank you for your comment and feedback.
NHS Portsmouth CCG	Guideline	037	010	When should this start? We have seen children/young people who were turning 18 within weeks and who are still not being responsible for their own medication. Transition appears to be different for LAC and it shouldn't be. Transition plans must include risks attributed to not taking medication.	Thank you for your comment. Recommendation 1.8.4 outlines the support which should be provided for care leavers. This includes access to health services and if needed to continue beyond 18 until care has been transferred to adult services.

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NHS Portsmouth CCG	Guideline	038	008	Dedicated and skilled transition/care leaver specialist nurses need to be resourced adequately, underpinned by a clear and detailed health offer as required by the Children and Social Work Act (2017). This practitioner will support and enable care leavers in this key experience in their life journey, accompanied by a comprehensive multiagency transition plan.	Thank you for your comment. The committee discussed this issue but felt they did not have the supportive evidence to provide this detail in the recommendation.
NHS Portsmouth CCG	Guideline	038	018	Commissioning needs to include ready access to the LAC health team, accessible in a way which is not as challenging as standard adult healthcare and therefore supports transition, but there needs to be some national clarity of what the core care leaver health offer is.	Thank you for your comment and feedback. The committee discussed this issue but felt they did not have the supportive evidence to provide this detail in the recommendation.
NHS Portsmouth CCG	Guideline	044	007	This should be part of the IRO role.	Thank you, the focus of this section was to describe the health plan rather than outline each professional involved exhaustively.
Office of the Police & Crime Commissioner for South Yorkshire	Guideline	015	029	To try to reduce the over-criminalisation of Children in Care (CiC), foster carers and residential staff should also receive mandatory training in restorative practices. Consideration should also be given to Conscious and Unconscious bias training, not only to educate the carers but also to up-skill them into recognising when CiC are being treated differently, held back and/or stigmatised due to being a CiC.	Thank you for your comment. Following discussion, the committee felt unable to recommend Conscious and Unconscious bias training as they did not find any evidence to support this approach.
Office of the Police & Crime Commissioner for South Yorkshire	Guideline	017	General	Safeguarding training should include transitional safeguarding (from child to adult). Safeguarding practises need to change and develop along with the changes and developments of the children. Whilst Contextual safeguarding issues are now being responded to with a different approach, (e.g. what changes from a child being 17 and 18 years of age). Children in either care and/or the criminal justice	Thank you for your comment. The committee considered the section on safeguarding to be comprehensive and to address the important need for contextual safeguarding.

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				system face a very steep cliff edge from the age of 17+, & not surprisingly, they often fall off.	
Office of the Police & Crime Commissioner for South Yorkshire	Guideline	022	General	Welcome the view that the gaps or changes in service from CAMHS when a child becomes an adult in the space of a day and the service is no longer there or has reduced significantly and no longer meets the needs of the child/young person. However, any change needs to be backed up with legislative change, rather than reliance upon a recommended approach to ensure services continue post 18 years of age for this cohort group. Much like the changes brought about by the Leaving Care Act where local authorities provide support up to age 25 years.	Thank you for your comment and feedback. The period before, during and after a young person moves from children's to adults' services is covered by the NICE guideline on Transition from children's to adults' services for young people using health or social care services. This guideline aims to help young people and their carers have a better experience of transition by improving the way it's planned and carried out. It covers both health and social care.
Office of the Police & Crime Commissioner for South Yorkshire	Guideline	031	General	Further and Higher Education: with regard to the number of CiC who are placed in Alternative Provision (AP) and where the B Code is used which often paints a false picture with regard to attendance and the number of children on part-time timetables, therefore not being offered the full 25 H/PW of education. CiC should be afforded the full 25 hrs per week of education and details recorded where that does not occur, with explanation of steps taken to make good.	Thank you for your comment. We acknowledge that this is an important issue however Alternative Provision is beyond the scope of this guideline.
Office of the Police & Crime Commissioner for South Yorkshire	Guideline	037	016	Suggest there should be mention and inclusion here of household management and budgeting skills & experience, and evidence of competence in the same. Some experienced Care Leavers have identified to us that they found it difficult to deal with these aspects of living independently.	Thank you for your comment. Amendment have been made to the recommendation to include examples of life skills such as financial literacy, budgeting, and household management.
Office of the Police & Crime Commissioner	Guideline	038	010	Similarly, when it references Life Skills training, should that include specifically household management and budgeting skills, for the reasons stated above.	Thank you for your comment. Amendment have been made to the recommendation to include examples of

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for South Yorkshire					life skills such as financial literacy, budgeting and household management.
Office of the Police & Crime Commissioner for South Yorkshire	Guideline	038	General	At the final review for children in care, adult social care and other adult services could be invited to attend to discuss identify and plan to meet any ongoing unmet needs.	Thank you for your comment. The committee recognised that there was an additional set of recommendations for carers in the NICE guideline on supporting adult carers, and that these recommendations may be relevant for some carers of older looked-after children.
Office of the Police & Crime Commissioner for South Yorkshire	Guideline	050	005	The Guideline states that the recommendation 1.1.1 was "based on their own knowledge and experience the committee recognised that ensuring these groups are not marginalised, and that their needs are met, may need additional attention and expertise". Has any consideration been given about the "lived experience" of the groups they identify, and how this may be used to further identify specific unmet needs and improve practice and outcomes?	Thank you for your comment. The committee recruited three "lay members" who were care leavers that provided their own lived experience. While it was not possible to include more from marginalised groups on the committee itself, the committee considered qualitative evidence that described the experiences of unaccompanied asylum seekers, LGBTQ+ children in care, as well as those from minority ethnic groups. In addition, NICE commissioned an original piece of qualitative work to support the guideline which included the views of several marginalised groups. The wording of the rationale section has been corrected to make clearer that this recommendation did not "only" come from the committee's own knowledge and experience.
Office of the Police & Crime Commissioner for South Yorkshire	Guideline	106	General	Support the use of multi-agency working and the identification of best practice examples. Suggest this includes forums like reflective learning sessions, to identify who does what& when, both now and to reflect any changes in future.	Thank you, the committee considered this was covered by "these meetings would help standardise the different agencies' use of language, risk-assessment tools, and job titles and roles. The committee agreed that such forums could adapt to situations specific to the local authority, for example, increasing numbers of unaccompanied asylum seekers or increasing risks of going missing in care."

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Queen's University Belfast	Guideline	General	General	It is very positive to see the repeated reference in the draft Guideline to the importance of improving outcomes across a range of issues including education, employment, housing, physical and mental health. I'm currently part of a research project team, led by Professor John Devaney at the University of Edinburgh, which is developing a national collaborative research agenda on the mental health and wellbeing of youth in care and care-leavers. One aspect of that work is to identify a core set of outcome measures that could be used, in routine practice and research, which would allow comparison across time, settings and countries. This would greatly promote our understanding of the outcome data that is collected and enable a more coherent and comprehensive approach to exploring the effectiveness of services. Another relevant current project is Eurochild-UNICEF's DataCare Project which is mapping data systems for children in alternative care across Europe. This could also provide important direction for the selection and measurement of specific outcomes to enable comparison within and between countries. I'm therefore writing to suggest that the need to identify and agree specific outcome measures that are used across services for looked after children and young people would be an extremely helpful and important addition to this guideline.	Thank you for your comment. We agree that it is important to identify and agree specific outcome measures for looked after children and young people, however this is beyond the scope of the guideline update. The scope of this guideline update was to look at the effectiveness of interventions delivered specifically to looked after children and young people to improve outcomes rather than looking at specific measures.

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Rochdale Borough Council - Rochdale virtual school for cared for children governing board	Guideline	027	011 - 012	1.6.5. Add in here reference to schools having access to whole school staff training to improve knowledge and ability to respond to attachment and early trauma issues – including reference to strategies to ameliorate the impact of the same.	Thank you for your comment. Recommendation 1.6.5 outlines that schools should ensure that behavioural management policies reflect trauma-informed practices and cover attachment issues.
Rochdale Borough Council - Rochdale virtual school for cared for children governing board	Guideline	029	014	1.6.12 Add in here to the list of named specialists that the Virtual School is the main link to: School Improvement Officers or School Improvement services as appropriate	Thank you for your comment. The committee considered this issue and School improvement services has been added to recommendation 1.6.13.
Rochdale Borough Council - Rochdale virtual school for cared for children governing board	Guideline	030	007 - 009	1.6.16. Much local evidence emphasises the importance of access to appropriate mentoring and pastoral team support in the secondary school context. Suggest adding reference to these secondary interventions here	Thank you for your comment. The committee discussed this issue but felt they did not have the supportive evidence to include this in the guideline.
Rochdale Borough Council - Rochdale	Guideline	031	014 - 017	1.6.22 Add in here:	Thank you for your comment and feedback. The committee discussed this issue and extensive amendments have been made to the further and higher education recommendations in line with your feedback.

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virtual school for cared for children governing board				• clear communication to Looked after Children/Care Leavers about the preferential support, including financial support, that is available locally (including from their own LA) and nationally, through links to universities' 'Widening Opportunities' contacts Looked After Children early in their secondary school years, hearing the voice of local Looked after Children who have gone on successfully to university, about the barriers, advantages and lessons learnt	
Royal College of Nursing	Guideline	General	General	Recommendations re out of hours support for carers and CYP Whilst this is to welcome, the quality of this service is vitally important and so access to the same level of support needs to be equitable to all. Additionally, the provision of this should not reduce resources or finances to other services / areas.	Thank you for your comment. The committee make recommendations to help support a good and fair standard of care across all children and young people in care. The committee considered it important that carers and looked after children should be able to access care urgently when required - However, they recognised that employing an on-call social worker may need substantial changes to contracts or expense to already stretched social care budgets. So they agreed that other options might be used to fill this gap. In addition, the identification of individuals "higher-risk" for presenting out of hours could help for out of hours service provision to be planned ahead of time. The rationale and impact section of the guideline also includes the committee discussion on ways to mitigate the extra costs.
Royal College of Nursing	Guideline	011 - 013	General	In relation to contact with birth parents and siblings what considerations have been considered regarding possible ongoing COVID restrictions such as social distancing and the impact this will have on the development of positive relationships?	Thank you for your comment. The guideline has a section on Impact of Covid-19 acknowledging the impact of social distancing on the development of positive relationships.

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Royal College of Nursing	Guideline	037 - 038	General	Need to ensure that transition support is given to the young person well in advance of the transition period to allow the young person to assimilate the information, ask questions and to feel reassured about the support on offer	Thank you for this feedback. This feedback concurs with the actions outlined in recommendations 1.7.1 to 1.7.9.
Royal College of Nursing	Guideline	006	018 - 021	Need to add Statutory before duty i.e. there is a statutory duty to ……	Thank you, this has been corrected.
Royal College of Nursing	Guideline	007	029	Need to also include possible increased costs for other organisations / agencies such as health	Thank you for your comment, we have now added reference in the guideline to possible increased costs to the healthcare sector and other organisations/agencies involved in the care of LACYP.
Royal College of Nursing	Guideline	009	023	May be worth considering expanding / explaining the primary care giver more – for example if biological siblings are living apart does this mean both primary care givers should be present? In which case careful consideration needs to be given to the impact of this to ensure the children / young people do not feel constantly watched or mistrusted. This intention of such intervention should be to foster, promote and encourage trusting relationships to be built and so there needs to be a balance so as not to overwhelm the looked after children in this situation.	Thank you for your comment. The committee considered your feedback but did not have the evidence to expand the recommendation on the primary care giver role.
Royal College of Nursing	Guideline	011	016	Need to ensure that resources especially funding is available if managers are to be able to provide or improve elements such as administrative support otherwise risk reducing other services	Thank you for your comment. The committee discussed this issue but did not have the evidence to support this suggestion.
Royal College of Nursing	Guideline	011	General	Should there also be consideration re recommending that where possible the outgoing social worker is present when the child / young person meets the new social worker thus allowing for a better transition / handover?	Thank you for your comment. An addition has been made to recommendation 1.2.17 – 'This should include a joint meeting in-person between the previous and new social worker and the looked-after child or young person'.

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Royal College of Nursing	Guideline	013	003	What is the rationale for only considering this option for adolescents and not young children to try and prevent the pattern of repeat offending?	Thank you for your comment. The recommendation for MTFC is for a very specific population (adolescents with persistent offending behaviour) where the current standard of care is residential or secure residential settings (run privately or by local authorities) or young offenders' institutions (custody). Based on a costing analysis described in detail in Evidence Review F, MTFC was shown to actually be less expensive than the current standard of care (residential care) as well as was associated with evidence of effectiveness in terms of improvements in depressive and psychotic symptoms and drug use, as well as an improvement in crime and delinquency scores. It should be noted that the costing analysis highlighted that although the upfront costs of MTFC in terms of deciding to place and finding a placement are more expensive than for residential care (£7,659 vs. £1,675), the monthly cost of maintaining a MTFC placement was much less than for residential care (£7,027 vs. £12,214). Therefore assuming a 6 month placement MTFC only cost £62,985 compared to £82,324 for residential care. Based on this evidence the committee agreed that there is evidence supporting the role of MTFC in improving outcomes of adolescents with an history of persistent offending behaviour and that this is likely to be less expensive and more effective than usual care (i.e., residential care) in this specific population of LACYP.
Royal College of Nursing	Guideline	017	General	Was any consideration given to including adult social workers in any safeguarding discussions regarding young people about to transition and leave care thus	Thank you for your comment. This issue was not considered as part of safeguarding. However section 1.8 of the guideline - Transition out of care to

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				ensuring the support is there and they do not become vulnerable to exploitation	independence contains a recommendation (1.8.5) recommending that services are provided to give care leavers a safety net.
Royal College of Nursing	Guideline	019	015	**& General** Need to ensure costs of any additional training in relation to Trauma informed and also the needs of unaccompanied asylum seekers is full funded – this included ensuring staff are given the appropriate time to undertake this training	Thank you for your comment. The committee considered this issue but felt it out of scope for this guideline update.
Royal College of Nursing	Guideline	020	007 - 008	This recommendation is extremely welcome from the perspective of the health team, but is likely to be a challenging change as from experience, this information is only (if at all) obtained after the initial health assessment when the health professional recommends that this is information is required	Thank you for your positive comment and feedback.
Royal College of Nursing	Guideline	020	General	No mention is made of the need for timely notification to the health team of a child being placed into care perhaps with reference to a best practice flowsheet timeline	Thank you for your comment. A cross reference to statutory guidance has now been added: 1.5.4 In line with statutory guidance, when a child or young person enters care local authorities should ensure that healthcare teams are informed as soon as possible about the legal status of the looked-after person and why they have entered care (within 5 working days).
Royal College of Nursing	Guideline	021	019	Offer a formal mental health assessment – absolutely agree with this need, and it is very useful to have this within the guideline, but could there be more detail added to this statement eg 'offer a formal mental health assessment that is delivered by a mental health clinician'?	Thank you for your comment. Recommendation 1.5.11 includes the need for a tailored assessment which includes an assessment of mental health, with referral to specialist mental health teams if indicated.

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					The committee discussed the issue of delivery of this assessment but felt there was sufficient detail in recommendation 1.5.12.
Royal College of Nursing	Guideline	021	General	There is no specific mention of children placed out of borough with particular reference to how health assessments are best achieved (by the child's local authority, or by the health team local to the child's placement) and the access to care/referrals etc (should not wait longer for care due to placement moves)	Thank you for your comment. This issue was considered by the committee and the recommendation has been amended to: **1.5.13 Healthcare professionals responsible for the care of looked-after children and young people should review whether care recommendations in the health plan have been completed,** particularly if the child or young person has been moved out of area, checking with the professionals concerned across agencies.
Royal College of Nursing	Guideline	035	016	Consideration should be given to also including what supportive / coaching methods have been put in place to support the child / young person manage any negative behaviours	Thank you for your comment. The committee did not think that further amendments were needed.
Royal College of Nursing	Guideline	036	001	**& General** Consideration should also be given to including continuity of / transition of healthcare provision and professionals if the looked after child or young person has to move out of area	Thank you for your comment. The committee discussed this issue and further amendments have been made to recommendation 1.7.19 regarding existing continuity of healthcare.
Royal College of Nursing	Guideline	036	019	Consideration should also be given to including feedback from the child / young person where appropriate to help improve the transition services from all perspectives	Thank you for your comment. The committee considered this issue, and the following amendment has been made: 1.7.23 Agencies should seek feedback from carers and adopters **and the child or young person** to

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					improve their transition services, after the placement order is made.
Royal College of Paediatrics and Child Health	Guideline	General	General	Throughout documents a hyphen appears between looked and after – this doesn't appear correct and is not in other documents.	Thank you for your comment. The hyphenated "looked-after" is consistent with the scoping document for this guideline and also appears in other statutory guidance such as "Promoting the education of looked-after children and previously looked-after children" from the Department for Education.
Royal College of Paediatrics and Child Health	Guideline	General	General	Terms used Foster carers – consider adding private and local authority. IHA – should be complete in 20 days not 28. Should have a reference (as should health plan) Consider including residential placement/school and semi-independent as placements types	Thank you for your comment. While the committee were aware of the distinction between private and local authority foster care, the committee aimed to set a common standard that would be applicable regardless of the type of foster carer. Thank you for the correction regarding the initial health assessment. Residential care is referred to throughout the guideline and semi-independent living units are referred to in the scope and context sections.
Royal College of Paediatrics and Child Health	Guideline	General	General	Suggestions for research Consider recommendations to evaluate impact of formal statutory health assessments.	Thank you for your comment. Statutory health assessments were out of scope for this guideline, although we realise this is an area with a lot of interest from researchers and practitioners for looked after children.
Royal College of Paediatrics and Child Health	Guideline	General	General	The guideline should ensure it's applicable to the devolved nations as the healthcare systems and legislation vary across the nations, therefore recommendations need to reflect this practice.	Thank you for your comment. NICE guideline recommendations are applicable for health and care provision in England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Royal College of Paediatrics and Child Health	Guideline	013 - 014	015 - 016	Considering an out of hour's services has huge impacts for capacity and workforce in a pressured system; social could argue emergency service is provided. A comprehensive cross cover or specialist practitioner	Thank you for your comment. The committee discussed a range of possible ways in which out of hours support could be provided in

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				available in working hours might be more realistic so there is only ever a 48hour gap and it doesn't matter if SW is off or there is a gap with SW changeover.	England (which may or may not be applicable to other jurisdictions) in order to allow local authorities to use a system that works best for them - both logistically and financially. One option was that out of hours support would consist of an "on-call" social worker. The committee noted that this would require a contract change for social workers, but agreed that it would be feasible to reallocate existing staff time from regular work hours to out-of-hours work. This contract change and reallocation would likely have cost implications, but the committee felt that having social worker availability for these emergency situations would allow for serious issues to be addressed, and may avoid significant costs associated with those emergencies (e.g. self-harm, hospitalisation, placement breakdown, justice system costs). This is highlighted in the committee discussion on cost-effectiveness and resource use in Evidence Review B and is captured in the in the rationale and impact section of the guideline.
Royal College of Paediatrics and Child Health	Guideline	027 - 028	016 – 022, 001 - 005	Designated teacher for Looked After Children is a formal role which should be acknowledged, adequate time and training given. Does not include NEET and specific role for these CYP or apprenticeships/work before 18 years old.	Thank you for your comment. Recommendation 1.6.7 does acknowledge the importance of the designated teacher, who is a consistent advocate for the looked-after child or young person's educational progress.
Royal College of Paediatrics and Child Health	Guideline	006	002	Whilst numbers leaving care for adoption have fallen the numbers entering special guardianship have increased. This paragraph is misleading without including this – any permanent placement is a good thing.	Thank you, we have added in more detail concerning the rises in special guardianship orders.

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Royal College of Paediatrics and Child Health	Guideline	008	005 - 011	Diversity should mention different socioeconomic groups relating to class and finance and education e.g. NEET; also reference young people in the youth justice system and alleged perpetrators of abuse	Thank you for your comment. An amendment has been made to the recommendation.
Royal College of Paediatrics and Child Health	Guideline	009	009	Continuing of relationships – does this mean all relationships or just the same carer?	Thank you for your comment. We have clarified this recommendation further by stating - 1.2.1 Ensure that **the care network** around a looked-after child or young person consists of positive relationships.
Royal College of Paediatrics and Child Health	Guideline	009	016 – 021	The phrase non-biological siblings may not be appropriate – could be CYP in the same placement and other very close friends or carers. You can't dictate who CYP considers as close as sibling. This should not be defined with primary school aged – all CYP need this assistance adapted to meet their age/ability. Relationships with birth family and significant previous carers. Supporting social workers does not include any mention of multiagency working. Health is not mentioned in positive relationships.	Thank you for your comment. An example of other looked-after children or young people in the placement is included in rec 1.2.3. The rationale and impact section of the guideline includes the committee's consideration of the importance of multi-agency working. The committee considered that there was not enough evidence to mention health in positive relationships.
Royal College of Paediatrics and Child Health	Guideline	015	009 - 031	Needs to explicitly include connected carers; long-term carers should have mandatory updates every 3 to 5 years and when needed for a particular placement.	Thank you for your comment. All the recommendations in section 1.3 of the guideline cover support for connected carers.
Royal College of Paediatrics and Child Health	Guideline	016	001 - 011	CYP are being placed with birth parents as looked after children this needs to be addressed with training needs not just if reunification is likely. Birth parents need trauma informed care training. Utilising what is already available	Thank you for your comment. This group is outside the scope of this guideline update.

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Royal College of Paediatrics and Child Health	Guideline	017	016 - 018	If the suggestion is all cases are reviewed in a multi-agency safeguarding meeting this would have huge implications for capacity. What is the exact recommendation here – establish a network or discuss individual cases? Who is the suggested lead professional and how would it fit with safeguarding processes in 'working together'?	Thank you for your comment. The committee discussed this issue, and an extra recommendation has been added to provide clarity: 1.4.8 Review the case files of looked-after children and young people who have been the subject of safeguarding meetings to help the safeguarding partnership learn and develop future safeguarding responses (or to inform best practice).
Royal College of Paediatrics and Child Health	Guideline	018	022 - 025	Disagree this is the main way to prevent CSE and missing Boys should not be excluded from risks here	Thank you for your comment. Young boys has been added to the recommendation.
Royal College of Paediatrics and Child Health	Guideline	018	026 - 030	Boys should not be excluded from risks here	Thank you for your comment. T Young boys has been added to the recommendation.
Royal College of Paediatrics and Child Health	Guideline	019	008	'tell' is not the right word	Thank you for your comment. We have considered your feedback and 'tell' has been replaced with 'ensure'.
Royal College of Paediatrics and Child Health	Guideline	020	002 - 008	Consent is to access child's health records and also needed for the assessments itself. This should sit alongside consent for emergency and routine medical treatments including dental. Consent is also from the person with parental responsibility which may not be the birth parents. Legal status of why the child has become looked after should be provided by the social worker.	Thank you for your comment. The committee considered this issue and recommendation 1.5.5 states: Social workers should • Ask for the birth parents' consent to access their relevant health records and their child's birth records. If they consent, the social workers should ask the hospital of birth for

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				Clarity is required about the need for a SDQ at the time of the IHA, as completed by either the carers and/or young person.	information about the birth mother's health in pregnancy. The use of SDQs is statutory and is therefore beyond the scope of this guideline.
Royal College of Paediatrics and Child Health	Guideline	020	012 - 016	An 'indexed history' appears to be asking for a chronology which is unhelpful –a list of health interactions is not needed but an analysis of what that means and how it impacts on the CYP. Long lists of every interaction will not be read which is being moved away from in safeguarding. Does this specifically refer to the IHA and RHA and who is the 'healthcare professional'.	Thank you for your comment. The use of the term 'indexed' has been removed from this recommendation. This refers to the Initial Health Assessment.
Royal College of Paediatrics and Child Health	Guideline	021	003 - 020	This mixes what is expected for every IHA and what is extra – this should be explicitly described. A formal mental health assessment is not possible in all IHA and a review of mental health needs should be part of any CYP report. The specialist needs including CAMHS, of UASC cannot be talked about when a clinician is then suggested to do a formal review in an IHA. Removing 'formal' would be easier to achieve.	Thank you for your comment. What is expected in an initial health assessment is outlined in the relevant statutory guidance.
Royal College of Paediatrics and Child Health	Guideline	021	021 - 029	Disagree babies and young children are more in need of specialist intervention – this should apply to all CYP. Audit for other agency work e.g. education, CAMHS, social care, primary care cannot be suggested, therefore health recommendations. Should there be an escalation and liaison pathway for concerns?	Thank you for your comment. The committee suggested that babies and young children are more in need as their mental health needs are often missed. The committee discussed this issue but felt they did not have the supportive evidence to make this suggested addition of escalation and liaison pathways for concerns in the guideline.

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Royal College of Paediatrics and Child Health	Guideline	022	002 - 006	There should be mention of no delays to care due to placement moves including to a different local authority and health area.	Thank you for your comment. The committee considered this issue and added the following recommendation: 1.5.20 Be aware that children moving placements must not lose their place in the waiting list for CAMHS, as there is a statutory right to not lose a place in a waiting list for a health service.
Royal College of Paediatrics and Child Health	Guideline	022	011 - 015	Access to the full range trauma related therapeutic options for children should be ensured.	Thank you for your comment. The committee discussed this issue but felt they did not have the supportive evidence to make this suggested addition of specific therapeutic approaches in the guideline.
Royal College of Paediatrics and Child Health	Guideline	026	011 - 022	This feels too prescriptive, what input did education had? For example Suggesting English language lessons are offered to UASC. Should include time out of school e.g. home schooling and other placements including residential placements and virtual school.	Thank you for your comment. We considered your response. However in light of the information received through the consultation process, we propose not to make your suggested changes.
Royal College of Paediatrics and Child Health	Guideline	032	010 - 014	Should this be 'discuss relationship with CYP' not person	Thank you for your comment. This has now been corrected.
Royal College of Paediatrics and Child Health	Guideline	033	013 - 014	Support for whom?	Thank you for your comment. These recommendations cover support for all permanent carers, including long-term foster carers, special guardians, connected carers, adopters and reunified birth parents.

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Royal College of Paediatrics and Child Health	Guideline	033	015 - 018	Concurrent planning also needs to be clearly explained to allow for appropriate consent for interventions; birth parents need to know if adoption is being considered to allow for honest communication for all professionals. Disagree with give to all new carers as this can be a large number, could suggest to all permanent carers. We don't believe CYP would like such a detailed health history being given to carers; this confuses the needs of carers to be informed to the rights of the CYP to their personal information staying private. This also describes an additional piece of work which would have a huge impact on health professionals with capacity and workforce. Asking for a new/separate consent at this point may also be difficult. It runs the risk of IHAs and RHAs simply being handed over without explanation or thought.	Thank you for your comment. The committee considered this issue and recommendation 1.5.5 states: Social workers should: • Ask for consent from the birth parents (or from another adult with parental responsibility, or the looked-after young person directly if appropriate) to access and share information from the child health record. • Ask for consent from the birth parents to share their own health information, and ask them to complete a parental health questionnaire to help with this. If the birth mother has agreed to share her health information, ask the relevant hospital about her health during pregnancy.
Royal College of Paediatrics and Child Health	Guideline	039	015 - 017	Consider NEET, apprenticeships etc.	Thank you for your comment. Apprenticeships have been considered in Plans and support for care leavers
Royal College of Speech and Language Therapists	Guideline	General	General	Research indicates children and young people in care (looked after children and young people) have a high prevalence of speech, language and communication needs (SLCN): • One study of 30 young people aged between 11 and 17 in residential care settings found that 63% had clinically significant speech, language and communication needs – none had been referred to speech and language therapy prior to the study. (McCool S and Stevens IC (2011).	Thank you for your comment and for raising the high prevalence of speech, language and communication needs amongst LACYP. The committee considered your feedback and have added an extra recommendation in section 1.2 – supporting positive relationships, to raise awareness of the speech, language and communication needs of LACYP.

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				Identifying speech, language and communication needs among children and young people in residential care. International Journal of Language and Communication Disorders; 46(6): 665-74) • 58% of young people screened as part of the No Wrong Door project, which provides an integrated service to young people in care or on the edge of care, were identified as having speech, language and communication needs (Lushey, C., Hyde-Dryden, G., Holmes, L. & Blackmore, J. (2017). Evaluation of the No Wrong Door Innovation Programme. Department for Education Research Report, Ref: ISBN 978-1-78105-598-4, DFE-RR542) • In a recent study, 90% of care leavers had below average language ability, and 60% met criteria for having Developmental Language Disorder – a condition where children have problems understanding and/or using spoken language. None of these young people had previously been diagnosed with speech, language and communication needs (SLCN). (Clegg, J., Crawford, E., Spencer, S. and Matthews, D. (2021). Developmental Language Disorder (DLD) in Young People Leaving Care in England: A Study Profiling the Language, Literacy and Communication Abilities of Young People Transitioning from	An addition has also been made to the context section of the guideline acknowledging the speech, language, and communication needs amongst LACYP.

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				Care to Independence. Int. J. Environ. Res. Public Health, 18, 4107. https://doi.org/10.3390/ijerph18084107) • A similar pattern was found in a study of young people in care in Australia: 92% had oral language skills below the average range, with 62% having significant language difficulties (two or more standard deviations below the mean). (Snow, P., McLean, E. & Frederico, M. (2020). The language, literacy and mental health profiles of adolescents in out-of-home care: An Australian sample. Child Language Teaching and Therapy; 36(3): 151-163. https://doi.org/10.1177/0265659020940360) Children and young people in the care system who have unidentified and/or unmet SLCN are more likely to experience: • problems with emotional literacy, resilience, and health and wellbeing (including mental health) • difficulties accessing and benefiting from interventions which rely upon language skills, such as life story work, and talking therapies. • challenging behaviour, which can result in exclusion from school or involvement in the criminal justice system; looked-after children	

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				with a range of needs, including SLCN, are over-represented in the criminal justice system. Given the prevalence of SLCN in this population, and the risks when these needs are not identified and supported, we are concerned that the guideline includes no mention of speech and language therapy, and only two references to the fact that looked after children may have communication needs. We would recommend adding a separate recommendation about the need to identify and support children's communication needs, which could include the following information: Be aware that the child or young person may have speech, language and communication needs (whether or not these have been previously diagnosed). Children and young people with speech, language and communication needs may have difficulties understanding and remembering what is said to them; explaining and expressing themselves; or following the 'rules' of social interaction. Where appropriate, speech and language therapists can assess children's speech, language and communication needs and give advice on how to communicate effectively with them. When communicating with children and young people, help them to understand by using appropriate supportive strategies. These may include: • Using simple vocabulary where possible	

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				• Explaining words they may not understand using more familiar language • Using shorter sentences • Avoiding idioms or non-explicit language • Supporting spoken language with visuals such as pictures and diagrams. This can be particularly useful where information is more complex (e.g. a sequence of events)	
Royal College of Speech and Language Therapists	Guideline	009	008	We welcome the focus on listening, but positive relationships must also be supported by accessible communication which is adapted to needs of the child or young person, and include all modes of communication e.g.: verbal, written, British Sign Language or Augmentative and Alternative Communication. This is essential to support agency and shared decision making.	Thank you for your comment and for raising the high prevalence of speech, language and communication needs amongst LACYP. The committee considered your feedback and have added an extra recommendation in section 1.2 – supporting positive relationships, to raise awareness of the speech, language and communication needs of LACYP. Where appropriate, refer to speech and language therapists to assess children's speech, language and communication needs and give advice on how to communicate effectively with them. An addition has also been made to the context section of the guideline acknowledging the speech, language, and communication needs amongst LACYP.
Royal College of Speech and Language Therapists	Guideline	009	016	Suggest addition (in bold): Consider interventions **and support**. The use of the term intervention makes the improving of sibling relationships to be one of just a fixed prescribed intervention. Support can come in lots of forms such as, where appropriate, attending birthday	Thank you for your comment. Your suggested amendment has been added to this recommendation.

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				parties which is supported by the siblings' carers to plan and consulate with, or attending a sibling's football match or joining the same football club to train at, that is supported by the coaches. All of these people and the wider community support the development of relationships (safeguarding permitting).	
Royal College of Speech and Language Therapists	Guideline	009	027	Who determines what prosocial behaviour is? Some children in care may not demonstrate prosocial behaviours all of the time, due to their trauma or their communication needs. Some children and young people with speech, language and communication difficulties have difficulty communicating their wants, needs, feelings etc and use behaviour to demonstrate this. There is a body of evidence to show that these difficulties are often undiagnosed (McCool S and Stevens IC (2011) Lushey, C., Hyde-Dryden, G., Holmes, L. & Blackmore, J. (2017) Clegg, J., Crawford, E., Spencer, S. and Matthews, D. (2021)) These children and young people should be positively supported, rather than have rewards denied to them because of their difficulties.	Thank you for your comment. This recommendation (1.2.4) has been amended to provide greater clarity. For example, to **encourage** prosocial behaviour.
Royal College of Speech and Language Therapists	Guideline	010	012	Contact supervisors should have training in understanding the impact of trauma and neglect on the development of language and communication. This includes the ability to process language and express wants and needs. It also impacts on the development of interception and the ability to communicate internal emotions and feelings. For more information see the RCSLT factsheet: https://bit.ly/RCSLTAdversity Contact can be very distressing but children and young people may not have the skills to communicate it	Thank you for your comment. This recommendation has been amended to recommend that trauma informed training be used to recognise signs of distress in non-verbal children and young people.

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				effectively resulting in behaviours that are not deemed 'prosocial'.	
Royal College of Speech and Language Therapists	Guideline	010	027	Stating 'Consider any additional communication support' is not sufficient; more information should be included to explain what communication support should be considered, including seeking advice/referral to speech and language therapy. This point is also is relevant to all relationships, not just the relationship between child and birth family.	Thank you for your comment. The committee discussed this issue but felt it was adequately addressed in recommendation 1.2.11. Recommendation 1.2.2 also recommends that if the looked-after child or young person has speech, language and communication problems (whether or not these have been previously diagnosed), refer them to speech and language therapists, if needed, for assessment and for advice on how to communicate effectively with them.
Royal College of Speech and Language Therapists	Guideline	011	014	Trauma informed training in communication skills – recommendation 1.3.17 Suggest addition (in bold): Ensure that trauma-informed training covers: • **How to adapt communication style, including when using de-escalation techniques** There is an essential underlying need for anyone working with children, young people and families to have knowledge and understanding of the impact of trauma on the development of language and communication skills. Verbal de-escalation techniques will not work if the individuals the de-escalation is aimed at do not understand what is being said or is unable to process the information. This would support the social worker to consider and adapt their use of language and professional jargon in all circumstances to support effective communication.	Thank you for your comment. This point has been included in recommendation 1.3.13.
Royal College of Speech and	Guideline	012	018	At various points throughout this guidance the term developmental age is used. There need to be a clear	Thank you for your comment. The term 'developmental age' was used in the guideline as a reference to how

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Language Therapists				statement within the guideline that this is not the same as chronological age.	closely a person's physical and mental development parallels with normal developmental milestones.
Royal College of Speech and Language Therapists	Guideline	012	025	Suggest addition (in bold): Discuss the reasons for this with the looked-after child or young person in a way they can understand and that is appropriate to their developmental age **and takes into account their communication needs.**	Thank you for your comment. The committee discussed this issue but did not think that further amendments were needed.
Royal College of Speech and Language Therapists	Guideline	015	014	Suggest addition (in bold): How to communicate effectively and sensitively (for example, using de-escalation techniques) – **including how to adapt communication for children with communication needs.** Training regarding communication should be supported by a speech and language therapist and include understanding the impact of trauma on language development, the prevalence of speech, language and communication needs in looked after children, and strategies to support communication.	Thank you for your comment. The committee discussed this issue but did not have the supportive evidence to add this suggested wording to the recommendation.
Royal College of Speech and Language Therapists	Guideline	015	030 - 031	Training should be delivered by professionals with appropriate skills, qualifications and expertise.	Thank you for your comment. The committee discussed this issue but felt they did not have the supportive evidence to make this suggested addition to the recommendation.
Royal College of Speech and Language Therapists	Guideline	016	08	This recommendation should be strengthened as follows: **Provide** tailored training for carers if there are specific needs relating to special educational needs and disabilities, for example sensory and communication needs. **Training should be provided by suitably qualified professionals** through specialist healthcare	Thank you for your comment. The beginning of this recommendation has been amended as you suggest.

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				teams, **such as speech and language therapy**, and voluntary organisations.	
Royal College of Speech and Language Therapists	Guideline	017	011	Given the prevalence of SLCN in this population (see comment 1), speech and language therapists should be involved in multi-disciplinary safeguarding meetings. Suggest addition (in bold): Hold safeguarding meetings to bring together practitioners from multiple agencies involved in the care and support of looked-after children and young people such as: social care; fostering, residential and connected care; education and the virtual school; healthcare **(including speech and language therapy);** voluntary agencies; housing services; emergency services; policing; and immigration.	Thank you for your comment. The committee discussed this issue but felt they did not have the supportive evidence to make the suggested amendment to the recommendation.
Royal College of Speech and Language Therapists	Guideline	020	001	Suggest additional recommendation: **Be aware that the child or young person may have speech, language and communication needs (whether or not these have been previously diagnosed). Children and young people with speech, language and communication needs may have difficulties understanding and remembering what is said to them; explaining and expressing themselves; or following the 'rules' of social interaction. Where appropriate, speech and language therapists can assess children's speech, language and communication needs and give advice on how to communicate effectively with them.**	Thank you for your comment and for raising the high prevalence of speech, language and communication needs amongst LACYP. The committee considered your feedback and have added an extra recommendation in section 1.2 – supporting positive relationships, to raise awareness of the speech, language and communication needs of LACYP (rec 1.2.2). An addition has also been made to the context section of the guideline acknowledging the speech, language, and communication needs amongst LACYP.
Royal College of Speech and	Guideline	020	021	Similarly, children and young people with communication needs should be offered support from a	Thank you for your comment. Difficulties with language is now covered in recommendation 1.5.10.

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Language Therapists				speech and language therapist for the initial health assessment; without this there is a risk that they will not be able to understand the questions that are asked of them or express themselves accurately in response.	
Royal College of Speech and Language Therapists	Guideline	021	021	Suggest additional recommendation: **After the initial health assessment, consider the need for other specialist assessments, such as a speech and language therapy assessment.**	Thank you for your comment. The committee discussed this issue but felt they did not have the supportive evidence to make this suggested addition in the guideline.
Royal College of Speech and Language Therapists	Guideline	027	006	Suggest additional recommendation: **Schools should ensure that any special educational needs are identified, and appropriate support provided in line with the Special Educational Needs and Disability Code of Practice.**	Thank you for your comment. The committee discussed this issue but did not think an extra recommendation was needed as this would be covered by statutory guidance.
Royal College of Speech and Language Therapists	Guideline	028	001	Suggest addition (in bold): Refer for specialist support, for example educational psychology **or speech and language therapy**, when needed	Thank you for your comment. The committee discussed this issue but felt they did not have the supportive evidence to include this in the guideline.
Royal College of Speech and Language Therapists	Guideline	028	007	Virtual schools should be encouraged to consider adding a speech and language therapist to their team. Several virtual school heads have done this – see RCSLT factsheet: https://www.rcslt.org/wp-content/uploads/media/Project/RCSLT/rcslt-supporting-virtual-school-heads-factsheet.pdf	Thank you for your comment. The committee discussed this issue but felt they did not have the supportive evidence to include this in the guideline.
Royal College of Speech and Language Therapists	Guideline	034	017	Checking in must take into account the child or young person's communication needs if it is to be meaningful. Suggest additional wording (in bold): Think about the need for advocacy services, **communication support** and for the primary carer to be present during check-ins, particularly for children not	Thank you for your comment. The recommendation has been amended to reflect the need for communication support, particularly for non-verbal children and young people.

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				yet able to talk, and children with **communication needs** or learning difficulties.	
Royal College of Speech and Language Therapists	Guideline	037	012	Suggest additional bullet point (in bold): Take into account: **Communication needs**	Thank you for your comment. This has been added to the recommendation.
Tavistock & Portman NHS Foundation Trust	Guideline	021	011	Recommendation 1.5.14 *Provide specialist, trauma-informed mental health and emotional wellbeing support for unaccompanied asylum seekers. Take into account cultural sensitivities (for example, the different perspectives of unaccompanied asylum seekers about mental health services) and those symptoms of trauma could come to the surface over the long term.* Whilst I would advocate this, there needs to be mental health provision which does not end at 18 but continues until 25. This would be in line with the ending of EHCPs and Care leavers provisions. It would stop the potential cliff edge of 18 and ensure better ongoing mental health care, especially for the UASCs and the young people who come into care much later and take longer to engage with mental health services. The years 16–18 are a particularly critical period of vulnerability to mental illness, as well as a period of major physiological, emotional and social change in young people's life. The traditional age split between child and adolescent mental health services (CAMHS) and adult mental health services (AMHS) has resulted in services being described as 'weakest at the point of highest need'	Thank you for your positive comment and for raising this important issue. However this topic is considered out of scope for this guideline update. The period before, during and after a young person moves from children's to adults' services is covered by the NICE guideline on Transition from children's to adults' services for young people using health or social care services. This guideline aims to help young people and their carers have a better experience of transition by improving the way it's planned and carried out. It covers both health and social care.

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Tavistock & Portman NHS Foundation Trust	Guideline	022	007	We feel that it important that the guideline sentence: "*Offer a range of dedicated CAMHS, tailored to the needs of looked-after children and young people*" be amended to a more specific set of guideline recommendations that address the variability of services that current exist, which may provide care that is, as reflected within the guideline itself, "*often inappropriate and not designed for the needs of looked after children and young people"* (Guideline, p.74, line 26). Amending this sentence to something that reinforces the need for specialist multi-disciplinary services, appropriate to their needs and circumstances. This evidenced guideline would tally with our anecdotal but substantial specialist provision experience, across several teams and decades, catering to this cohort of children and young people, that strongly suggests the need for "*more relationship based, and trauma informed interventions*" Guideline, p.74, line 28.	Thank you for your comment. The committee considered stakeholder feedback and some amendments have been made to the recommendations. For example: 1.5.18 Offer a range of dedicated CAMHS that are tailored to the needs of looked-after children and young people – **for example, making them more trauma informed and relationship based.**
Tavistock & Portman NHS Foundation Trust	Guideline	026	041	We are in agreement that the current Initial Health Assessments are 'insufficiently detailed' to pick up mental health needs, but we are concerned at the committee's hesitation around the need for specialist mental and emotional health assessments. The committee does recommend these could be considered for babies and children, and then again suggests they could be considered for 'a smaller group of LACYP (for example those with a history of abuse or exploitation)'.	Thank you for your positive comment and for proving this example from practice.

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				In our service we provide mental and emotional health assessments for children coming into care and then on an annual basis using the SDQ as our triage tool. The committee will know that about half of LACYP score high on the SDQ, meaning that they are likely to develop a diagnosable mental health problem. While it is obviously important to assess the physical health needs of these children, the suggestion that their mental and emotional health needs are less important or relevant seems strange. Children are brought into the care of the State to be safer and feel better so that they can do well in their lives. Neglecting to assess and work with their emotional and mental health needs at the point of entry into care would seem to weigh against this intention, since it makes it harder for them to form appropriate attachments; to learn appropriate behaviour in a more normative family setting; to manage their identity issues and dilemmas; to learn to live with the consequences of the trauma, abuse, neglect and violence that they may have been exposed to; to develop a coherent narrative of their lives, as suggested in the earlier recommendations around Life Story Work, etc. We appreciate that it is tricky ethically to assess mental and emotional health issues which might be upsetting for the child to talk about, even if they are developmentally and cognitively able to do so. We make these assessments by gathering together those key adults who know the child well, and in so doing we are able to understand more about their experiences,	

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				needs and to develop an integrated multi-agency plan to try to help them move forward. Additional comment: Just to note that there needs to also be consideration re UASCs and their physical and mental health needs. In Camden, the CAMHS team join with the LAC health professionals for the IHAs so that there is a comprehensive initial assessment of both physical and mental health needs for these young people. This means that any mental health difficulties can be picked up quickly, it speeds the process of referring onto CAMHS and it limits the need for repeating their often-traumatic stories, something all complain of having to do.	
Tavistock & Portman NHS Foundation Trust	Guideline	037	016	Recommendation 1.5.15 While we are in full agreement that Life Story Work should be commenced as soon as a child comes into care, we are also aware that children's emotional and psychological state when they enter the care system is likely to be quite different once permanency arrangements have been agreed and instituted. We hope that consideration will be given to being sensitive to these changes when training carers and social workers in the offering of Life Story work. Additional comment: Life story work is something which needs to continue throughout a child's time in care and should not be seen as a one-off event. Too often it is put aside as other seemingly more pressing tasks ie court reports get in the way and then is not attempted as social workers see it as an insurmountable task. It is also often a task which is left	Thank you for your positive comment and feedback. Previous life story work is included in the transition out of care needs assessment.

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				to social workers when it needs to always include the network. In our service we have joined with social worker managers to offer a monthly life story clinic for social workers to support their thinking about how to go about completing this and how to engage the YP and their carer.	
Tavistock & Portman NHS Foundation Trust	Guideline	039	043	Recommendation 1.5.12 '*To avoid delays in care, provide intermediate therapeutic or specialist support for the care network around looked-after children and young people who are on a waiting list for child and adolescent mental health services (CAMHS), for example a specialist outreach team. This should not be used as a replacement for CAMHS.*' We are in agreement that specialist therapeutic support for the care network around a looked after child is valuable in creating a child-centred emotionally friendly context for people in the care system. We are aware that there are some looked after children and young people who would like to access direct individual therapeutic support, if they have the necessary developmental and cognitive abilities, but many children in the care system are either too young, too distrustful of adults to wish to unburden themselves to a stranger or they may have other reasons for not wishing to take up offers of direct therapeutic support. For these children and young people, support to the care network is crucial.	Thank you for your positive comment. Thank you for this feedback. The committee considered this issue and has added the following recommendation - 1.5.20 Ensure that children moving placements do not lose their place in the waiting list for CAMHS.

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				There is additionally a huge problem with the way that LACYP can access CAMHS when they move placement. Often, social workers and other key adults wish children to access CAMHS when things are going badly in the foster home and they see CAMHS as a potential solution. However, the committee will be aware that CAMHS is locality based, and that as soon as a child moves to a carer in a different locality, they not only lose their CAMHS worker but often return to the bottom of a lengthy waiting list for further help. And that is if they are seen as appropriate for CAMHS who use increasingly psychiatric criteria for offering services, whereas LACYP may show their distress in other ways and therefore not meet threshold for a service at all. The committee will be aware that many children in the care system do end up moving between different foster homes and this issue of lack of access to CAMHS seems both unfair and likely to compound their emotional difficulties and the associated social costs that arise from these. We are also aware of the growing issue of neuro-developmental difficulty experienced by a high proportion of looked after children, which may be connected to childhood maltreatment. We think it is important that looked after children receive timely neurodevelopmental assessment in cases where they experience attentional or social communication difficulties, and that pathways for this should be established locally, be it CAMHS or child development centres. It would be tragic if children were not able to	Specific recommendations on the recognition and assessment of neurodevelopmental disorders for this group is beyond the scope of this guideline. The guideline cross refers to other related NICE guidelines on the recognition, referral, and diagnosis of autistic spectrum disorder (ASD) and Autism spectrum disorder in under 19s: support and management. This contains a recommendation acknowledging that local autism teams should provide (or organise) the interventions and care recommended for LACYP. Thank you for this practice example.

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				receive these assessments because of moving around localities. Additional comment: In Camden the CAMHS LAC team follows the young people if their placements breakdown and they are placed out of area and offers support to the care network around them. This flexible service should be offered to all LAC. It avoids them being left with no CAMHS support and aids transition into local CAMHS services.	
Tavistock & Portman NHS Foundation Trust	Guideline	045	024	Recommendation 1.2.8 We agree with the recommendations around Contact Supervisors and their potential role in supporting the relationships between children and birth families. We consider there can be implicit dilemmas for these professionals, who are tasked with recording interactions between children and birth families to support the position of the local authority in Court; and at the same time wishing to be supportive to vulnerable parents and helping them relate well to their children. We believe that their role needs to be made explicit and clarified and this may change over time. We also doubt that it is always the case that the need for contact supervision decreases over time. Our clinical experience is that issues in the lives of birth parents, such as having another baby, or separating from a partner, can reinstitute painful feelings and reignite wishes for children to return to birth families which can lead to an undermining of children's foster placements if contact is not closely supervised.	Thank you for your comment. We agree that the role of a contact supervisor requires a balance between supporting the birth parent and faithfully recording the information that is needed for court processes, where safeguarding is an issue. In addition, the committee agreed that the role needed to be made more explicit and clarified – which was the purpose behind recommendation 1.2.9 which outlines the role and training needed for contact supervisors. While the following recommendation suggests intensity of contact supervision could be reduced in intensity as needs decrease, this is not the same as saying the need for supervision itself will necessarily decrease (the recommendation specifies "in terms of monitoring and feedback provided")

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Tavistock & Portman NHS Foundation Trust	Guideline	065	039	This recommendation suggests that supervising social workers and carers '*assess the needs of the looked-after person to inform and tailor training and development needs for the carers*.' While this seems like an excellent idea, and certainly raises further questions about how the skills of supervising social workers could be used more proactively, we are concerned that 'assess the needs' is far too broad a term and would need to be broken down into more manageable elements to assist the supervising worker in the conversations with the carer. So for instance, 'needs' might refer to 'attachment needs', 'contact with family needs', social / communication needs', 'privacy needs', 'educational needs' etc. In our experience precision of language in this area is crucial.	Thank you for your comment. This recommendation, as you have recognised, is focussed on encouraging a proactive approach to assessing and tailoring training needs. However, this is particularly referencing the need for tailored training that comes later in the section – for example: tailored training for birth parents for reunification (1.3.13), for specific needs relating to race, ethnicity, and religion (1.3.15), for special educational needs, long-term health conditions and disabilities, and sensory and communication needs (1.3.16), and finally, the need for more intensive training to support behaviours and more therapeutic approaches (1.3.17).
Tavistock & Portman NHS Foundation Trust	Guideline	179	042	We agree wholeheartedly that the primary intervention to support social, emotional and mental wellbeing is a 'positive caregiver relationship'.	Thank you for your feedback
Tees Esk and Wear Valley NHS Foundation Trust	Guideline	General	General	There is a great deal of variation in ways of working. It would be helpful to have a national forum where staff can share best practice examples (case studies to help demonstrate how to put principles into practice). It would also be helpful to promote research and interagency working. **An example best practice case study:** 'No Wrong Door' is an innovative, evidence based, approach to working with young people in care, or on the edge of care. Essentially it provides the following:	Thank you for your comment. The committee acknowledged the importance of a national forum. Section 1.9 of the guideline contains recommendations on forum for strategic leadership and best practice. Thank you for providing this example of best practice.

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				• A single service provides consistent support to young people wherever they move, maximise the opportunity for planned and positive transitions. • Prevent hand-offs between services at points of crisis, with the hub manager having responsibility for a wide range of accommodation options. • Young people remain at the heart of planning and decision making. • Support is focused on strengths and achievements as opposed to deficits to develop self-esteem, self-worth and resilience. • Dedicated in house Clinical Psychologist who offers non-appointment based access to young people, carers, and professionals. • It is a multi-disciplinary service working to common approaches using signs of safety, restorative practice and therapeutic crisis intervention. • A culture which provides persistent high challenge and high support to young people. • A team which does not 'give up' and supports young people to reduce high risk behaviour. • A key worker relationship is maintained throughout the young person's journey, including during moves between hub placements. • Young people feel empowered to build and restore relationships.	

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				• This model creates the opportunity for substantially better outcomes for young people, including those who are leaving care, ensuring more young people are able to manage the transition to universal or mainstream services. For those in residential care No Wrong Door will allow them to maintain a relationship of key carers and support well beyond the physical move from a residential home. A key aspect of this model is the maintenance of those key carer relationships throughout a young person's journey.	
Tees Esk and Wear Valley NHS Foundation Trust	Guideline	General	General	We suggest including a definition of shared decision making.	Thank you for your comment. A definition of shared decision making has been added to the guideline. This has been taken from the NICE guideline on Shared decision making. This guideline covers how to make shared decision making part of everyday care in all healthcare settings.
Tees Esk and Wear Valley NHS Foundation Trust	Guideline	General	General	Re the term 'looked-after children': We suggest changing the language used at a national level to 'children who are looked after'. This is to emphasise that children are individuals first and 'looked after' second.	Thank you, this issue was raised with the committee. Regarding terminology, "looked-after child or young person" remains the most easily understood term by stakeholders and those using the guidelines. It also corresponds most naturally to statutory guidelines which are extensive and form the framework of this guideline.
Tees Esk and Wear Valley NHS Foundation Trust	Guideline	013 - 014	General	We suggest acknowledging siblings who take on carer responsibilities. The role of siblings as carers can be overlooked.	Thank you for your feedback. The guideline makes a number of recommendations to support sibling relationships. We did not find evidence on the role of siblings as carers within the context of the care system to make specific recommendations.
Tees Esk and Wear Valley	Guideline	013 - 014	General	**An example case study on supporting carers:**	Thank you for providing this useful case study. Although we did not use the findings from the

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NHS Foundation Trust				The 'Mockingbird programme' aims to replicate the support available through an extended family network. It creates a constellation of 6 to 10 satellite fostering families who are supported by 1 hub home that is operated by an experienced foster carer, offering planned and emergency sleepovers, advice, training and peer support. The Mockingbird programme worked to meet the need for continuity and support for children and young people in care and for additional support for foster carers.	Mockingbird programme, the guideline has made a number of recommendations on the need for planned respite care (or 'support care') for carers (rec 1.3.5 to 1.3.10).
Tees Esk and Wear Valley NHS Foundation Trust	Guideline	015 - 016	General	We suggest adding a recommendation to provide ongoing training for carers to help them develop their skills to address peak periods of need such as puberty when identity issues/peer relationships and increased independence can compound the impact of trauma for children who are looked after.	Thank you for your comment. The guideline makes a number of recommendations (1.3.11 to 1.3.20) on training for carers.
Tees Esk and Wear Valley NHS Foundation Trust	Guideline	023 - 024	General	A key task for the professional network around the child is to enable the child to develop an understanding about what led to them no longer living with their birth parents. Enabling a child to process what has happened to them takes time; approaches should be commensurate with the child's age and abilities, the aim being to help the child develop a narrative about their experiences that they can relate to and understand. A life story book is an important part of this and social workers need to write 'late life letters' that can help increase understanding in adulthood. Life process work will help prepare a child in the event that they choose to access any records kept about them in adulthood.	Thank you for your comment. The guideline is in agreement and acknowledges the importance of life story work.

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Tees Esk and Wear Valley NHS Foundation Trust	Guideline	023 - 024	General	We suggest highlighting the importance of conversations with the child and emphasising that life story work needs to be fluid, evolving, natural and meaningful. It would be helpful to include a definition of the life story process to reduce the risk of misinterpretation of life story work as a tick box exercise.	Thank you for your comment. The guideline is in agreement and acknowledges the importance of life story work. The guideline also has a definition of life story work.
Tees Esk and Wear Valley NHS Foundation Trust	Guideline	023 - 024	General	We suggest including 'later life letters'.	Thank you for your comment. The provision of a Later Life letter is a statutory requirement for all children placed with adoptive parents. This is covered by statutory guidance on adoption.
Tees Esk and Wear Valley NHS Foundation Trust	Guideline	032 - 033	General	Whilst it is encouraging that the guidance comprehensively covers planned transitions between placements, it appears to be somewhat lacking with regards unplanned transitions. Whilst we acknowledge that unplanned transitions should be avoided at all costs, the reality is they happen far more frequently than is desirable. There needs to be a focus upon the potential impact, both on carers and on young people, that an unplanned transition can have, for example, feelings of guilt/shame/failure/rejection/exacerbation of complex trauma presentation etc. Further, it would be helpful if the guidance could cover recommended approaches to these issues, for example, restorative work, debriefs, immediate access to a mental health professional, comprehensive support to the new placement etc.	Thank you for your comment. The guideline has made consideration for emergency care placements. Recommendation 1.7.16 outlines that for emergency care placements that become long-term placements, review what information the carer has been given about the child or young person, and give them more if needed. The committee considered that if it becomes clear these placements will be longer term, the carer may need more information to carry out their nurturing and safeguarding roles. For example, carers often need support to understand why a child is behaving in a certain way in order to respond appropriately. As well as knowing about safeguarding issues, they need to know why children and young people are looked after, which family members pose a risk and why.

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Tees Esk and Wear Valley NHS Foundation Trust	Guideline	034 - 035	General	We suggest adding that, during transition, social workers should provide carers with a detailed chronology outlining the significant traumatic events leading to the child being looked after.	Thank you for your comment. The guideline makes a number of references to life events. These include: • Practitioners should ensure that the language used in the records and the way events are captured are sensitive and empathetic. • Based on their experience and knowledge, the committee also stated that this information giving should not simply be a record of negative life events, but that the record should lend equal weight to factors that could support the success of the placement
Tees Esk and Wear Valley NHS Foundation Trust	Guideline	034 - 035	General	We suggest a strengths-based approach emphasising the voice of the child and how they have built up resilience.	Thank you for your comment. The guideline did not find any evidence on the strengths-based approach (within the context of looked after children and young people) to make a recommendation.
Tees Esk and Wear Valley NHS Foundation Trust	Guideline	011	General	CHIME factors for recovery are relevant here (Connectedness, Hope and Optimism, Identity, Meaning and Purpose, and Empowerment), as is consideration of the potential for vicarious trauma.	Thank you for your comment. The committee discussed this issue but did not have the evidence to make a recommendation for these factors.
Tees Esk and Wear Valley NHS Foundation Trust	Guideline	012	001 - 006	Mentoring is an excellent idea. The practicalities of sustaining arrangements would need to be addressed.	Thank you for your comment and feedback.
Tees Esk and Wear Valley NHS Foundation Trust	Guideline	012	007 - 010	Could this recommendation be more strongly worded to reflect its importance? We suggest emphasising *appropriate* friendships, and note that supporting contact with friends would require support in addition to funding.	Thank you for your comment. Recommendation 1.2.20 has been amended to - 1.2.20 **Consider** providing funding to support contact with friends.

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Tees Esk and Wear Valley NHS Foundation Trust	Guideline	012	011 - 015	We suggest adding specialist crisis teams (in operation in many mental health Trusts) and online provision such as Kooth to the list for consideration. The Emergency Duty Team (EDT) should not be used unless there is a safeguarding issue.	Thank you for your comment. The committee discussed this issue but did not have supportive evidence to make this suggested addition..
Tees Esk and Wear Valley NHS Foundation Trust	Guideline	019	006	We suggest replacing 'attachment ***disorders'*** with 'attachment ***difficulties'*** because most children who are looked after have attachment difficulties but few receive a formal diagnosis.	Thank you for your comment. The committee considered this issue and have changed references to attachment difficulties.
Tees Esk and Wear Valley NHS Foundation Trust	Guideline	019	General	We suggest adding a recommendation to provide support for carers to help them understand the impact of vicarious trauma, how this can be played out in future relationships with children, and the potential impact of this (for example leading to a breakdown in a foster placement).	Thank you for your comment. The training for practitioners recommendations (1.5.1 to 1.5.3) outline the importance of trauma-informed training to ensure they are aware of the impact of trauma.
Tees Esk and Wear Valley NHS Foundation Trust	Guideline	022	General	We suggest including reference to i-THRIVE. The i-THRIVE Framework is a whole system approach (Specialist CAMHS, other voluntary and community sector/3rd sector providers). It is an integrated, person centred and needs led approach to delivering mental health services for children, young people and families, which conceptualises need in five categories: • Thriving, • Getting Advice and Signposting, • Getting Help, • Getting More Help • Getting Risk Support. Emphasis is placed on the promotion of mental health and wellbeing, and for children, young people and their families to be empowered and actively involved in	Thank you for your comment and example from practice.

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				decisions about their care through shared decision making.	
The Challenging Behaviour Foundation (CBF)	Guideline	013	012	Recommendation 1.3.1 is welcome, but family carers may require additional support in order to facilitate their involvement in decision making and care planning. Many family carers are not aware of their right for involvement in care planning, and may need support (in the form of information, resources, and dialogue) about how to undertake this. Information on involving and communicating with families – including good practice examples – is available in the CBF's 'Keeping in Touch with Home' resource	Thank you for your comment. The committee acknowledges the importance of supporting carers and section 1.3 contains a number of recommendations to provide support and training. Thank you for highlighting this resource.
The Challenging Behaviour Foundation (CBF)	Guideline	014	006	Rec 1.3.4 Forms of support for family carers may also need to take more differentiated forms than 'respite care' alone, with families also potentially requiring peer support, trauma support, training or other means of support	Thank you for your comment. Recommendation 1 3 13 outlines a schedule of mandatory training for carers which includes therapeutic, trauma informed and communication training.
The Challenging Behaviour Foundation (CBF)	Guideline	015	General	Recommendations surrounding involving trauma informed care training into existing mandatory schedule trainings should be wary of the risk of presenting trauma informed care as a peripheral – rather than central – need, it should inform other training schedules, rather than simply be 'tacked on' so to speak	Thank you for your comment and for raising this issue.
The Challenging Behaviour Foundation (CBF)	Guideline	022	002	Rec 1.5.12 – We welcome the recognition of the importance of early intervention and prevention for mental health and therapeutic needs, which is key to ensuring that long-term and appropriate care is in place for children and young people with learning disabilities. For these groups, preventative interventions are required for a wider range of needs – including	Thank you for your positive comment and feedback from practice.

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				communication, behavioural, and sensory needs amongst others – meaning we would like to see a more thorough commitment to (and investment in) early intervention in support, including through PBS frameworks. To see more on the importance of early intervention, please see the CBF's 'Paving the Way' information	
The Challenging Behaviour Foundation (CBF)	Guideline	026	General	Rec 1.6.2 - We welcome the recognition of the importance of good transition planning across all stages, because not supporting pupils properly and behaviour escalating puts children with learning disabilities/autism at risk of ending up in inpatient units if the school placement breaks down - there are currently 200 children inpatient units - settings where we know they are at increased risk of abuse and neglect. For transition planning to succeed it needs to be in place **as early as possible**. It is important that transition planning begins well in advance of the transition period, with positive future planning discussed with families several years before any transition. Our work with the Institute of Health Visiting (2020) found that there was a lack of behavioural support for children with challenging behaviour in the early years before they enter education, with many families resorting to restrictive interventions because they were unaware of how else to address challenging behaviour. Therefore, we suggest that the guidelines recommend transition planning is also in place for entry to preschool.	Thank you for your positive comment and for proving this example from practice. Thank you for your positive comment. The guideline has a number of recommendations on planning transition between care placements (1.7.1 to 1.7.9) which concurs with your comment to start transition planning as early as possible.

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				We welcome rec 1.6.3 which states that transition planning needs to be multidisciplinary, and this should mean partnership working across health, education and social care. We recommend that transition planning should be co-produced with the family of the child, taking a family centred approach.	Thank you for your positive comment. Recommendation 1.7.4 outlines that the permanent carer's family and support network should be involved in transition planning which concurs with your comment.
The Challenging Behaviour Foundation (CBF)	Guideline	027	General	Rec 1.6.5 – The importance of trauma informed care cannot be understated. To build on recommendations made, we would welcome the extension of trauma support to families – whose experiences of restrictive placements and interventions can be incredibly traumatising – and carers need to be aware of this traumatic experience when communicating with families.	Thank you for your positive comment. The committee considered your feedback and felt that further amendments were not required to the existing recommendations: 1.6.5 Schools should ensure that behavioural management policies reflect trauma-informed practices and cover attachment issues. 1.6.7 The designated teacher should: • refer for specialist support, for example educational psychology, when needed and **be aware of the impact of trauma on learning and behaviour**

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The Challenging Behaviour Foundation (CBF)	Guideline	028	General	1.6.8 – A special needs coordinator is essential in virtual and mainstream schooling, and it is important that this professional has expert knowledge in behavioural presentation, mental health, communication and sensory needs, and understands all SEND needs from autism, to mild/moderate/severe learning disabilities, rather than learning difficulties alone. For virtual schooling, it is important that this professional understands sensory, communication, and digital access needs which may impact ability to adapt to online lessons.	Thank you for your comment.
The Challenging Behaviour Foundation (CBF)	Guideline	037	General	1.7.23 – We welcome the recognition that other carers with lived experience are well placed to support family carers to develop strategies to support their child's behaviour. However, we would recommend that the guideline recommends that the carers use a positive behavioural support (PBS) framework, as evidence suggests that PBS is the most effective approach for children with severe learning disabilities whose behaviours challenge. To see more on the evidence that positive behaviour support works, please read our Early Intervention Briefing Paper (2014).	Thank you for your comment. The committee considered this issue but felt that we did not have evidence to recommend the positive behavioural support framework. Thank you also for highlighting this research. This work does not meet the inclusion criteria for our evidence reviews.
The Challenging Behaviour Foundation (CBF)	Guideline	096	General	1.7.23 Behaviour 'with the potential for significant harm to others' when presented by individuals with learning disabilities should be addressed primarily through early intervention (rather than reactive or restrictive) methods, meaning that prospective carers should not only be aware of the 'context to these events', but also the support history and care planning which has been	Thank you for your comment. We have now added "how behaviours have been successfully supported in previous settings" to the list of information to be provided to new long-term carers.

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				used to address them. If done properly, preventative planning would ensure that these behavioural presentations are understood thoroughly, with strategies already in place to prevent and manage them.	
The Fostering Network	Guideline	General	General	Overall, we welcome these recommendations and will promote them through our network. However, we would recommend re-visiting some of the language and terminology used. Throughout the guidance, foster carers are discussed separately to other professionals in the team around the child. The Fostering Network firmly believes that foster carers are a key member of the multi-disciplinary team who work on behalf of children and young people in public care. They are required to deliver highly personalised care that requires rehabilitative and therapeutic approaches and skills within a professional framework, and need to approach what they do in a professional manner. Some of their many roles include: report writing, assessments, home review, attending placement agreement meetings, involvement with the police, attending court and giving evidence, managing contact, carrying out life story work and so on; all while they continue with parenting and meeting the emotional and physical needs of the child in their care in a way that safeguards the child and themselves. For the retention and continued recruitment of a workforce to meet the needs of children in care, it is essential to recognise that foster carers have their own area of expertise, skills and tasks in the team around the child.	Thank you for your comment. The guideline acknowledges the important role played by foster cares and section 1.3 of the guideline has recommendations on valuing carers. These recommendations cover support for primary carers, including foster carers. The committee considered the use of the term 'respite care' however they felt that alternative suggestions were not well understood. In the recommendations we've used the term 'respite' with 'support care' in brackets to encourage its further use.

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				We would therefore recommend including foster carers as professionals in the team around the child in the NICE guidelines. In addition, you should also consider the use of the term 'respite' when referring to short or planned breaks for children in care and/or their carers. The term respite has negative connotations and many in the sector choose not to use it.	
The Fostering Network	Guideline	007	002	We welcome the recognition of social inequality experiences by children and young people in care.	Thank you for your feedback
The Fostering Network	Guideline	007	003	Sentence reading: '… seek to ensure that their needs are adequately met.' Change to: '…seek to ensure that their needs are at the centre of any plans being made and are adequately met.'	Thank you for your comment. We have made your suggested amendment to this sentence.
The Fostering Network	Guideline	008	006 - 011	Rec 1.1.1 – we would like to see children with all protected characteristics listed here. For example, also including those with disabilities, special educational needs and children from different religious backgrounds.	Thank you for your comment. This recommendation has been amended to include other diversity groups.
The Fostering Network	Guideline	009	010	Rec 1.2.1 – also include delegated authority in addition to shared decision making.	Thank you for your comment. The committee considered your feedback but there was not enough evidence to make this specific addition to the recommendation.
The Fostering Network	Guideline	009	013	Rec 1.2.1 – Suggest alternative to using the term 'challenging behaviour' as it is not always the children's behaviour that needs to be managed. We suggest changing it to 'persistence and understanding to sensitively respond to and support behaviours'.	Thank you for your comment. This recommendation has been amended to the following: • persistence and understanding to respond to behaviours that challenge and to support positive behaviours

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The Fostering Network	Guideline	009	014	Rec 1.2.1 – please also include: consistency and transparency as to the child's future plans including timescales, resourcing etc.	Thank you for your comment, however we did not feel this further amendment was needed. The committee considered your feedback but there was not enough evidence to make this specific addition to the recommendation.
The Fostering Network	Guideline	009	027	Rec 1.2.3 – please include/reword as follows: 'centrally resourced/funded shared activities and outings to reward prosocial, cooperative behaviour.'	Thank you for your comment. This recommendation (1,2,4) has been amended to provide greater clarity. For example, to **encourage** prosocial behaviour.
The Fostering Network	Guideline	010	007	Rec 1.2.6 – please provide more detail about who contact supervisors would be and the skills required for the role. If foster carers were to take on this role – either for their own children they look after, if appropriate, or children living with another foster family – they would need to be trained and paid accordingly.	Thank you for your comment. A definition of a contact supervisor has been provided. Recommendation 1.2.9 also outlines the training that contact supervisors should receive.
The Fostering Network	Guideline	011	001	Rec 1.2.10 – any use of virtual contact should be appropriate to the child or young person's needs. Please see the findings from Neil et al.'s report on virtual contact during lockdown for further evidence and recommendations relating to virtual contact arrangements for children in care.	Thank you for your comment. The committee discussed this issue but did not have any evidence on the use of virtual contact to make a recommendation. The issue of virtual contact was not included in our evidence review questions so we have not undertaken a systematic analysis of this. The findings of Neil et al was published after completion of the evidence reviews used to base recommendations. We will pass this reference to the NICE surveillance team which monitors guidelines to ensure that they are up to date, for future consideration.
The Fostering Network	Guideline	011	025	Rec 1.2.14 – foster carers and personal advisers should also tell young people (in an age/ developmentally appropriate way) about upcoming changes to their role/relationship.	Thank you for your comment. The committee discussed this and the issue of communication around placement change is covered in recommendation 1.2.24.

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The Fostering Network	Guideline	012	008	Rec 1.2.16 – who is expected to provide this funding? Please provide further detail.	Thank you for your comment. The committee felt this could be funded from local authority leisure budgets, and there are several activities that are freely available, such as visits to local parks. Further detail is provided in the rationale and impact section.
The Fostering Network	Guideline	012	009	Rec 1.2.16 – please add in the word 'positive' i.e. 'particularly for positive relationships that existed before entering care.'	Thank you for your comment. Recommendation 1.2.20 now says 'Consider providing funding to support contact with friends (for example, for travel or activities), **particularly for friendships that existed before the looked-after child or young person entered care.**
The Fostering Network	Guideline	012	022	Rec 1.2.19 – After this recommendation please insert an additional section entitled 'Relationships with former foster carers'. Former foster carers can play an important role in children's lives, helping them to settle in a new home, offering support at difficult times and enabling them to make sense of their past. The sector must work together to end outdated practice that sees children lose touch with their former foster carers when they move on. Contact should be discussed during planning for every transition and enabled unless it is decided that it is not in a child's best interest. This section should include recommendations as follows: • Local authorities must ensure that contact between children and their former foster carers is encouraged and supported, challenging the prevailing culture where necessary. • When local authorities and independent fostering providers are inspected, proper	Thank you for your comment. This issue is addressed in recommendation 1.7.3 - discuss the need for longer-term contact and longer-term contact arrangements with the current foster carer, for example contact by letter or email or meeting up once the looked-after child or young person has settled in their new placement.

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				attention should be paid by the inspectors as to how these relationships are being built and supported for children and young people in care. • Maintaining contact after a fostered child moves on should be routinely considered part of the role of a foster carer, and foster carers should be supported to carry this out. • All relevant parties should adopt the Keep Connected Principles and embed them in their policies and practice accordingly.	
The Fostering Network	Guideline	013	012	Rec 1.3.1 – Foster carer's status in the team around the child needs to be increased and they should be invited to multi-agency meetings about the child regularly.	Thank you for your comment. Recommendation 1.3.1 states - **Involve and value the carer's input in decision-making in the broader care team,** and keep carers fully informed about a looked-after child or young person's care plan.
The Fostering Network	Guideline	013	015	Rec 1.3.2 – All fostering services should provide a dedicated out of hours support service for foster carers.	Thank you for your comment. Recommendation 1.3.2 outlines - provide out-of-hours support services for carers. This includes foster carers.
The Fostering Network	Guideline	014	006	Rec 1.3.4 – If a foster carer's or child's need for short breaks/respite is identified, carers and children should get access to it.	Thank you for your comment. The guideline has made recommendations for respite care (or support care) for carers and the looked after child or young person.
The Fostering Network	Guideline	014	013	Rec 1.3.7 – Regularly consult with children and young people and foster carers about what support services they would like to access.	Thank you for your comment.
The Fostering Network	Guideline	015	002	Rec 1.3.10 – Assess new and emerging needs of children in care and foster families to identify training gaps within the foster carer population and look to fill these gaps to provide the best possible care for children. Services should also consider joint training for	Thank you for your comment. The committee discussed feedback. Recommendation 1.3.12 outlines the need for supervising social workers to work with carers to assess the needs of the looked after child or young person.

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				social workers and foster carers to improve relationships and the status of foster carers in the team around the child.	
The Fostering Network	Guideline	015	006	Rec 1.3.11 – This training should also include any cultural and/or religious awareness training, where appropriate.	Thank you for your comment. This issue is covered in recommendation 1.3.15.
The Fostering Network	Guideline	015	009	Rec 1.3.12 – As this mandatory training is for all foster carers, this will include family and friends foster carers. Some mandatory training sections may need to be adapted for family and friends foster carers and considerations made. For example, training around life story work and the potential for this to be traumatising or triggering for the carer.	Thank you for your comment and feedback.
The Fostering Network	Guideline	016	001	Rec 1.3.13 – Local authorities should consider the use of support care programmes that utilise the skills of foster carers in the community (i.e. stepping up when the family needs help and stepping down when they are doing well) to support families to stay together. The Fostering Network has developed its own support care programme – Step Up, Step Down – which utilises foster carers' unique skillset to support families on the edge of care to stay together, whether this is before entering care or reunifying after having been in care. Any expressions of interest to roll out the Step Up, Step Down programme should be done with appropriate pre-consultation with The Fostering Network. You can read more about the model in this briefing from page 50 onwards.	Thank you for your comment. The committee discussed this issue but felt they did not have the supportive evidence to make this suggested addition of support care programmes to the recommendation. Thank you also for providing this practice example. The support of families on the edge of care is outside the scope of this guideline.
The Fostering Network	Guideline	016	004	Rec 1.3.14 – this should also include religious awareness training. Training related to race, ethnicity,	Thank you for your comment. This issue is covered in recommendation 1.3.15.

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				culture and religion should be provided to all foster carers who require it.	
The Fostering Network	Guideline	016	008	Rec 1.3.15 – training related to looking after a child with special educational needs or disability should be provided to all foster carers who require it.	Thank you for your comment. This recommendation has been amended to 'Provide tailored training…..' Training on log term health conditions has also been added to this recommendation.
The Fostering Network	Guideline	016	012	Rec 1.3.16 – this training should be age appropriate to the child or young person.	Thank you for your comment. This has now been corrected.
The Fostering Network	Guideline	016	025	Rec 1.3.19 – this recommendation should be extended to all foster carers. It is not uncommon for short-term carers to end up looking after children for long periods of time.	Thank you for your comment. The committee discussed this issue but felt they did not have the supportive evidence to make this suggested amendment to the recommendation.
The Fostering Network	Guideline	018	022	Rec 1.4.7 – This should also include former foster carers.	Thank you for your comment. This is covered in rec 1.4.6 by the use of the term carers.
The Fostering Network	Guideline	020	002	Rec 1.5.4 – If anything is identified in these records, e.g. drinking or drug dependency during pregnancy, appropriate support should be offered to the child and carers to cater for the child's possible additional needs.	Thank you for your comment. This topic was considered out of scope for this guideline update. NICE are currently developing a quality standard on Fetal alcohol spectrum disorder. Further details can be found here.
The Fostering Network	Guideline	023	011	Rec 1.5.17 – change the order of the recommendations so Rec 1.5.23 follows Rec 1.5.17. E.g.: 1.5.17 Ensure that life story work is done in the setting preferred by the looked after child or young person, and conducted by a named carer or practitioner with whom they have a continuous and close relationship. This named person may change over the period in care. 1.5.18 Ensure the experience and skillset of the practitioner or carer delivering life story work for looked-	Thank you for your positive comments and for highlighting your research findings. Recommendations1.5.22 – 1.5.33 outline detailed recommendations on how to carry out life story work. The committee preferred to keep the current ordering of the recommendations.

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				after children and young people is sufficient to deliver good quality work, particularly in complex situations.	
The Fostering Network	Guideline	026	019	Rec 1.6.2 – Any transitions should involve school preparation for the foster carer and they should be invited to any meetings about the child's education, particularly as a school move may also imply that the child has moved to live in a different fostering household.	Thank you for your comment. Recommendation 1.6.2 refers to school preparation for the carer.
The Fostering Network	Guideline	027	007	Rec 1.6.4 – Inform looked-after children and their carers of the full-range of entitlements they are eligible for e.g. bursaries for higher education and priority access to school places.	Thank you for your comment. The committee considered this issue and have added an extra recommendation: 1.6.10 Ensure that the virtual school SENCO is trained in the SEND legal framework so they can help looked-after children and young people access all the provision and support that the law entitles them to.
The Fostering Network	Guideline	027	011	Rec 1.6.5 – Where possible schools should take a restorative rather than punitive approach to looked after children's behaviours.	Thank you for your comment. Recommendation 1.6.5 outlines that schools should ensure that behavioural management policies reflect trauma-informed practices and cover attachment issues. It is hoped this would include a restorative approach.
The Fostering Network	Guideline	028	006	Virtual schools – Virtual schools should have a role to play in making foster families aware of their role, what their expectations of support can be and what the virtual school will do to support their child. Foster families should be able to contact the virtual school in order to get support for their child.	Thank you for your comment. This issue is covered in recommendation 1.6.4.
The Fostering Network	Guideline	030	001	Improving educational outcomes – This section also needs to include recommendations about increasing the awareness and understanding of teachers and educators around care experience The Fostering	Thank you for your comment and feedback. The committee discussed this issue but felt they did not have the supportive evidence from the evidence reviews to strengthen this section in the guideline.

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				Network are currently working on a project in Scotland, The Young Advocates Programme, that is doing this. The programme, funded by the Life Changes Trust and the Young Start Fund (delivered by the National Lottery Community Fund), has worked with young people with care experience to create learning opportunities for teachers and trainee teachers around what the day-to-day reality of school or college can be like for them. This resource is aimed at raising awareness of care among education professionals and their key role as first identifiers of children potentially requiring interventions. It is also important to recognise in this section the high proportion of children in care with a special educational need (SEN) relative to their peers. Even though we know that the high proportion of SEN within the children in care population does not account entirely for the attainment gap, children with SEN will have different educational outcomes.	
The Fostering Network	Guideline	031	006	Insert recommendation here about how local authorities should also develop a strategy for reducing exclusions being given to looked after children.	Thank you for your comment and feedback. Recommendation 1.6.21 outlines that local authorities should agree and share a strategy for reducing the number of looked-after children and young people missing from education.
The Fostering Network	Guideline	031	007	Rec 1.6.21 – this mechanism should also ensure schools are spending the whole grant and evidence the impact on the looked after child the spending has had.	Thank you for your comment and feedback. Your suggested amendment has been made to the recommendation (1.6.22).
The Fostering Network	Guideline	031	011	Rec 1.6.22 – Virtual schools should join The Fostering Network's Tick the Box campaign which encourages care experienced people signing up to university to 'tick	Thank you for your comment.

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				the box' to declare their care experience to ensure they get support when at university as well as access to bursaries.	
The Fostering Network	Guideline	032	004	1.7 Transition between care placements and to permanent placements – this section should provide more guidance around unplanned placement endings. There are many reasons for unplanned placement endings and it is important that best practice is maintained as much as possible in these instances also. Ofsted's matching in foster care report highlights best practice when supporting children's transitions. This section should also include recommendations aimed at addressing a wider range of factors that impact stability, for example, feelings of confidence and value within the foster carer workforce. More direct links should be made within the guidance to show that foster carers who feel supported by their social worker and have ready access to support services are better able to use these skills to encourage healthy relationships and provide a more secure base, and so reduce the risk of placement breakdown, and ultimately, improve the outcomes of the child. The Fostering Network's latest State of the Nation's Foster Care report from 2019 provides evidence on this and makes recommendations. Our next State of the Nation report will be published towards the end of this year.	Thank you for your comment and feedback. Recommendation 1.3.2 outlines the need for support services to help resolve urgent problems such as unplanned placement endings. The rationale and impact section also discusses the issue of emergency foster placements and the support needed for the carer to help and understand the looked after child or young person. Thank you also for highlighting the Ofsted report. Thank you also for highlighting this report.
The Fostering Network	Guideline	032	021	Rec 1.7.3 – all parties involved (i.e. the child, former foster carers and family whom the child is moving to	Thank you for your comment and feedback.

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				permanently) should be encouraged to maintain contact if the child wishes to do so. Longer-term contact arrangements should be age appropriate. Our Keep Connected Principles outline why this is important and who needs to be involved.	
The Fostering Network	Guideline	033	007	Rec 1.7.5 – consider also the use of foster carers in this respect. They can act as detached from social services and provide families with a form of non-judgemental support. The Fostering Network has developed programmes that have done this successfully. You can read more here. Any expressions of interest to roll out the Step Up, Step Down programme should also be done with appropriate pre-consultation with The Fostering Network.	Thank you for your comment and feedback. Recommendation 1.7.4 outlines encourage and help the permanent carer's family and support network, including other children in the home, to be involved when a looked-after child or young person moves into their new placement. Thank you for providing information on the programmes developed by the Fostering Network.
The Fostering Network	Guideline	034	001	During transition – these recommendations should apply during any planned transition, not just to permanence.	Thank you for your comment.
The Fostering Network	Guideline	037	012	Rec 1.8.1 – personal advisers should also take into account parts of the young person's social network that are strong and that they can utilise, as well as focusing on gaps. Personal advisers should receive training in order to support young people in this way.	Thank you for your comment and feedback. The following amendments have been made to recommendation 1.8.3: • social network (**assessing gaps,** connectedness, isolation, and **both** negative **and supportive relationships).**
The Fostering Network	Guideline	040	003	Add in a recommendation here to raise awareness among Virtual School Heads and other key professionals of encouraging young people looking to attend higher education to 'Tick The Box' (declaring a young person's care experience and granting them access to external funding and grants designed to	Thank you for your comment. The guideline also has the following recommendation: 1.8.17 Virtual school heads should take into account educational opportunities for care leavers beyond

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				enable young people to achieve) when they apply for university.	traditional further or higher education when deciding whether to extend support.
The Fostering Network	Guideline	040	004	Rec 1.8.13 – young people in post-18 arrangements should be able to return to their homes in the holidays. Foster carers, therefore, should be paid retainers in order to keep the bedroom free for the young person and maintain their fostering income while the young person is away. This could help encourage more care experienced young people to attend university.	Thank you for your comment. A clarification has been added to the recommendation (1.8.18) for care leavers who move away for college or university.
The Fostering Network	Guideline	040	010	Rec 1.8.14 – amend the recommendation to read as follows: Encourage and support young people leaving care to stay in their current care placement until age 21. Explore the possibility of staying put with carers beyond age 18 and encourage them to stay. Very few children outside of the care system leave home at 18 (the average age is 24). The culture for children in care needs to change and it should be expected that young people stay with their foster carers until 21 to continue to offer them support during crucial years of their life.	Thank you for your comment. The recommendation says: 1.8.1 Encourage and support young people leaving care to stay in their current care placement until at least age 18. Explore the possibility of staying put with carers beyond age 18.
The Fostering Network	Guideline	040	012	An additional recommendation should be added here to ensure that foster carers entering into a Staying Put arrangement are supported to do so and do not experience any financial loss.	Thank you for your comment. An extra recommendation has been added (1.8.1) to encourage and support young people leaving care to stay put in their current care placement and this should be explored with carers. The rationale and impact section acknowledges that this may not always be possible due to levels of financial support.
The Fostering Network	Guideline	050	012	Supporting positive relationships – with regard to the evidence base on maintaining positive relationships with former carers, the committee should speak with	Thank you for your comment. The committee reviewed large amounts of peer-reviewed evidence when writing the recommendations for this section – please see

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				The Fostering Network to learn more about their work in this area.	evidence review C and D for more information about the systematic review work undertaken, and the criteria for evidence inclusion.
The National Network of Designated Healthcare Professionals for Safeguarding Children, NHS England	Guideline	005	008	The statement says general population. Should this not say child population because further down you only use reference of 5-15. It may be interpreted using general population as meaning all age not children comparatives	Thank you, this has been corrected.
The National Network of Designated Healthcare Professionals for Safeguarding Children, NHS England	Guideline	006	010	It says care leavers should it not also say "care experienced" too	Thank you for your comment. The care of previously looked-after children such as those who have been adopted out of care was out of scope for this guideline.
The National Network of Designated Healthcare Professionals for Safeguarding Children, NHS England	Guideline	006	018	Add statutory before "duty"	Thank you, this has been corrected

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The National Network of Designated Healthcare Professionals for Safeguarding Children, NHS England	Guideline	006	021	Add statutory before "duty to support"	Thank you, this has been corrected.
The National Network of Designated Healthcare Professionals for Safeguarding Children, NHS England	Guideline	006	028	Add the date of Working Together doc 2018 and also the date on the Education doc too	Thank you, these dates have been added.
The National Network of Designated Healthcare Professionals for Safeguarding Children, NHS England	Guideline	007	008	Should Section 20 be added to this list too, to ensure they are included in the support from this document	Thank you for your comment. These groups are included within the scope of this guideline.
The National Network of Designated Healthcare	Guideline	007	029	Reference not only increased costs to Local Authorities but health too and other agencies	Thank you for your comment, we have now added reference in the guideline to possible increased costs to the healthcare sector and other organisations/agencies involved in the care of LACYP.

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Professionals for Safeguarding Children, NHS England					
The National Network of Designated Healthcare Professionals for Safeguarding Children, NHS England	Guideline	008	002	Comment Feels like this needs to be reworded i.e.: greater impact on the system. The term "burden" seems very negative.	Thank you for your comment. We have amended the guideline to remove the term burden.
The National Network of Designated Healthcare Professionals for Safeguarding Children, NHS England	Guideline	010	008	Comment Do contact supervisors have a role to play with play therapy, building positive relationships etc?	Thank you for your comment. Recommendation 1.2.9 outlines that contact supervisors should receive training on providing support for and feedback to birth parents to help them build positive relationships during contact. The committee considered whether contact supervisors have a role in play therapy but felt that they did not have the evidence to support this in a recommendation. The committee noted a gap in the evidence base on the use of therapeutic interventions in current practice such as play therapy.
The National Network of Designated Healthcare Professionals for	Guideline	010	010	It says looked-after person should this read looked-after child or young person	Thank you for your comment. This wording has now been corrected.

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Safeguarding Children, NHS England					
The National Network of Designated Healthcare Professionals for Safeguarding Children, NHS England	Guideline	010	016	It says looked-after person should this read looked-after child or young person	Thank you for your comment. This wording has now been corrected.
The National Network of Designated Healthcare Professionals for Safeguarding Children, NHS England	Guideline	010	018	Should feedback after contact to the carer be included	Thank you for your comment. Recommendation 1.2.9 and 1.2.10 outlines that contact supervisors should receive training on providing support for and feedback to birth parents. The need for more intense contact supervision should also be considered (in terms of monitoring and feedback provided) in the early stages of care placements.
The National Network of Designated Healthcare Professionals for Safeguarding Children, NHS England	Guideline	011	028	It says looked-after person should this read looked-after child or young person	Thank you for your comment. This wording has now been corrected.

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The National Network of Designated Healthcare Professionals for Safeguarding Children, NHS England	Guideline	012	012	Comment If a placement changes - Health passport needs to support	Thank you for your comment. The committee discussed this issue and added an extra recommendation: 1.2.25 Provide the new carer with health information in good time before the new placement starts (for example, the health plan recommendations, any new health concerns, health contacts and upcoming health appointments).
The National Network of Designated Healthcare Professionals for Safeguarding Children, NHS England	Guideline	012	026	Should this read –" offer the children or young person rather than just "person"	Thank you for your comment. This has been corrected.
The National Network of Designated Healthcare Professionals for Safeguarding Children, NHS England	Guideline	012	026	Who does person relate too, carer or looked-after children or young person	Thank you for your comment. This has been corrected.
The National Network of Designated Healthcare	Guideline	013	011	Should consideration be given to the information given to carers at the beginning of a new placement to ensure as much information is shared as possible including care plans	Thank you for your comment. Recommendation 1.3.1 states - Involve and value the carer's input in decision-making in the broader care team, and **keep carers**

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Professionals for Safeguarding Children, NHS England					**fully informed about a looked-after child or young person's care plan.**
The National Network of Designated Healthcare Professionals for Safeguarding Children, NHS England	Guideline	014	012	It says looked-after person should this read looked-after child or young person	Thank you for your comment. This has been corrected.
The National Network of Designated Healthcare Professionals for Safeguarding Children, NHS England	Guideline	017	002	Comment Need for senior oversight and escalation by professionals with concerns	Thank you for your comment.
The National Network of Designated Healthcare Professionals for Safeguarding	Guideline	018	027	Comment Specified young girls, this should read young boys too	Thank you for your comment. Young boys has been added to the recommendation.

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Children, NHS England					
The National Network of Designated Healthcare Professionals for Safeguarding Children, NHS England	Guideline	019	009	Should this include health needs and treatment	Thank you for your comment. The committee discussed this issue but did not think that further amendments were needed.
The National Network of Designated Healthcare Professionals for Safeguarding Children, NHS England	Guideline	020	002	Comment. Important to emphasise. CAMHS – during initial professionals' info is required re early history, i.e. birth mothers pregnancy and the child's developmental milestones - often there is no information available for our Children Young People in Care (CYPiC). Given presentation for attachment difficulties is the same as ASD, relevant history is vital if we are to correctly diagnose and subsequently treat.	Thank you for your comment. The need for a detailed history of the LACYP is outlined in recommendation 1.5.8. Thank you for your comment. The guideline refers to the NICE guideline on Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care.
The National Network of Designated Healthcare Professionals for Safeguarding Children, NHS England	Guideline	020	012	Comment. It is not clear if this is the Initial Health Assessment, clarity needed	Thank you for your comment. This refers to the Initial Health assessment.

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The National Network of Designated Healthcare Professionals for Safeguarding Children, NHS England	Guideline	020	017	Comment. Should leaving care health summaries (LCHS) be included here?	Thank you for your comment. This issue is covered in Section 1.8 of the guideline.
The National Network of Designated Healthcare Professionals for Safeguarding Children, NHS England	Guideline	021	003	Comment. All health assessments should be tailored to meet the needs of the child	Thank you for your comment. We agree and this is outlined in statutory guidance.
The National Network of Designated Healthcare Professionals for Safeguarding Children, NHS England	Guideline	021	021	Should consideration be given for a speech and language screening to be part of an IHA	Thank you for your comment. What is covered in the initial health assessment is covered by statutory guidance and is outside the scope of this update.
The National Network of Designated Healthcare	Guideline	021	024	It says looked-after person should this read looked-after child or young person	Thank you, this has been corrected.

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Professionals for Safeguarding Children, NHS England					
The National Network of Designated Healthcare Professionals for Safeguarding Children, NHS England	Guideline	021	026	It is not clear who would need to undertake the audit / provider or CCG	Thank you for your comment. The committee also considered the problem of actions in the health plan not being followed up or completed (either within a reasonable timeframe or at all). Based on this evidence and their own experience, they agreed it was important that the completion of actions in the health plan be reviewed to ensure the agreed service has been provided. This would need multidisciplinary input because some actions may be undertaken by other agencies.
The National Network of Designated Healthcare Professionals for Safeguarding Children, NHS England	Guideline	022	001	Guideline Mental health guidance is limited in view of the evidence to support an increased incidence of mental health.	Thank you for your comment.
The National Network of Designated Healthcare Professionals for Safeguarding	Guideline	025	002	Comment Strengths and difficulties questionnaire?	Thank you for your comment. The use of SDQs is statutory and is therefore beyond the scope of this guideline update.

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Children, NHS England					
The National Network of Designated Healthcare Professionals for Safeguarding Children, NHS England	Guideline	029	018	It is not clear if this is the Children Young People in Care review meeting, we are not sure if this is an additional meeting, needs clarifying	Thank you for your comment. This recommendation has been clarified to state that the review meetings are merged.
The National Network of Designated Healthcare Professionals for Safeguarding Children, NHS England	Guideline	030	018	Comment. There is no mention of the EHCP plan and if this works in harmony with the RHA process	Thank you for your comment and feedback. The EHCP is discussed in recommendation 1.6.7.
The National Network of Designated Healthcare Professionals for Safeguarding Children, NHS England	Guideline	034	010	Health passports	Thank you for your comment. The committee discussed this issue and added an extra recommendation: 1.2.25 Provide the new carer with health information in good time before the new placement starts (for example, the health plan recommendations, any new health concerns, health contacts and upcoming health appointments).

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The National Network of Designated Healthcare Professionals for Safeguarding Children, NHS England	Guideline	036	003	Health passports and red books	Thank you for your comment. The committee discussed this issue and added an extra recommendation: 1.2.25 Provide the new carer with health information in good time before the new placement starts (for example, the health plan recommendations, any new health concerns, health contacts and upcoming health appointments).
The National Network of Designated Healthcare Professionals for Safeguarding Children, NHS England	Guideline	038	004	Sexual health	Thank you for your comment. This has been added to recommendation 1.8.4.
The National Network of Designated Healthcare Professionals for Safeguarding Children, NHS England	Guideline	039	004	Comment. Inclusion of LCHS?	Thank you for your comment.
The Rees Centre for Research in Fostering and	Guideline	General	General	The NICE method for evidence review though robust for some circumstances, may not be suited to the social sciences. Much high quality research has been disregarded due to the selection criteria/method of	Thank you for the referenced material. The scope of this guideline update was to look at the effectiveness of interventions delivered specifically to looked after children and young people and excluded interventions

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Education (University of Oxford)				review, and then comparably weaker evidence from the individual committee members has been given weight above published and peer-reviewed research evidence. This methodology has led to some glaring omissions. These include the growing evidence base about the reasons why care leavers are under-represented in further and higher education and their subsequent experiences (see comment 74). There is also no mention of the recent DFE funded Children's Social Care Innovation Programme, which included 57 project evaluations. The overall evaluation of the first phase of this programme suggested that the most important factors contributing to better outcomes included: · family-focused, strengths-based practice (focusing on the positives) that builds families and/or young people's capacity to address their own problems · direct social work contact with families and young people that is flexible and reflective · multi-professional teams, undertaking assessment and reviews of individual cases · consistent support to parents and foster carers through one main link person and for young people, key worker support which is young person-centred · genuinely enabling young people to take responsibility for the services they receive.	to prevent children and young people entering care or on the edge of care. We also concentrated our searches on published peer reviewed journal articles identified using a mix of bibliographic databases and websites. Although, in many cases, uncontrolled studies were excluded from quantitative evidence reviews more weight was leant to lower quality evidence that was based in the UK, particularly where RCT evidence was not available. We have looked at the Children's Social Care Innovation Programme and the aim was to test and share effective ways of supporting vulnerable children and young people who need help from children's social care services. With many of the studies you have cited here there seems to be an additional problem in that the evaluations focus on children in need as a whole, or children on the edge of care. For example, the Family Safeguarding Hertfordshire project aims to reduce the number of children entering care in the first place, which is beyond the scope of this guideline. We will pass this referenced material to the NICE surveillance team which monitors guidelines to ensure that they are up to date, for future consideration.

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				Family Safeguarding Hertfordshire (FSH) provides an example of one of the projects in this programme where the evaluation included a control group. This is a whole-system reform of Children's Services which aims to improve the quality of work undertaken with families, and thereby outcomes for children and parents. It brings together a partnership including the police, health (including mental health), probation and substance misuse services and involves motivational interviewing, a communication style developed to support behaviour change and reducing caseloads. The evaluation included analysis of data on service use and outcomes for 940 families allocated in FSH for the 12 months with a comparison group. There were indications of better outcomes for families, e.g. in their achievement of goals, reduced levels of anxiety or depression and improvements in self-reported quality of life. Furthermore, a small reduction occurred in the proportion of families with a child entering care, from 12% to 10% and the number of days children spent in care, more than halved, from 20.5 days per family pre-FSH to 9.8 days post-FSH. The estimated cost savings to Children's Services from reduced care and child protection allocations in the first 12 months were £2.6 million.	

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The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	General	General	Although the draft Guideline acknowledges that a high proportion of looked after children have experienced abuse and neglect it does not explicitly link these experiences to their subsequent emotional and behavioural difficulties. While we welcome specific mention of the needs of unaccompanied asylum-seeking children, it is important to note that many other children in care also have attachment and trauma-related issues. The trauma informed approaches that are mentioned throughout are a positive consideration, but looked after children experience a wider range of often complex mental health issues than is acknowledged by the draft Guideline (Hilller R., Meiseer-Stedman R., Elliott E et al, 2020; Woolgar, M & Scott, S 2014). These include a number of diagnosable SEND issues, e.g. ADHD, ASD, FAS, PTSD. Often diagnosis can open up treatment and support options that would otherwise not be available for looked after children and without this support potential progress towards positive outcomes could be impeded. Insufficient mental health support and barriers to accessing CAMHS (e.g. substance misuse, short term-placements) need to be addressed if outcomes for looked after children are to improve.	Thank you for this comment. The committee have reviewed the groups that you have specified in your comment. The committee recognise that there exists already several pieces of NICE guidance that can be referred to here. For example – the Attention deficit hyperactivity disorder: diagnosis and management guideline (NG87), the Autism spectrum disorder in under 19s: recognition, referral and diagnosis guideline (CG128), the Post-traumatic stress disorder guideline (NG116), and the guideline on Learning disabilities and behaviour that challenges (NG93), cover diagnosis, service delivery, and management of these conditions with all giving special consideration to looked-after children. We have now cross-referred to these pieces of guidance in the Looked-after children guideline. In addition, the committee considered whether we had said enough about FASD. NICE are currently developing a quality standard on Fetal alcohol spectrum disorder. Further details can be found here. The committee felt this was sufficiently covered by ensuring that birth parent health records and the parental health questionnaire is completed in time for the initial health assessment – see recommendation 1.5.5.

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				Hillller R., Meiseer-Stedman R., Elliott E et al , 2020) A longitudinal study of cognitive predictors of (complex) post-traumatic stress in young people in out-of-home care. *JCCP*, 62(1) pp48-57. Woolgar, M & Scott, S 2014, 'The negative consequences of over-diagnosing attachment disorders in adopted children: the importance of comprehensive formulations', *Clinical Child Psychology and Psychiatry*, vol. 19, no. 3, pp. 355-366.	
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	General	General	In answer to your specific questions, it is difficult to judge which areas will have the biggest impact on practice. The guideline does not address any of the structural issues, such as reducing the number of authority-led placement changes, or changing systems that require children to move from one social worker to another, that need to be confronted to improve outcomes. We also think that much more significant changes would need to be made to the nature and quality of life story work if it were to have greater therapeutic value. While much could be gained by extending the role of contact supervisors to encompass therapeutic work with families, at present it is our understanding that most supervisors lack the basic qualifications necessary for this role. Appointing clinical psychologists to work in this way with children and birth parents might be a valuable move forward – and if effective their interventions might reduce the number of	Thank you for your comment. Structural changes in relation to service delivery was beyond the scope of this guideline. The recommendations particularly in sections 1.2 and 1.3 on positive relationships and supporting carers were ultimately aimed at supporting placement stability. We also have recommendations 1.2.14 to 1.2.17 which are aimed at reducing social worker turnover and changes. The committee agreed that the nature and quality of life story work needed to be improved and standardised, which is why there was an extensive section on this topic within the guidance (1.5.22 to 1.5.33). Resource constraints suggest that it would not be possible to include clinical psychologists for contact arrangements the committee preferred that contact supervisors (who are already in professional positions to help with contact) should be better trained to provide support.

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				failed reunifications, but this is not recommended by the draft Guideline.	
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	General	General	Many recommendations lack specificity, and others need to be stronger – we think it is unwise to suggest that the subjects of the guideline should be advised to 'think about' rather than to undertake various actions. There also needs to be more cross-referencing: this is necessary to underline the importance of creating a more joined-up system for supporting looked after children in which professionals work together.	Thank you for your comment. Four new cross-references have been added to the guideline, including NICE guidelines on Attention deficit hyperactivity disorder: diagnosis and management guideline (NG87), the Autism spectrum disorder in under 19s: recognition, referral and diagnosis guideline (CG128), the Post-traumatic stress, NG116), and the guideline on Learning disabilities and behaviour that challenges (NG93), cover diagnosis, service delivery, and management of these conditions with all giving special consideration to looked-after children. The weakness of this wording reflects the fact that several recommendations were made based on committee consensus rather than drawing directly from evidence.
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	001	006	Box on page one, last bullet point: We welcome the inclusion of birth parents	Thank you for your feedback.
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	005	007	Rather than "still live with birth parents" we suggest a more accurate terminology would be "placed with parents". It may be that these parents are not birth parents (could be adoptive parents), and children are still placed by the local authority (LA) when these placement types are used for children looked after.	Thank you, this has been corrected.

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The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	005	008 - 011	We recognise that the purpose of this section is to highlight that looked after children are a population with needs who may require additional support; however, we feel it is important to note that research has shown that the longer children with such needs remain in care the better they start to do in these areas. Research also shows children in care do better than abused and neglected children who remain or return to birth families who have been unable to overcome problems that place them at risk of significant harm. See : Sebba, J., Berridge, D., Luke, N., Fletcher, J., Bell, K., Strand, S., Thomas, S., Sinclair, I., & O'Higgins, A. (2015). *The educational progress of looked after children in England*. Oxford: Rees Centre/Bristol: University of Bristol. Berridge, D., Luke, N., Sebba, J., Strand, S., Cartwright, M., Staples, E., McGrath-Lone, L., Ward, J., & O'Higgins, A. (2020). *Children in need and children in care: Educational attainment and progress.* Bristol: University of Bristol/Oxford: The Rees Centre. Wade, J., Biehal, N., Farrelly, N. & Sinclair, I. (2011*). Caring for abused and neglected children: Making the right decisions for reunification or long-term care.* London: Jessica Kingsley Publishers. Brown, R., Ward, H., Blackmore, J., Thomas, C. & Hyde-Dryden, G. (2016). *Eight-year-olds identified in infancy as at risk of harm: Report of a prospective*	Thank you, an additional passage has been added to the context section "It should be highlighted that, despite the gap in health and educational outcomes between looked-after children and young people and the general population outlined above, research suggests that the longer children with additional needs remain in care the better they can improve in these areas."

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				longitudinal study. RR543. London: Department for Education.	
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	005	011	The prevalence of mental health issues among the looked after children population is an important issue to highlight and we welcome this inclusion. We also feel it is important to add that this is to be expected within a population where over 60% are looked after in response to evidence of abuse and neglect. Adequate services should be available to support this high-need population.	Thank you, two additional passages have been added: "The physical, emotional and mental health for some looked-after children and young people will have been compromised by neglect or abuse." And "Professionals and services involved with the child need to work collaboratively to assess and review the child's needs and how these can best be met."
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	005	018	We recognise that the purpose of this section is to highlight that looked after children are a population with educational needs who may require additional support; however, we feel it is important to note that research has shown that the longer children with such needs remain in care the better they start to do in education outcomes. Research also shows children in care do better than abused and neglected children who remain or return to birth families who have been unable to overcome problems that place them at risk of significant harm.	Thank you, an additional passage has been added to the context section "It should be highlighted that, despite the gap in health and educational outcomes between looked-after children and young people and the general population outlined above, research suggests that the longer children with additional needs remain in care the better they can improve in these areas."
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	005	028	Identifying that the education of looked after children is supported with additional funding by way of the pupil premium grant is useful, as it highlights the availability of funding to improve educational outcomes, however, the phrasing here is a little misleading. It currently suggests the children receive the money from the grant, however (as indicated later in the guidance) the local authority virtual school designates this grant for looked after children and decides how much goes directly to	Thank you, the passage has been amended.

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				schools. We suggest it might say something like: "Virtual schools oversee the pupil premium grant which is used by them, or designated to schools, to support looked after children's education."	
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	006	001	The phrasing here should indicate that once a child enters care the most appropriate available placement should be sought. Most looked after children in England are placed in family home based care, but for some, residential settings are most appropriate at the point they enter care, perhaps due to age, needs, or preferences.	Thank you for your comment. For the context section we did not want to make recommendations but rather to provide sufficient background to understand the current areas of greatest need in the care system.
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	006	004	The majority of children who leave care are reunited with their birth families. While adoption is a valuable and beneficial route to permanence for some children, it is only appropriate for a small proportion of the care population. Supporting successful reunification where appropriate is important and necessary.	Thank you, additional detail has been added to make clear that the majority of looked after children leaving care, return to live with their birth parents.
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	006	022	The Children Act 1989 provides the primary legal framework that defines how and when the state should intervene in family life. It should be referenced here.	Thank you, a cross-reference and hyperlink has been added.
The Rees Centre for Research in Fostering and Education	Guideline	007	008 - 011	Children who are accommodated by the LA under the Children Act 1989, section 20 should be included here.	Thank you for your comment. These groups are included within the scope of this guideline.

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The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	007	014	We think it unfortunate that the guidelines do not include children who are reunified with birth parents, two thirds of whom return to care within five years. Proper family support and intervention is required for successful and sustained reunification. This also emphasises the need to recognise that early decision making is better for children and some children cannot return home.	Thank you for your comment. The care of previously looked-after children such as those who have been adopted out of care or been reunified with birth parents, was out of scope for this guideline. However, section 1.7 covers transition between care placements and to permanent placements. This section includes several recommendations directed towards ensuring that birth parents receive the health and therapeutic support that they need to achieve a successful reunification long term. In addition, the committee recommended tailored training and support for birth parents through family support teams.
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	008	006 - 011	Rec 1.1.1 We welcome the consideration of children and young people's diversity needs early in the guidance. It would be useful to list the most common minority ethnic groups for looked after children, many of whom are of mixed ethnicity. We encourage NICE to extend this recommendation with a practical suggestion about how to ensure the cultural, gender and sexuality needs of looked after children are met.	Thank you for your comment. This recommendation has been amended to include other diversity groups.
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	009	009	Rec 1.2.1 Again we welcome the emphasis on building positive relationships, and its early mention in the guidelines. Supporting continuity of relationships is fundamental. Numerous studies show how frequent changes of placements, social workers, and schools and disrupted friendship networks have negative impacts on looked after children. We think that "continuity of relationships" should be moved higher up the list.	Thank you for your positive feedback.

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The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	009	010	At line 10 we suggest that rather than "shared" decision making, this should say "involved" decision making, see Article 12-13 of the UNCRC.	Thank you for your comment. The committee agreed to use the term shared decision making. A definition of shared decision making has been added to the guideline. This has been taken from the NICE guideline on Shared decision making. This guideline covers how to make shared decision making part of everyday care in all healthcare settings.
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	009	016	Rec 1.2.2 We believe children should be able to enjoy healthy, positive relationships with their birth siblings even when not placed with them in their placements, and other children with whom they do live. However, the evidence of "interventions" to promote or support sibling relationships is limited, and almost nothing has been tested in the UK.	Thank you for your comment and useful feedback.
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	009	020	Rec 1.2.2 We welcome this direction to consider the safeguarding needs of the children involved and their preferences in assessing what is appropriate in terms of sibling contact. We suggest that rather than "take into account" the phrasing should be stronger, e.g. "improve the assessment of safeguarding issues…"	Thank you for your comment. The committee considered your feedback but there was not enough evidence to recommend improving the assessment of safeguarding issues.
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	009	027	Rec 1.2.3 Outings and shared activities arguably should feature in standard contact opportunities between birth siblings who are placed apart, and especially as part of family life in home-based placements, or group activities for those in residential settings, rather than used as incentives. It is well known that good behaviour should receive instant feedback to promote repetition, i.e. more of the same good cooperative behaviour. We are concerned there is a	Thank you for your comment. This recommendation (1.2.4) has been amended to provide greater clarity. For example, to **encourage** prosocial behaviour.

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				danger that this recommendation might be interpreted to suggest to social workers, residential workers, and carers that family outings or group activities should only be enjoyed as a reward for the looked after child's good behaviour, rather than as a normative expectation.	
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	010	003	Rec 1.2.5 This is a welcome recommendation, and we suggest should appear earlier in this section on promoting positive sibling relationships.	Thank you for your positive feedback.
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	010	006	Relationships with birth family: this section currently presents a limited scope of what should be considered when promoting positive relationships with birth family. Currently, there is very little consideration of the looked after child's wishes or needs during these opportunities to meet with their birth family. In addition there is no consideration of the role of children's services staff in supporting families to attend contact centres. For example ongoing research at the Rees Centre suggests that contact between birth parents and children should be offered outside of typical working hours, and certainly weekend opportunities offered. This is not currently happening in every LA area. For birth parents who are employed, or are required to travel for work, or may have additional health needs that prevent travel to contact centres between 9am-5pm Mon-Fri, it can be extremely difficult to fully	Thank you for your comment. The committee has considered your feedback and has added an extra recommendation (1.2.7) regarding respecting the wishes of looked-after children and young people about contact arrangements (where and who with) and take them into account when making plans.

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				engage in contact. The same could be said for carers of the looked after children, there may be challenges to supporting family contact in normal office hours. Flexibility in the arrangements for contact should be recommended. We also suggest that contact should facilitate meetings between current carers and birth parents. This could then be an opportunity to establish and build-up positive relationships between the two households, especially in the case of infants in care, where contacts are usually facilitated at a contact centre. Safeguarding and an appropriateness assessment involving carers might be necessary, as this may not be suitable for all looked after children and carers, for example it can be difficult for those who are connected carers (typically extended family members) who care for the children of their relatives. Further to this, we also know from research that children and young people want to be involved in decisions about who they have contact with, and need to have a clear explanation of any reason (e.g. risk) they are unable to have contact with family members.	
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	010	010	Rec 1.2.6 Consistency of contact supervisor is a welcome recommendation. We also suggest this person should be well qualified and in a role that experiences less turnover in order to achieve this goal of consistency.	Thank you for your positive comment. Recommendation 1.2.9 also outlines the training that contact supervisors should receive.

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The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	010	013	Rec 1.2.7 We agree with the recommendation that contact supervisors should be fully informed about trauma experiences and able to recognise signs of distress in children and babies. They should also be trained how to end a contact session early if that is required for the well-being of the looked after child or baby.	Thank you for your positive comment.
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	010	018	Rec 1.2.7 The feedback to birth parents is likely to be valuable, especially when reunification is part of the plan, or the looked after child is a baby. We also think that the timing of the feedback is important, and should be assessed on individual needs. Some parents may be too stressed or distressed at the end of a contact session to take on feedback. Others will want to receive the information at the end of the session. This process should be given proper attention and time given to social care staff to deliver this feedback successfully.	Thank you for your positive feedback.
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	011	004	Rec 1.2.10 we suggest emphasising here that age appropriate use as per the terms and conditions of the social media application should be adhered to. Most available applications have age restrictions that social care staff should support children and families to adhere to. Research has also shown that digital contact is not suitable for all children or parents, and should be used to supplement rather than replace face to face contact for most children. https://www.nuffieldfjo.org.uk/wp-content/uploads/2021/05/contact-six-key-messages-nuffieldfjo.pdf	Thank you for your comment and for highlighting this research. Recommendation 1.2.12 outlines that safeguarding plans should also take account of the possibility of ongoing unmonitored online contact and ensure that the time spent in digital or social media contact and the content of these interactions is appropriate.

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The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	011	008	Rec 1.2.11 Supporting continuity of relationships is fundamental. Numerous studies show how frequent changes of placements, social workers, and schools and disrupted friendship networks have negative impacts of looked after children. There are also systemic reasons why social workers change so frequently and these should be addressed. At present families, and looked after children are passed from team to team as the go through assessment and intervention processes. Some social worker changes could be prevented by supporting one social worker to carry the case through assessment, initial placement and longer term care planning. Children with high levels of need should be identified early and a long term social worker should work with them throughout their engagement with children's social care. We also suggest adding that social workers' caseloads, and differential allocation within the team are further factors influencing staff burn-out and turnover.	Thank you for your comment. In the guideline the committee highlighted that – 'social workers on the committee commented on the increase in workload, lack of funding, and an upwards trend in the number of looked-after children and young people'. **'**Turnover of social workers was frequently as a result of workload, burnout, or the need to change work for career progression'.
The Rees Centre for Research in Fostering and Education	Guideline	011	014	Rec 1.2.11 we welcome the recognition of training to allow social workers to become trauma informed. We also think relevant to social worker turnover is the risk of secondary trauma. Perhaps at line 9-10 in this recommendation this could be highlighted in the role of supervision.	Thank you for your comment. The committee discussed this issue but did not find evidence to support adding secondary trauma.

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The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	011	025	Rec 1.2.14 This is a very important recommendation. We suggest taking out " If possible", so it reads "Social workers should…".	Thank you for your comment. The committee discussed this issue but did not think this amendment could be made. The committee felt that it may not always be possible for emotional support to be provided by a practitioner they have an existing relationship with.
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	012	008	Rec 1.2.16 Another important recommendation. We suggest that NICE extend this recommendation and emphasise that normal peer friendships should be supported by carers and children's services staff. For example, allowing friends to visit the looked after child for a meal after school, or 'play-date' and allowing the child to make short visits to friends' houses for a meal or social time. It should be emphasised as well that all unnecessary barriers to support continuing friendships should be removed, for example that doing background or police checks on friends or friends' family members should not be a prerequisite to allowing peers to have social time in normal friendships interactions. Supporting and maintaining friendships is particularly important for these young people who frequently experience loneliness on leaving care, with negative mpacts on mental health and well-being. It would also be valuable for this guidance to indicate the specific situation children in residential placements find themselves when a friend moves away to a new	Thank you for your comment. This issue was considered by the committee and an extra recommendation has now been added. Recommendation 1.2.19 - To support overnight stays with friends, ensure that safeguarding checks are completed in good time so as not to cause a barrier to relationships.

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				placement. One of our studies found that young people in residential care are sometimes prevented from knowing about their friends' whereabouts: because of data protection regulations, this information cannot be shared. Recommending ways of removing this barrier would be a valuable addition to the NICE guidance on supporting looked after children to maintain friendships.	
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	012	011	Placement Stability section. This section gives the impression that placement breakdowns are the major cause of instability on the care system. However planned transitions that are embedded in the case management process, are the most common reason for instability, accounting for 43% of all moves (Ward, 2009). It would be valuable to recommend that LAs monitor the reasons for placement changes (made possible by SSDA903 looked after children statutory return data items) and identify how these planned moves can be reduced. (see Ward, H. (2009) 'Patterns of instability: moves within the English care system: their reasons, contexts and consequences', *Child and Youth Services Review, 31, pp 1113-1118*	Thank you for your comment. The committee discussed this issue but did not think they had supportive evidence within the case management process to make this suggested recommendation. Thank you also for highlighting this research.
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	012	012	Rec 1.2.17 Extra support for looked after children is a welcome suggestion. Careful consideration should be made about how children would access these services, especially younger children. It should also be made clear for the staff who work on these helplines what decision making power they might have, or what ability they might have to physically visit the child with an	Thank you for your positive comment. The committee agreed that out-of-hours support should be available for looked-after children and young people. However, they recognised that employing an on-call social worker may need substantial changes to contracts or expense to already stretched social care budgets. So they agreed that other options might be used to fill this gap. In

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				urgent problem. It would also be valuable to express what is intended by the term out-of-hours, for example does that include weekends, is it 24 hours?	addition, identifying people at 'higher risk' for presenting out of hours could help with planning out-of-hours service provision.
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	012	016	Rec 1.2.18 Transparency between carer and looked after child is a valuable suggestion to support positive relationships. We suggest adding here that these discussions should be done in a trauma-informed and individualised way. Also, where placements are at risk of breakdown this should be handled sensitively; many looked after children will have experienced rejection and relationship breakdowns in the past.	Thank you for your comment. The committee did not consider that these suggested changes needed to be made to the recommendation. However, the following was also added to the recommendation: • Use ongoing life story work to help them process changes in placement
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	012	023	Rec 1.2.19 We welcome the recommendation that looked after children are informed about the reasons for a placement change. This should be prioritised in the placement change process. Research shows that looked after children say they are frequently moved abruptly, with no warning, and this can be done during other periods of high stress for example, during examination periods.	Thank you for your positive comment and feedback.
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	013	002	Rec 1.2.20 MTFC is no longer called Mulitdimensional treatment foster care, but termed TFCO (Treatment Foster Care Oregon). The report by Ford et al. (2007) on children in Great Britain is widely cited for its comparison of the prevalence of psychiatric disorders between looked after children and their peers. Notably, behavioural disorders were not only included in this study, but were the most prevalent form of disorder found for looked after children. NICE's own guideline on antisocial behaviour and conduct disorders in children and young	Thank you for your comment. This has been clarified in the guideline. The committee discussed this issue but did not think that further amendments were needed as this approach is still commonly known by the field as Mulitdimensional treatment foster care. Furthermore, this is how it is referenced in the evidence.

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				people (CG158) also discusses these as part of the group of mental and behavioural disorders, and notes that they are the most common reason for referral to CAMHS. We therefore suggest that the section on 'serious behavioural problems' (1.2.20) belongs in section 5, under the heading 'mental health and child and adolescent mental health services'.	
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	013	005	Rec 1.2.21 We agree that mention of attachment difficulties should be included in this guidance and signposting to existing NICE guidelines is helpful. We would also like to see this recommendation extended slightly to make it explicit that this recommendation does not only apply to those children with a diagnosed attachment disorder: these are relatively rare. General relationship and attachment difficulties are more common, but we think some people using this guidance might misinterpret this to apply only to those with a diagnosis.	Thank you for your comment.
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	013	011	Supporting and involving carers section. Carers are not a homogenous group, those who hold SGOs or are connected carers have different needs to foster carers who offer home-based care for looked after children. In order to support this sub-group of carers we suggest specific social workers, who are trained in how to support the specific needs of SGO and connected carers, have a significant role to play in supporting placement stability for looked after children in these placement types.	Thank you for your comment. The committee discussed this issue but did not think they had the evidence to support the suggested statement.
The Rees Centre for Research in	Guideline	013	013	Rec 1.3.1 We welcome the recommendation that carers should be involved in the decision making, but think this can be extended in the latter part of the sentence to	Thank you for your comment. The committee discussed this issue but did not think they had the evidence to support the suggested statement.

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Fostering and Education (University of Oxford)				state that they are not only "informed" about the care plan, but "involved" in the care plan. We suggest that looked after children's care plans should not be finalised without carers' direct involvement.	
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	014	006 - 009	Rec 1.3.4-1.3.5 Currently it appears these recommendations contradict each other. We suggest these points need to be revised so they complement one another.	Thank you for your comment. The committee have looked again at these recommendations and feel that they do not contradict each other.
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	015	010	Rec 1.3.12 Training specific to carers who support parent and child placements is essential, and should be included in this recommendation. We would also like to see training for carers around preventing burn-out.	Thank you for your comment. An addition has been made to recommendation 1.3.13 - Provide a schedule of mandatory training for carers, excluding birth parents. Ensure that this training covers: • Self-care for carers, preventing burn-out, and coping with placements ending.
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	016	001 - 003	Rec 1.3.13 Providing support to birth parents for reunification is a welcome suggestion. We would like to see this extended to include a reference to an adequate timeframe in which families should be supported. This work with families should already be in place at the point the child enters care (most children entering care do so from being a Child in Need or on a Child protection Plan and are known to social care), or begin at the point of entry to care, rather than delayed until the actual transition is being planned.	Thank you for your positive comment.
The Rees Centre for Research in	Guideline	016	004	Rec 1.3.14 Remove "Think about" at the lead of this recommendation.	Thank you for your comment. This recommendation has been amended to 'Provide tailored training…..'

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Fostering and Education (University of Oxford)					
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	016	008	Rec 1.3.15 Remove "Think about" at the lead of this recommendation.	Thank you for your comment. This recommendation has been amended to 'Provide tailored training…..'
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	021	024	Rec 1.5.10: How will it be determined that a looked after child has begun to form a relationship with their carer? We also wonder what this assessment would look like. Would it only look for clinical-level issues? Would it look for factors predicting mental health issues, e.g. loneliness? It is crucial that this assessment gathers information from a range of perspectives and covers both the home and school context (both recommended in Luke et al., 2014 review for NSPCC) – this cross-context work needs to be recognised in the guidelines. There is a real lack of interventions that target the child's well-being in both contexts, or that bring carers and school staff together outside of the PEP process. Luke, N., Sinclair, I., Woolgar, M., & Sebba, J. (2014). *What works in preventing and treating poor mental*	Thank you for your comment. The committee discussed this issue but felt they did not have the supportive evidence to say how this is determined. Thank you for proving this reference.

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				health in looked after children? London: NSPCC/Oxford: Rees Centre.	
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	022	007	Rec 1.5.13 We welcome the recommendation of having tailored CAMHS services for the needs of looked after children. This should take into account the variety of needs that looked after children might display, including substance misuse. In addition access to CAMHS should not be prohibited due to the nature of the child's care status or short-term placements. We suggest CAMHS should up-skill dedicated clinicians who are trained to support the specific needs of looked after children.	Thank you for your positive comment. The committee considered stakeholder feedback and some amendments have been made to the recommendations. For example: 1.5.18 Offer a range of dedicated CAMHS that are tailored to the needs of looked-after children and young people – **for example, making them more trauma informed and relationship based.**
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	023	006	Rec 1.5.16 Regular time for life story work is a welcome recommendation. Ongoing research at the Rees Centre suggests social workers are often not given enough time in their working hours to prioritise this work. Nor do they support foster carers to complete the life story work. In research that captured the views of adoptive parents on the life story work they were given at the time of placement or adoption order, over third reported this work was inadequately completed. At times the child's name was misspelt, the wrong gender pronoun used, information that was wrong about the child, and in some cases there were no photographs, only the use of clip art to add images with the text.	Thank you for your positive comments and for highlighting your research findings. Recommendations1.5.22 – 1.5.33 outline detailed recommendations on how to carry out life story work.

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				It seems sensible to suggest the use of technology be involved in the creation of these works, with additional physical pieces of art or things the looked after child has chosen to include being stored appropriately. Some children may want to be supported to add their own items outside of dedicated meetings. This should be facilitated by carers and social workers where applicable. There are many freely available online resources which could be useful to support this work. The link here relates to adopted children, but many of the concepts and approaches can be used for those who remain in care, e.g., https://firststeps.first4adoption.org.uk/exercises/life-story-work	
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	025	006	Rec 1.5.27 We feel that the recommendation about looked after children's need for physical touch is crucial to support healthy child development. We would like NICE to strengthen this recommendation by mentioning how critical this is for children's physical, emotional, and cognitive development. Ongoing research at the Rees Centre indicates there is still poor advice being given to carers from some LAs to limit, withhold or avoid closeness and physical touch with their looked after children and babies. E.g. not assisting young children with bathing, not cuddling babies, and not sitting close to nor allowing sitting on laps for paired reading. There are cross overs here with the comment elsewhere in the guidance that carers should bring up looked after children 'as their own'.	Thank you for your positive comment. The committee considered your feedback and made the following addition to recommendation 1.5.35: 1.5.35 When making safer caring plans, think about a looked-after child or young person's need for: • Physical touch and affection as a part of a healthy relationship with male and female primary carers. Take into account any adverse childhood experiences. • Play, **particularly for babies and young children.**

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The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	026	005	Learning and Education section. This section should reflect the fact that much of the attainment gap is explained by other forms of disadvantage (including SEND, early socio-economic status; Berridge et al., 2020) – so interventions designed to work for these forms of disadvantage in the general population should also be used with looked after children. There might then be a need for additional interventions/approaches to support the specific needs of this group, such as improving stability in placements and schools, and reducing the use of both permanent and fixed term exclusions for looked after children. Berridge, D., Luke, N., Sebba, J., Strand, S., Cartwright, M., Staples, E., McGrath-Lone, L., Ward, J., & O'Higgins, A. (2020). *Children in need and children in care: Educational attainment and progress.* Bristol: University of Bristol/Oxford: The Rees Centre.	Thank you for your comment and for highlighting these research findings. The committee discussed this issue but did not think that further amendments were needed. The evidence base considered by the committee only examined interventions specifically for LACYP and not those with other forms of disadvantage. They therefore did not have the evidence to state that interventions designed to work for those with other forms of disadvantage would be appropriate for LACYP.
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	026	011 - 022	Rec 1.6.2 There is no specific recognition that childhood trauma and associated mental health issues impact on transitions – e.g. due to heightened feeling of separation and the breaking of trusted relationships.	Thank you for your comment. The committee discussed this issue, and an addition was made to recommendation 1.6.7: 1.6.7 The designated teacher should: • **refer for specialist support, for example educational psychology, when needed and be aware of the impact of trauma on learning and behaviour**

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The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	027	004 - 005	Rec 1.6.3 This could be enhanced if the emotional and psychological impact of trauma was reflected as a core area to consider, along with looked after children's physical needs. The example given only covers physical, not mental, health.	Thank you for your comment.. The committee discussed this issue and an addition has been made to recommendation 1.6.7: • refer for specialist support, for example educational psychology, when needed **and be aware of the impact of trauma on learning and behaviour**
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	027	009	Rec 1.6.4 It would be useful to include in this guidance the value of virtual schools pooling Pupil Premium funding across children and across schools to provide more strategic approaches. From current research projects we know that some LA virtual schools do this, but not all of them.	Thank you for your comment. The committee discussed this issue but felt they did not have the supportive evidence to include this in the guideline.
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	027	011 - 012	Rec 1.6.5 Support in schools section has only one reference to trauma-informed approaches. We appreciate there is other guidance from NICE (2015) about supporting attachment issues in schools. Perhaps this can be signposted in this section. We do recommend the inclusion of examples of what these trauma informed practices and policies for schools might look like or could include. For example, the use of 'calm down' spaces to enable children to self-regulate, or co-regulate, their emotions and the abandonment of shame-based sanctions in favour of restorative approaches e.g. reward charts that only see children moving up the scale, never down. It would also be useful to make mention of the resources available for schools through the Attachment Research Community.	Thank you for your comment. The guideline cross refers to the NICE guideline on children's attachment. We are unable to provide examples of good practice in a NICE guideline however NICE has a shared learning database. Our shared learning examples show how NICE guidance and standards have been put into practice by a range of health, local government and social care organisations.

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				It is problematic to suggests that trauma-informed training can be integrated into general behaviour management policies. Ongoing research at the Rees Centre suggests that a substantial training intervention (in the order of a whole day, with refreshers) is needed to cover the ground adequately around trauma informed and attachment aware approaches. Secondly, trauma-informed practice should be conceptualised as significantly wider than behaviour management alone and should also engage with issues of pedagogy, well-being and the school environment. We would recommend that additional points are added here to emphasise the benefits of whole school staff training in trauma-informed practice. This reaches beyond only developing the skills of the designated teachers for looked after children in schools, and will be more likely to impact on the practice of the teachers and support staff who actually work with the looked after children throughout the school day. Our 2020 report (Berridge et al.) has a number of recommendations for improving educational outcomes for looked after children (and children in need), including the need for flexible, inclusive and understanding schools – not just the Designated Teacher but across teaching staff. Berridge, D., Luke, N., Sebba, J., Strand, S., Cartwright, M., Staples, E., McGrath-Lone, L., Ward, J., & O'Higgins, A. (2020). Children in need and children in	The committee considered your feedback and felt that further amendments were not required to the existing recommendations: 1.6.5 Schools should ensure that behavioural management policies reflect trauma-informed practices and cover attachment issues. 1.6.7 The designated teacher should: • refer for specialist support, for example educational psychology, when needed and **be aware of the impact of trauma on learning and behaviour** Thank you to bring this research to our attention.

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				care: Educational attainment and progress. Bristol: University of Bristol/Oxford: The Rees Centre.	
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	027	016	Rec 1.6.7 would benefit from an additional bullet point along the lines of "work to ensure that young people are able to access the most appropriate and inspirational educational opportunities, especially post-16". (NB: the rationale here is that we know that many young people are 'filtered' into low-status courses, especially if they do not do well at GCSE.)	Thank you for your comment. This addition has been made to recommendation 1.6.7.
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	028	016	Rec 1.6.10 is important and would benefit from adding "in conjunction with the designated teacher" to follow on from the point above. This recommendation should also make reference to planning transitions into the labour market, including the provision of careers guidance.	Thank you for your comment. The committee discussed this issue but did not think that further amendments were needed. The recommendation outlines that this is the role of the virtual school special education needs coordinator.
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	029	006	Rec 1.6.12 is very important, but the educational psychology service (EPS) within the local authority is omitted – this is perhaps alluded to in the final bullet, but should be explicit. We know from ongoing research that the effective use and support of the EPS in LAs is mixed	Thank you for your comment. Education psychology is included in recommendation 1.6.7 under specialist support for designated teachers.
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	030	001	Improving educational outcomes section. This should be much stronger and reflect more evidence from published research in this area. The section seems only to draw on evidence from experimental intervention studies – i.e. it is looking for simplistic solutions without	Thank you for your comment and feedback. The committee discussed this issue but felt they did not have the supportive evidence from the evidence review I to strengthen this section in the guideline. Evidence review I looked at interventions to support learning needs rather than evidence for the underlying problems.

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				reviewing evidence for the underlying problems. Specifically: • There is no recognition of the key role of school moves and other educational disruption on education outcomes – e.g. Sebba et al., (2015), Berridge et al., (2020) and Stability index (Children's Commissioner Office). The recommendations should include the careful management of school moves to minimise disruption and make good any 'gaps' caused by unaligned curricula – e.g. a child doing geometry twice, but missing algebra because of the timings within the original and new school. • There is no recognition of the role of trauma in young people's ability to engage with education, either in terms of their ability to integrate effectively into the school community or in terms of the cognitive load of processing difficult past or ongoing experiences. This should be linked back to Recommendation 1.6.5. • There is no recognition that many young people in care are not in a position – through no fault of their own – to achieve to their potential at the defined assessment points,	

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				especially at 16. We know, for example, that around one-quarter are not even entered into GCSEs due to the challenges they face. The system needs to have an effective pathway for 'catch up' or 'second chance' education, premised on the understanding that young people in care may need more time to achieve positive outcomes. Berridge et al. (2020) also point out that focusing solely on looked after children without including other children with a social worker ignores the fact that 85% of looked after children had previously had a child in need or child protection plan – early interventions before a child reaches the threshold for entry to care are needed.	
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	030	004 - 005	Rec 1.6.15 We know that the evidence base on the effectiveness of tutoring for looked after children is fairly strong. Evidence for the effectiveness of paired reading with caregivers with this population is weaker.	Thank you for your comment and feedback on the evidence base.
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	030	008	Rec 1.6.16 It is unclear who will undertake these evaluations – the designated teacher, the virtual school, an independent evaluator or someone else. Can NICE recommend what appropriate evaluations in this area might look like?	Thank you for your comment. The committee therefore did not recommend a specific intervention but instead agreed, based on their own experience, that interventions for improving education in secondary-school-aged looked-after children are regularly evaluated, as part of the PEP.

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The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	031	005	Rec 1.6.20 This sentence is confusing and should be rephrased e.g. "Local authorities should agree and share a strategy for reducing the number of missed sessions of education among looked-after children and young people" Or "Local authorities should agree and share a strategy for reducing the number of looked-after children missing from education".	Thank you for your comment and feedback. Your suggested amendment has been made to the recommendation (1.6.21).
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	031	011 - 013	Rec 1.6.22 is useful to include, but we believe it could go further. Currently, it does not recognise some of the excellent recent practice in this space where virtual schools and universities are working in close partnership – e.g. West Yorkshire or Sussex. This recommendation could, therefore, be enhanced with some additional detail in the bullet points: Having a close working relationship with the nominated 'single point of contact' (SPOC) for care-experienced students in each university – a role analogous to the designated teacher. Most universities now offer additional support to students who had experience of care, but who do not meet the statutory definition of a 'care leaver' – the term 'care-experienced' is therefore now mainly used in higher education contexts. This recognises that young people who left care prior to 16 have many of the same challenges and disadvantages, but receive no support from their local authority. • Regular shared training between local authority and university staff to ensure each is up-to-date about pathways from care to higher education.	Thank you for your comment and feedback. The committee discussed this issue and extensive amendments have been made to the further and higher education recommendations in line with your feedback.

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				• Ensuring that virtual school staff, social workers and personal advisers are aware of the national Propel website which contains information about support offered to care-experienced students by different universities/colleges. • Provision of information to carers and staff in residential settings to ensure that they are fully aware of the opportunities for further and higher education. • Actively managed transitions into higher education with the SPOC, including financial support, disability support (including mental health), housing and academic needs. • Ensuring that the local authority is explicit about its 'local offer' for care leavers and that there is consistency and certainty for young people, including support with completing application forms and financial support forms through the personal adviser.	
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	031	012	Rec 1.6.22 The word 'aspire' here is very unhelpful and should be replaced with 'apply' or 'access' throughout the guidelines. It is now out-of-date to conceptualise young people in care as lacking aspirations, and is not supported by evidence – it is a framing that many young people find demoralising, harmful and stigmatising. Rather, the evidence is that their transitions into adulthood are shaped by structural	Thank you for your comment. The term 'aspire to' has been removed from the recommendation and replaced with 'access'.

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				challenges and the low expectations of the adults surrounding them, which young people internalise as a lack of positive futures available to them. In recent years – and in response to the evidence – the Office for Students (the regulator for higher education and corollary of Ofsted) has stopped referring to 'aspirations' with respect to disadvantaged students.	
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	032	004	Transition between care placements and to permanent placements section. We think it is important to emphasise in these placement transition sections that placement changes should be reduced whenever possible. We also consider the UAE model for transition to be relevant and should be mentioned in this section. https://www.movingtoadoption.co.uk/wp-content/uploads/2021/03/Moving-to-Adoption-implementation-guide-for-managers-2020-NEW.pdf	Thank you for your comment and feedback. The committee discussed this issue but felt they did not have the supportive evidence to suggest placement change reduction in the guideline. Thank you for highlighting this research. However, this work did not meet the criteria for inclusion in our evidence review L.
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	033	002	Rec 1.7.3 we would advise against providing any indicative timeframe for this sort of contact with previous carers. Many looked after children would wish to meet with their previous carer sooner than 6 months. We argue that this is a healthy part of normal relationships, to maintain useful contact with those who have provided significant care can bring children a sense of safety and reassurance about their new	Thank you for your feedback. The timeframe element of this recommendation has now been removed.

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				placements. If ties to primary carers are severed this may leave the child with an unnecessary sense of rejection about the relationship they had with their previous carer. They may wonder whether those carers really did care about them, and then question future carer relationships. Where contact with a previous carer results in expression of sadness, this should be considered a normal part of relationships, and a grieving process should be supported. These potentially unpleasant but necessary emotions need to be experienced for children to learn how to manage in a healthy way.	
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	033	003	Rec 1.7.4 At this point consideration of other children in the household should be mentioned and support offered to assist them with the transition or addition of another child into, or out of, their home.	Thank you for your comment. This recommendation has now been amended to: 1.7.4 Encourage and help the permanent carer's family **and support network, including other children in the home,**
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	033	007	Rec 1.7.5 For good practice guidance on supporting reunification the following could be referenced/ signposted: NSPCC framework for reunification https://learning.nspcc.org.uk/research-resources/2015/reunification-practice-framework	Thank you for your comment and feedback. The NSPCC reunification framework was not included in our evidence review L on transition. The review focussed on interventions rather than frameworks. The committee therefore did not have any evidence for consideration.
The Rees Centre for Research in Fostering and Education	Guideline	033	010	Rec 1.7.6 remove "think about"	Thank you for your comment. The use of 'think about' in recommendations denote that this is based on weak evidence or consensus.

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(University of Oxford)					
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	033	015	Rec 1.7.8 We suggest this is relevant for infants and babies who are looked after and less so for other looked after children.	Thank you for your comment.
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	037	004	Rec 1.7.23 It would be useful to specify here that assessments for support for all types of carers should be before and after transitions and should make sure carers are involved significantly in this assessment process.	Thank you for your comment. The committee discussed this issue but felt they did not have the supportive evidence to include assessments for support in the recommendation
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	038	027	Rec 1.8.5 We think it should be mentioned that pathway planning meetings should be planned over the first year or two of the plan being carried out rather than waiting solely upon the instigations of the looked after young person to ask for a review of the plan. This could be timed around significant milestones, e.g. education, training or employment application deadlines and explore with the looked after young person whether their plans for the future have changed.	Thank you for your comment. The committee considered this and have made amendments to recommendation 1.8.9. 1.8.9 Schedule pathway plan reviews to occur near significant milestones if possible, for example, education, training or employment application deadlines.
The Rees Centre for Research in Fostering and Education	Guideline	039	014	Support for care leavers in further and higher education section (and elsewhere). Further and higher education are conflated throughout, yet they are quite distinct sectors with very different structures, funding mechanisms, pastoral support and organisational	Thank you for your comment and useful feedback. The committee considered this in the finalisation of recommendations.

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(University of Oxford)				norms. While there are some shared features, the needs and experiences of care leavers are likely to differ substantially and the document should recognise this in some way. In particular, the higher education sector has made very significant strides in supporting care leavers and other care-experienced students in the last five years – more specific response relating to this below.	
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	040	004	Rec 1.8.13 The conception of care experienced young people in higher education seems to be predicated on the idea of someone 'going away' to university at the age of 18 and living in student halls, much like the general population. We now know that this is very inaccurate. Care leavers tend to go to higher education later than other students (due to educational disruption) and many remain local, living either in their own home or with foster carers (through the Staying Put programme). They are also more likely to study part-time, for example, through the Open University, in ways that are more conducive to their mental health and other challenges. In addition, further education is nearly always pursued locally. A richer and more contemporary treatment of the student experience is therefore needed. Another instance of misrecognition of the problems faced by care leavers in higher education is that the	Thank you for your comment. A clarification has been added to the recommendation (1.8.18) for care leavers who move away for college or university. Thank you for your feedback and practice example. The committee discussed this issue but did not think that further amendments were needed.

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				main housing issues are about access to student halls in the holiday periods. While this was previously the case, nearly all universities have offered 365-day accommodation for some time now (approaching 20 years in some cases), as well as some of the large private sector providers (e.g. through the Unite Foundation Scholars scheme - https://www.unite-group.co.uk/responsibility/unite-foundation). While the remaining housing issues may be about the appropriateness of student housing (e.g. too much partying for care leavers in addiction recovery or the availability of child/disability-friendly accommodation), they are as likely to relate to difficulties with retaining local authority housing or last-minute changes in the 'offer' made by the local authority. Students also report difficulties with social isolation when they have chosen not to use student housing – e.g. remaining with foster carers. None of this complexity is reflected in the draft guidelines.	
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	040	009	Extended Care section. We recommend this section appears earlier in the guidelines, before discussing leaving care.	Thank you for your comment. This amendment has been made to the guideline.
The Rees Centre for Research in Fostering and Education	Guideline	040	015	Rec 1.8.15 remove "avoid using" and instead say "Do not use unregulated housing for care leavers." It is our view that absolutely no care leavers should be subjected to unregulated housing.	Thank you for your comment. The committee discussed this issue and made further amendments to the recommendation:

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(University of Oxford)					If unregulated housing is planned, thoroughly document the risks and their mitigations, with continuous review.
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	041	002	Rec 1.8.15 This is not only something to consider for care leavers but for all children looked after throughout their care experience. Bright Spots survey is designed to capture the views of looked after children, for this purpose and should be utilised by all LAs to capture the voice of the child. This data set currently includes views from over 10,000 looked after children and care leavers. We would also suggest that gathering feedback should not be limited to the already engaged young people active in children in care councils in LAs, but efforts should be made, and time for social workers to do so, to capture the views of those young people whose voices are not yet represented to the LA.	Thank you for your comment and practice example. The committee considered this issue and added the following recommendation: 1.8.20 When seeking feedback, specifically seek out the views of children and young people who are looked-after out of area.
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	045	007 - 011	We believe the description of the term "Permanency" to be somewhat inaccurate and suggest it should be viewed to include how permanence can be achieved in one of the following ways: • Successful return home • Family and friends care – particularly when this can be secured and supported through an adoption, special guardianship or residence order • Adoption by non-related adopters	Thank you for your comment. The description of permanency makes a distinction between permanency, in the broad sense, a permanency plan, and a permanency order. In the section on transitions out of care into permanency we have made clear that we are talking about permanency in the broader sense – this includes reunification with birth parents, long-term foster carers, move into adoption and special guardianship, and connected care.

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				• Long term fostering where attachments are formed and it is formally agreed this is a permanent foster placement The preferred permanence option for an individual child will depend on comprehensive assessment of their needs and the capacity of parents and wider family to meet their needs including their need for permanence. The plan must always take account of the child's wishes and feelings.	
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	045	012	It is our understanding that there are no formal "Permanence Orders" in England. Permanence orders were introduced by the Adoption and Children (Scotland) Act 2007, but are not used in England.	Thank you for your comment, a correction has been made
The Rees Centre for Research in Fostering and Education (University of Oxford)	Guideline	088	General	On page 88, the draft guidance suggests that trauma-informed training can be integrated into general behaviour management training. This is problematic for two reasons. Firstly, the evidence from ongoing research shows that a substantial training intervention (in the order of a whole day, with refreshers) is needed to cover the ground adequately. Secondly, trauma-informed practice is significant wider than behaviour management and should also engage with issues of pedagogy, wellbeing and the school environment.	Thank you for your comment. The committee recognise that there are different levels (or intensities) of trauma-informed training. For a teacher this is expected to be less that, say, for a social worker, and dependent only on what they need to know to manage trauma in the school setting. The idea of trauma-informed training is linked to behavioural management because it is important that behavioural management policies themselves are trauma-informed and do not worsen the trauma of the looked after person (see recommendation 1.6.5)
The Rees Centre for	Guideline	091	Evidenc e review	The review has failed to engage at all with the growing evidence base about the reasons why care leavers are	Thank you for your comment. The focus of this guideline was to consider evidence for specific

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Research in Fostering and Education (University of Oxford)				under-represented in further and higher education or about their subsequent experiences. This has led to a significant misrecognition of the 'problem' that the guidelines are seeking to address. For example, on page 91, it is stated that "the evidence did not report whether looked-after young people enrolled in college or higher education thrived or completed their courses". In fact, there are academic studies that have addressed this, and also official figures published by the Office for Students (https://www.officeforstudents.org.uk/publications/differences-in-student-outcomes-further-characteristics). Indeed, there have been a series of high-quality quantitative and qualitative studies published about care leavers in higher education in England since 2017: ○ https://www.nnecl.org/resources/23-nnecl-moving-on-up-report ○ http://shura.shu.ac.uk/25839/ ○ https://www.sheffield.ac.uk/health-sciences/our-research/nursing-themes/child-and-family/pathways-university-care ○ https://www.ucl.ac.uk/widening-participation/sites/widening-participation/files/getting_it_right_for_c	interventions to improve outcomes for looked after young people and care leavers attending college. Therefore, the statement you have referred to is merely a comment that few of these studies on specific interventions (e.g. peer mentoring) reported long term outcomes, such as whether the care leaver thrived while at college or university. No review was performed addressing the topic of how well care leavers do in further education, generally, as this is known to be poorer than in the general population at large – which was the purpose of the review looking for evidence on interventions to support care leavers to enter further education. Some of the evidence you have cited does not meet the review criteria (descriptive evidence or survey evidence). The qualitative evidence you have cited did not appear in our search results suggesting that this was possibly not peer reviewed evidence –we focussed on this kind of evidence, across the guideline, to inform the committee.

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				are_experienced_students_in_higher_education.pdf ○ https://srhe.tandfonline.com/doi/full/10.1080/03075079.2019.1582014 ○ https://link.springer.com/article/10.1007/s10734-020-00660-w ○ https://www.nnecl.org/resources/22-being-a-student-with-care-experience-is-very-daunting (for Scotland)	
The Rees Centre for Research in Fostering and Education (University of Oxford)	Evidence Review J	General	General	Evidence reviews about "Barriers and facilitators…" have been completed for some areas covered, but there is none for further and higher education – only an 'Interventions' review (evidence review J). We would suggest that a "Barriers and facilitators" review is essential in the area of further and higher education.	Thank you for your comment. No qualitative evidence was found in evidence review J on interventions for further and higher education. This is because this review only covered qualitative evidence relating to the specific interventions included in that review. There were some more general themes on further and higher education, and these can be found in evidence review K.
The Rees Centre for Research in Fostering and Education (University of Oxford)	Evidence Review J	General	General	There have been substantial policy and practice development in the last 15 years that are not reflected in the draft guidelines, or arguably the evidence review for care experienced people in further and higher education. We would welcome the inclusion of some of the following useful resources in the guidelines: • The Office for Students now recognises care leavers and other care-experienced people as a priority target group for higher education:	Thank you for your comment and for highlighting this research. We have checked these and none meet the inclusion criteria for our evidence reviews. Looking at the findings from this research, none appear to contradict our recommendations.

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				https://www.officeforstudents.org.uk/advice-and-guidance/promoting-equal-opportunities/effective-practice/care-experienced. Universities are therefore, *inter alia*, required to set admission targets and to address access and success for this group in their statutorily-required Access and Participation Plans. This essentially means that all universities now offer outreach schemes, financial bursaries and other support targeted at care-experienced students that is funded through their tuition fee income. There is a strong opportunity for collaboration with virtual schools and other parts of the local authority, which some already do. • The National Network for the Education of Care Leavers (NNECL) have developed a 'quality mark' for universities and colleges with respect to the support that they offer to care-experienced students: https://www.nnecl.org/pages/141-nnecl-quality-mark. This was piloted in 2019 and will be formally launched in June 2021 following a hiatus due to the Covid pandemic. The detailed guidance underpinning the NNECL quality mark provides a systematic framework	

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				for good practice and has implications for policy and practice in local authorities. • Become (the charity formally known as the Who Cares? Trust) operate the Propel website (https://www.becomecharity.org.uk/for-professionals/propel) which acts as an authoritative national repository for information on higher education for care-experienced students. It contains pages detailing the support available at different universities and colleges, including contact details for the 'single point of contact'. While this is an excellent resource, knowledge about it among local authority staff is generally low. The Centre for Transforming Access and Student Outcomes in Higher Education (one of the recognised 'What Works' centres for evidence-led practice) has recently published an evidence review about care-experienced students that is significantly more extensive and well-informed and that would form a stronger foundation for Recs for local authority practice in this space (https://taso.org.uk/news-item/report-more-effective-support-needed-for-care-experienced-learners-in-he).	
Virgin Care	Guideline	020	009	Whilst this is recognised as best practice and we strive to achieve this locally and in the most part do adhere to this recommendation. This would be difficult to achieve particularly in areas where there are ongoing capacity issues.	Thank you for your comment and feedback.

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Virgin Care	Guideline	020	017	Some areas have recently developed own RHA paperwork that lends itself more to being able to fulfil the indexed history however giving a sense of future physical or mental health is a concern and careful consideration is recommends of wording as may not be sensitive to LAC reading their records at future date. Currently this recommendation for children who are in local placements and there is full access to medical records to enable this to be completed. When children are experiencing frequent placement moves or the review is being completed by another team, this information is not always shared and can be difficult to obtain. This would need to be begun form the child's entry into care and follow the child though their experience of care	Thank you for your comment. The use of the term 'indexed' has been removed from this recommendation.
Virgin Care	Guideline	021	021	Whilst an informal assessment of a child emotional and mental health is made at the initial health assessment and followed up with a request for a Strengths and difficulties questionnaire to be completed after 3 months. Locally there are no resources to enable this assessment to be completed and would have significant impact on local resources.	Thank you for your comment. The committee believed that in order to avoid missing LACYP that may suffer from mental and emotional health issues and avoid the substantial long-term costs and consequences incurred when these issues go unidentified, an additional mental health assessment should be considered (not offered) in all LACYP. This is to ensure timely referral to a specialist mental and emotional health assessment. The committee also believed that identifying LACYP with these mental and emotional health issues as early as possible would allow them to receive interventions that may prevent them from requiring more substantial/intensive CAHMS treatment in the future. These details are now provided in the committee

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					discussion on cost-effectiveness and resource in Evidence Review E.
Virgin Care	Guideline	021	026	Not currently in place in every area. We would need to incorporate this into our audits of health assessment. The suggestion of a multidisciplinary audit to review completion of actions from the initial health and review health assessments we could be incorporated in our annual audit of Initial and Review Health assessments and ongoing liaison with social care colleagues and is part of the children looked after reviews carried out by the Independent reviewing officers.	Thank you for your comment and feedback. The committee also considered the problem of actions in the health plan not being followed up or completed (either within a reasonable timeframe or at all). Based on this evidence and their own experience, they agreed it was important that the completion of actions in the health plan be reviewed to ensure the agreed service has been provided. This would need multidisciplinary input because some actions may be undertaken by other agencies.
Virgin Care	Guideline	022	007	Specialised CAMHs provision are not available in all areas, preventative work is an area that needs development. The focus on children's emotional and mental health and wellbeing is welcome and the emphasis on the Impact Covid 19 has had in particular is something that locally we have seen having a huge impact on the complexity of the issues experienced by or children and young people and the availability of access to appropriate resources is a concern.	Thank you for your comment, we agree that the recommendations for providing a range of dedicated CAMHS services, tailored to the needs of LACYP, with timely delivery will be associated with substantial resource implications. This is clearly stated in the committee discussion of cost-effectiveness and resource use in Evidence Review G, as we specifically note that "This is likely to be associated with substantial resource implications as this would require an expansion of the existing CAMHS services and capacity…". We justify this additional expenditure as there is statutory guidance around CAMHS providing targeted and specialised support for LACYP. To clarify our position, additional justification has been added to the rationale and impact section of the guideline on mental health and child and adolescent mental health services.

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Wolverhampton City Council	Guideline	001	004	Care experienced children do not like the term "looked after child". Use language that cares (TACT Fostering) and challenge the language used by professionals. New terminology should be adopted from the top down and within statutory and good practice guidance.	Thank you for your feedback, Looked-after child or young person remains the most easily understood term by stakeholders and those using the guidelines. It also corresponds most naturally to statutory guidelines which are extensive and form the framework of this guideline.
Wolverhampton City Council	Guideline	006	006	Care experienced children do not like the term "contact". Everyday speech "spending time with XXX" should be adopted. Use language that cares (TACT Fostering).	Thank you, this issue was raised with the committee. However, while the need to use language that cares is recognised as important, the need for the guideline to be widely understood is also paramount. Contact is still widely used in statutory guidance which forms the framework for this guideline.
Wolverhampton City Council	Guideline	008	002	Feel this needs to be reworded ie: greater impact on the system. The term "burden" seems very negative.	Thank you for your comment. We have amended the guideline to remove the term burden.
Wolverhampton City Council	Guideline	010	004	"alongside" rather than "before"	Thank you for your comment but we did not feel this change was needed.
Wolverhampton City Council	Guideline	010	008	Recognise contact supervisors role in developing positive interaction, how to play, building positive relationships between siblings and child-adult/parent	Thank you for your comment. Recommendation 1.2.9 outlines the training that contact supervisors should receive. This includes training in developing positive relationships and providing emotional support. The committee considered whether contact supervisors have a role in play therapy but felt that they did not have the evidence to support this in a recommendation. The committee noted a gap in the evidence base on the use of therapeutic interventions in current practice such as play therapy.
Wolverhampton City Council	Guideline	011	017	"increase staff retention" and "enable more one-to-one time" should be separate issues. One-to-one time will have the biggest impact on practice and be challenging	Thank you for your comment. Please note that the recommendation suggests that "managers of social workers should use and reviews ways of working to

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				to implement and have cost implication (e.g. additional administration support). There is national guidance to promote this but more could be done nationally to achieve this in practice.	reduce duplication of effort, increase staff retention and enable more one-to-one time…". While recognising that services are often overwhelmed and that resources are limited, the committee agreed that a culture change was needed that prioritised more time for direct care between social workers and looked-after children and young people (over administrative tasks). The committee agreed that if managers use and review systems to free up more time for direct care this could both increase professional retention, and enable more one-to-one time between social workers and looked-after children and young people and that this could be less costly than purchasing additional social worker time. This is outlined in the rationale and impact section of the supporting positive relationships section of the guideline.
Wolverhampton City Council	Guideline	011	023	National initiatives required to ensure action plans focus on continuity of social workers for children. Consideration of bonuses for practitioners who have maintained a long term relationship with a child in care.	Thank you for your comment. This topic is out of scope for this guideline update.
Wolverhampton City Council	Guideline	011	029	This is significant for children in care but challenging to implement – recommendation does not go far enough to ensure this recommendation is achieved.	Thank you for your comment and feedback.
Wolverhampton City Council	Guideline	011	14	Significant cost implications and challenges to implement. Trauma informed training is delivered to teams rather than individuals. Implication is staff retention is difficult. Remove reference to "trauma informed" and keep "training in communication skills to support positive relationships".	A detailed discussion of the potential resource implications of increased use of trauma-informed training is provided in the committee discussion on cost-effectiveness and resource use in Evidence Review G. To summarise, the committee acknowledged that intensive trauma-informed training is expensive to deliver and therefore recommended that not all professionals/people who work with LACYP

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					need intensive training and it may be sufficient for some individuals to simply be more aware of trauma-informed care. In addition, the committee agreed that the majority of trauma-informed training would be delivered in-house within local authorities using freely available materials. However, to ensure any in house training is appropriately delivered, it is likely that each local authority would need to have a single individual receive intensive training to develop a more in-depth knowledge of trauma and an ability to deliver in house training to other professionals/people within their local authority. A simple costing was conducted to estimate the resource impact of providing this more intensive trauma-informed training to a single individual within each local authority. Costs for trauma-informed training do, however, vary, with some online courses and resources being relatively inexpensive or available for free, and more in-depth multiple day courses costing as much as £1,595 per person. As there are 343 local authorities in England, and assuming one person from each local authority would receive the more in-depth and most expensive training, the associated cost would be £547,085. This would be a one-off cost as the person that receives the in-depth training would be someone capable of delivering the content as in-house training in their local authority, and the committee agreed that any further costs around upskilling and maintaining this expertise would be minimal. Despite this fairly high cost, the committee felt that the benefits of having a single individual within each local authority

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					receive intensive trauma-informed training would outweigh the costs.
Wolverhampton City Council	Guideline	012	004	Good practice example, Friends for Life rolled out in Blackpool a partner in Headstart - cost associated. The impact of covid has impacted on the development of this support as Care Leavers have struggled with the impact of covid. The level of support care experienced people require to support others is greater than other mentoring. All has cost implications.	Thank you for your comment. The committee believed that the recommended mentoring would be carried out on a voluntary basis or through informal peer-to-peer interactions and would not need an increase in resources. The committee, however, acknowledged that there would be some administrative costs in terms of setting up and professional oversight to mentoring programmes, which would need organisation and the processing of, for example, DBS (Disclosure and Barring Service) checks. However, the committee believed that these costs would not be substantial, and the potential benefits of such mentoring would outweigh these costs. This is highlighted in the committee discussion on cost-effectiveness and resource use in Evidence Review F.
Wolverhampton City Council	Guideline	012	008	This is significant for children in care – recommendation does not go far enough to outline expectations. National initiatives required to ensure action plans focus on continuity of significant friendships and wider relationships (e.g. wider family members) for children.	Thank you for your comment.
Wolverhampton City Council	Guideline	012	014	Childline offers this service nationally to CYP and local Advocacy provision also in place already.	Thank you for this useful feedback.
Wolverhampton City Council	Guideline	012	016	This is significant for children in care but challenging to implement	Thank you for your comment.
Wolverhampton City Council	Guideline	012	019	Feel this needs to be reworded "if placements are at risk of breakdown" should focus on relationship building and placement stability.	Thank you for your comment. The committee discussed this issue but agreed that it was better to discuss reasons for placement breakdown openly, giving emotional support built into ongoing life story work and using accessible and age-appropriate communication.

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Wolverhampton City Council	Guideline	012	022	If a placement changes - Health passport needs to support	Thank you for your comment. The committee discussed this issue and added an extra recommendation: 1.2.25 Provide the new carer with health information in good time before the new placement starts (for example, the health plan recommendations, any new health concerns, health contacts and upcoming health appointments).
Wolverhampton City Council	Guideline	012	022	Reword "If a child needs to move home". Use language that cares (TACT Fostering). 1.2.19 is significant for children in care but challenging to implement with staff turnover and training and difficult to monitor and ensure	Thank you for this comment. The committee are aware of this piece of work and have tried to use caring as well as clear language throughout the recommendations.
Wolverhampton City Council	Guideline	013	002	Significant cost and resource implication. Other models of fostering available e.g. Mockingbird	Thank you for your comment. The recommendation for MTFC is for a very specific population (adolescents with persistent offending behaviour) where the current standard of care is residential or secure residential settings (run privately or by local authorities) or young offenders' institutions (custody). Based on a costing analysis described in detail in Evidence Review F, MTFC was shown to actually be less expensive than the current standard of care (residential care) as well as was associated with evidence of effectiveness in terms of improvements in depressive and psychotic symptoms and drug use, as well as an improvement in crime and delinquency scores. It should be noted that the costing analysis highlighted that although the upfront costs of MTFC in terms of deciding to place and finding a placement are more expensive than for residential care (£7,659 vs. £1,675), the monthly cost of maintaining a MTFC placement was much less than for

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					residential care (£7,027 vs. £12,214). Therefore assuming a 6 month placement MTFC only cost £62,985 compared to £82,324 for residential care. Based on this evidence the committee agreed that there is evidence supporting the role of MTFC in improving outcomes of adolescents with an history of persistent offending behaviour and that this is likely to be less expensive and more effective than usual care (i.e., residential care) in this specific population of LACYP.
Wolverhampton City Council	Guideline	014	008	This is significant for children in care – recommendation does not go far enough to outline expectations. Practice is varied across the country i.e. whether it is in the child or carers best interests, frequency, and duration, and how this is explained to the child. There is also a cost implication to respite. The term respite should also be considered. Use language that cares (TACT Fostering).	Thank you for your comment. The committee considered the use of the term 'respite care' however they felt that alternative suggestions were not well understood. In the recommendations we've used the term 'respite' with 'support care' in brackets to encourage its further use.
Wolverhampton City Council	Guideline	014	013	National initiative required e.g. foster carer local offer.	Thank you for your comment and feedback.
Wolverhampton City Council	Guideline	015	009	Add financial awareness training. See All Parliamentary Group Report (on financial education for children in care) recommendation 9 and 10 in regards to foster carers training	Thank you for your comment. The committee discussed this issue but felt that they did not have the supportive evidence to make this recommendation.
Wolverhampton City Council	Guideline	016	004	This should be in the mandatory list not "think about"	Thank you for your comment. This recommendation has been amended to 'Provide tailored training…..'
Wolverhampton City Council	Guideline	016	008	"Should be available" not "think about"	Thank you for your comment. This recommendation has been amended to 'Provide tailored training…..'
Wolverhampton City Council	Guideline	016	017	Remove "trauma informed" and state "therapeutic parenting"	Thank you for your comment. The committee considered your comment but agreed to continue using 'trauma informed' as this is the named approach in the evidence.

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Wolverhampton City Council	Guideline	016	025	All new permanent or long-term carers are trained and prepared is recommendation 1.3.19 about how we achieve continuity of care between placements and this requires communication and time spent sharing information between current and new carer. Recommendation is not specific enough and may not achieve the desired outcome. This is about transition practice rather than foster carer training.	Thank you for your comment and feedback. The committee discussed this issue but felt they did not have the supportive evidence to make this suggested addition to the recommendation.
Wolverhampton City Council	Guideline	017	002	Need for senior oversight and escalation by professionals with concerns	Thank you for your comment.
Wolverhampton City Council	Guideline	017	01	Should this be titled "safeguarding" or "contextual safeguarding". It is unclear whether multi-agency meetings are the same as statutory discussion meetings (in line with Working Together 2018) or in additional such as the way many local authorities have a contextual safeguarding response that includes these recommendations and accessed for all children (not just children in care) who require a contextual response. Is the purpose of this section about ensuring children in care receive a contextual safeguarding response or practitioners follow child protection procedures adequately for children in care. Existing guidance on this should be referenced rather than producing something specific for children in care.	Thank you for your comment. The committee discussed this issue and agreed to keep Section 1.4 to Safeguarding. Recommendation 1.4.3 acknowledges the importance of contextual safeguarding, and an addition has been made to clarify the role of meetings. 'This practitioner should lead and facilitate **safeguarding** meetings and build clear lines of accountability'.
Wolverhampton City Council	Guideline	017	016	It is unrealistic for safeguarding meetings to review the case files. The case file audit and learning needs to be separated out from the immediate safeguarding response. Standardised tools used for risk assessments should be utilised in safeguarding meetings.	Thank you for your comment. The committee discussed this issue, and an extra recommendation has been added to provide clarity: 1.4.8 Review the case files of looked-after children and young people who have been the subject of

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					safeguarding meetings to help the safeguarding partnership learn and develop future safeguarding responses (or to inform best practice).
Wolverhampton City Council	Guideline	018	015	Separate out training and review meetings as what could be achieved in either will be different	Thank you for your comment. The committee considered this issue and training and review meeting have now been separated with an extra recommendation (1.4.8) on review meetings.
Wolverhampton City Council	Guideline	018	017	Emphasis the role of review meetings for this purpose	Thank you for your comment. The committee discussed this issue, and an extra recommendation has been added to provide clarity: 1.4.8 Review the case files of looked-after children and young people who have been the subject of safeguarding meetings to help the safeguarding partnership learn and develop future safeguarding responses (or to inform best practice).
Wolverhampton City Council	Guideline	018	026	Ongoing funding is required to ensure specialist support services can continue to operate	Thank you for your comment.
Wolverhampton City Council	Guideline	018	027	Specified young girls, this should read young boys too	Thank you for your comment. Young boys has been added to the recommendation.
Wolverhampton City Council	Guideline	019	008	Reword "tell" to "Ensure that all practitioners working"	Thank you for your comment. We have considered your feedback and 'tell' has been replaced with 'ensure'.
Wolverhampton City Council	Guideline	019	012	Remove "social worker" as line 16 states this could be achieved by "sharing expertise across agencies" (therefore professions?).	Thank you for your comment. Social worker has been deleted from this recommendation.
Wolverhampton City Council	Guideline	019	014	What is meant by "more complex needs"? As this influences the training or support required to meet need	Thank you for your comment. The recommendation outlines that those with complex needs require more intensive (responsive) trauma-informed training.
Wolverhampton City Council	Guideline	019	015	Over reliance upon trauma informed approaches. If trauma informed has a better research base than other	Thank you for your comment. A detailed discussion of the potential resource implications of increased use of trauma-informed

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				practitioner approaches this needs to be evidenced in the guidance. Otherwise keep this generic. Intensive trauma-informed training has a significant cost implication. Each local authority chooses their intervention methods and there is huge variability across the country e.g. motivational interviewing, restorative practice.	training is provided in the committee discussion on cost-effectiveness and resource use in Evidence Review G. To summarise, the committee acknowledged that intensive trauma-informed training is expensive to deliver and therefore recommended that not all professionals/people who work with LACYP need intensive training and it may be sufficient for some individuals to simply be more aware of trauma-informed care. In addition, the committee agreed that the majority of trauma-informed training would be delivered in-house within local authorities using freely available materials. However, to ensure any in house training is appropriately delivered, it is likely that each local authority would need to have a single individual receive intensive training to develop a more in-depth knowledge of trauma and an ability to deliver in house training to other professionals/people within their local authority. A simple costing was conducted to estimate the resource impact of providing this more intensive trauma-informed training to a single individual within each local authority. Costs for trauma-informed training do, however, vary, with some online courses and resources being relatively inexpensive or available for free, and more in-depth multiple day courses costing as much as £1,595 per person. As there are 343 local authorities in England, and assuming one person from each local authority would receive the more in-depth and most expensive training, the associated cost would be £547,085. This would be a one-off cost as the person that receives the in-depth training would be someone capable of delivering the content as in-house

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					training in their local authority, and the committee agreed that any further costs around upskilling and maintaining this expertise would be minimal. Despite this fairly high cost, the committee felt that the benefits of having a single individual within each local authority receive intensive trauma-informed training would outweigh the costs.
Wolverhampton City Council	Guideline	020	002	Important to emphasise. CAMHS – during initial professionals' info is required re early history, i.e. birth mothers pregnancy and the child's developmental milestones - often there is no information available for our children in care. Given presentation for attachment difficulties is the same as ASD, relevant history is vital if we are to correctly diagnose and subsequently treat.	Thank you for your comment. The procedures within CAMHS was considered to be out of scope for this guideline update.
Wolverhampton City Council	Guideline	020	012	It is not clear if this is the Initial Health Assessment, clarity needed	Thank you for your comment. This refers to the Initial Health assessment.
Wolverhampton City Council	Guideline	020	017	Leaving care health summaries be included here	Thank you for your comment. This issue is covered in Section 1.8 of the guideline.
Wolverhampton City Council	Guideline	021	003	All health assessments should be tailored to meet the needs of the child	Thank you for your comment. We agree and this is outlined in statutory guidance.
Wolverhampton City Council	Guideline	021	026	It is not clear who would need to undertake the audit (i.e. provider or CCG)	Thank you for your comment and feedback. The committee also considered the problem of actions in the health plan not being followed up or completed (either within a reasonable timeframe or at all). Based on this evidence and their own experience, they agreed it was important that the completion of actions in the health plan be reviewed to ensure the agreed service has been provided. This would need multidisciplinary input because some actions may be undertaken by other agencies.

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Wolverhampton City Council	Guideline	022	001 - 015	Mental health guidance is limited in view of the evidence to support an increased incidence of mental health.	Thank you for your comment.
Wolverhampton City Council	Guideline	023	002	Life Story work should start before the child becomes looked after/when assessment and planning indicates a child may become looked after	Thank you for your comment. Recommendation 1.5.22 outlines that life story work should start as soon as possible after the looked-after child or young person enters care.
Wolverhampton City Council	Guideline	023	004	Or when placements are unstable and it is thought life story work will help stabilise home life. Therefore end sentence/recommendation after "emotional stability".	Thank you for your comment. Recommendations1.5.22 – 1.5.33 outline detailed recommendations on how to carry out life story work. The committee agreed to keep in recommendation 1.5.22 'rather than as an intervention to deliver once placements are stable'.
Wolverhampton City Council	Guideline	024	018	Replace "ongoing" with "is taking place".	Thank you for your comment. The committee discussed this issue but did not think that further amendments were needed. The term ongoing was preferred to indicate that this work is still in progress and will continue.
Wolverhampton City Council	Guideline	024	019	"if sensitive or emotional information has been discussed with the child or young person *during a specific session, the carer* and school may need to be informed".	Thank you for your comment and for raising this issue. The committee has considered this and have made the following addition to recommendation 1.5.27: Give the child or young person control over who this is shared with and how it is stored. Help them to choose a safe and secure storage option.
Wolverhampton City Council	Guideline	025	002	Strengths and difficulties questionnaire?	Thank you for your comment. The use of SDQs is statutory and is therefore beyond the scope of this guideline update.

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Wolverhampton City Council	Guideline	026	021	Challenges can be getting different settings to work closely enough together. Should this be a national requirement	Thank you for your comment. We are unable to recommend this as national level interventions are outside the scope of this guideline.
Wolverhampton City Council	Guideline	026	022	Unclear how "drawing from weekly diaries and life story work" achieves the recommendation	Thank you for comment. The recommendation states that weekly diaries improved transition and transfer between designated teachers.
Wolverhampton City Council	Guideline	027	012	Differing levels of understanding, ethos and practice between settings. This is significant for children in care – recommendation does not go far enough to outline expectations. Rather than relying on individual settings to be informed is there a need for a nation initiative/guidance to achieve this. Reword "Attachment and trauma-informed practices".	Thank you for your comment. We are unable to recommend this as national level interventions are outside the scope of this guideline. This wording is no longer in the guideline.
Wolverhampton City Council	Guideline	028	007	Staff expertise needs to be maintained at a high level - CPD etc.	Thank you for your comment.
Wolverhampton City Council	Guideline	029	006	Challenges can be differing priorities and levels of understanding between different agencies (e.g. many schools have few or no children in care) and the VSH having the level of seniority to affect change on a strategic level. Rather than relying on individual settings to be informed is there a need for a nation initiative/guidance to achieve this.	Thank you for your comment. We are unable to recommend this as national level interventions are outside the scope of this guideline.
Wolverhampton City Council	Guideline	029	016	It is not clear if this is the CYPiC review or EHCP review meeting, we are not sure if this is an additional meeting, needs clarifying	Thank you for your comment. This recommendation has been clarified to state that the review meetings are merged.

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Wolverhampton City Council	Guideline	029	018	It is not clear if this is the CYPiC review or EHCP review meeting, we are not sure if this is an additional meeting, needs clarifying It is not always possible/appropriate to merge different meetings. The CYPIC review is the child's meeting and they choose who like would like to be present. Keeping reviews small and professionals only attend if the child explicitly invites them. The Review is a 'process' rather than a one-off meeting, allowing for information from professionals to be gathered outside of the Review meeting.	Thank you for your comment. This recommendation has been clarified to state that the review meetings are merged.
Wolverhampton City Council	Guideline	030	007	All schools adopt different strategies and interventions for example, improving literacy/numeracy - challenge is to be able to support such a wide range of schools and approaches, especially when virtual school staff may not be specialists in that area. Nation initiative/guidance to achieve this.	Thank you for your comment and feedback.
Wolverhampton City Council	Guideline	030	018	There is no mention of the EHCP plan and if this works in harmony with the Review Health Assessment process	Thank you for your comment and feedback. The EHCP is discussed in recommendation 1.6.7.
Wolverhampton City Council	Guideline	032	001	Beyond the role of the VSH? And requires significant strategic involvement from wider local authority departments and partner agencies	Thank you for your comment and feedback. Recommendation 1.6.23 outlines that virtual schools should collaborate to support looked after young people to access higher or further education.
Wolverhampton City Council	Guideline	032	004	Is this about "Transition between [all] care placements" or only "permanent placements". For the greatest impact for all children in care this should be about good practice whenever a child needs to move	Thank you for your comment and feedback. This section covers transition between all care placements.

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Wolverhampton City Council	Guideline	032	009	Does reunification, foster carer to foster care moves and foster care to adoption need separating out with different sub-headings?	Thank you for your comment and feedback. The headings follow a template and divide the recommendations into before, during and after transition.
Wolverhampton City Council	Guideline	032	011	Remove permanent this should be for all moves (short term, long term, foster care, adoption)	Thank you for your comment and feedback. The committee discussed this issue but decided to keep permanent placement in the guideline. To distinguish between this and fixed term placements.
Wolverhampton City Council	Guideline	032	013	Reword "then discuss the strengths and vulnerabilities of the match and the support and training needs with the prospective cares social worker, the child and young person and the prospective carers".	Thank you for your comment. The committee discussed this issue but did not think the suggested rewording was needed.
Wolverhampton City Council	Guideline	032	015	Reword "support the current carer and prospective carer to develop a relationship that allows the productive sharing of information and permission giving to the child for the transition to be successful". Consistency in language prospective carer rather than permanent carer. And current carer rather than foster carer.	Thank you for your comment and feedback. This wording has now changed as a result of feedback received during the guideline stakeholder consultation.
Wolverhampton City Council	Guideline	032	017	Reword "the need for both carers to be in each other's homes at times throughout the transition period". Is it explicit enough that foster care to foster care transitions should mirror adoption good practice in transitions, especially for anticipated moves to long term foster carers. Would this make 1.2.19 more robust of a recommendation(?).	Thank you for your comment and feedback. This wording has now changed due to changes made to the guideline post stakeholder consultation.
Wolverhampton City Council	Guideline	032	021	Short-term and long-term?	Thank you for your comment and feedback. This refers to long term.

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Wolverhampton City Council	Guideline	033	015	Consider changing permanent to adoptive	Thank you for your comment. The committee discussed this and preferred to use permanent in the recommendation as not all permanent carers are adoptive. Permanent carers can also include long-term foster carers, special guardians, connected carers, adopters, key workers in residential care and reunified birth parents.
Wolverhampton City Council	Guideline	034	002	Can 1.7.10 and 1.7.2 be combined	Thank you for your comment. The committee agreed to keep these recommendations separate as they reflect different stages of the transition process.
Wolverhampton City Council	Guideline	034	003	What does this mean? "the need for a more integrated experience"	Thank you for your comment. The recommendation goes on to explain - This could be achieved, for example, by creating opportunities for current and new carers to meet, developing positive carer-to-carer relationships, and sharing information (such as familiar routines, emotional responses, and diet) before the placement move.
Wolverhampton City Council	Guideline	034	010	Health passports	Thank you for your comment. The committee discussed this issue and added an extra recommendation: 1.2.25 Provide the new carer with health information in good time before the new placement starts (for example, the health plan recommendations, any new health concerns, health contacts and upcoming health appointments).
Wolverhampton City Council	Guideline	034	010	Reword/simplify "moving placements" (or language that cares "moving to another home") and consider adding "and/or schools"	Thank you for this comment. The committee are aware of this piece of work and have tried to use caring as well as clear language throughout the recommendations
Wolverhampton City Council	Guideline	034	012	What is meant by "contact support"?	Thank you for your comment. Contact support is described as - the need for continuity with their existing

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				And is it "contact support" who are responsible for maintaining "previous friendships". Maintaining friendships is important so we need clarify of how this is to be achieved	social network (for example, previous friendships), especially if the care or educational placement is in a new area.
Wolverhampton City Council	Guideline	034	014	"new social connections" is this how we are describing the developing relationship bond between child and carer? Or is this about friendships? If friendships how can this be promoted during transition?	Thank you for your comment. This is about developing new relationships and friendships.
Wolverhampton City Council	Guideline	034	017	permanency or transition process?	Thank you for your comment. This refers to the permanency process.
Wolverhampton City Council	Guideline	034	020	Reword "sharing the views of, or directly involving, the child or young person in transition review meetings when determining the pace and next steps of transition"	Thank you for your comment. This wording has now changed due to feedback received during draft guideline stakeholder consultation.
Wolverhampton City Council	Guideline	034	022	advocacy services and the primary carer to be present during check-ins should be separate sentences given the independency required during advocacy.	Thank you for your comment. This text has been separated into two sentences.
Wolverhampton City Council	Guideline	034	026	a "personal briefing" on a history of the care. Prefer "profile of the child and their care journey"	Thank you for your comment. This wording has been removed from the guideline.
Wolverhampton City Council	Guideline	035	003	"indexed history" of the looked-after child. Prefer "profile of the child and their care journey". Continuity of terms. If this is different to the "personal briefing" at pg 34 line 26 we need to be clear about the level of expectation/work required of the social worker	Thank you for your comment. The use of the term 'indexed' has been removed from this recommendation.
Wolverhampton City Council	Guideline	035	004	Again introduction of another term "Create a summary" that means the same thing as "personal briefing" or "indexed history".	Thank you for your comment. The use of the term 'indexed' has been removed from this recommendation.
Wolverhampton City Council	Guideline	035	019	Reword "Protective factors such as:"	Thank you for your comment. The committee considered this issue but struggled to come up with an alternative.

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Wolverhampton City Council	Guideline	036	003	Health passports and red books	Thank you for your comment. The committee discussed this issue and added an extra recommendation: 1.2.25 Provide the new carer with health information in good time before the new placement starts (for example, the health plan recommendations, any new health concerns, health contacts and upcoming health appointments).
Wolverhampton City Council	Guideline	036	011	Again introduction of another term "person's care history to the new carer" that means the same thing as "personal briefing" or "indexed history".	Thank you for your comment. The use of the term 'indexed' has been removed from this recommendation.
Wolverhampton City Council	Guideline	036	014	Disagree with the wording "think about giving the information after enough time has passed". Is this about engaging the carer in sharing the deeper elements of life story work once a relationship has built for the purposes of deeper understanding	Thank you for your comment. This wording has been amended to 'think about involving the child in sharing information'.
Wolverhampton City Council	Guideline	036	020	Reword "after the transition is made". We should learn from all transitions not just those that have legal security.	Thank you for your comment. This has been amended to 'after the placement order is made'.
Wolverhampton City Council	Guideline	037	001	Reword "All carers"	Thank you for your comment.
Wolverhampton City Council	Guideline	037	004	Remove both reference to "permanent" and just have "carers"	Thank you for your comment. Permanent carers was kept in the recommendation as these can include long-term foster carers, special guardians, connected carers, adopters, key workers in residential care and reunified birth parents.
Wolverhampton City Council	Guideline	037	006	Reword "emotional distancing in the carer–child". Blocked care' situations happen in all caring relationships not just adoption	Thank you for your comment. The suggested amendment has been made.

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Wolverhampton City Council	Guideline	037	019	Reword "Financial education" (goes beyond resources as per All Parliamentary Group Report (on financial education for children in care)	Thank you for your comment. This has been reworded to for example in financial literacy, budgeting and household management.
Wolverhampton City Council	Guideline	38	004	Sexual health	Thank you for your comment. This has been added to recommendation 1.8.4.
Wolverhampton City Council	Guideline	038	010	Add "including financial management"	Thank you for your comment. Amendment have been made to the recommendation to include examples of life skills such as financial literacy, budgeting and household management.
Wolverhampton City Council	Guideline	038	017	Reference needed to the local offer. National initiative for personal advisor to have lower caseloads to do more frequent meeting. More frequent meetings needs to focus on the purpose and more direct work. For example, as advocated by All Parliamentary Group Report (on financial education for children in care) recommendations 14 and 15	Thank you for your comment and feedback. Recommendation 1.8.7 makes reference to a care offer and ensure that this can be accessed easily by care leavers up to the age of 25.
Wolverhampton City Council	Guideline	038	022	The whole section repeats statutory guidance. Recommend this is removed.	Thank you for your comment. The guideline makes reference to rather than repeats statutory guidance.
Wolverhampton City Council	Guideline	039	004	Inclusion of leaving care health summaries	Thank you for your comment. Physical and mental health support is included in recommendation 1.8.3
Wolverhampton City Council	Guideline	040	010	Repeats statutory guidance. Recommend this is removed.	Thank you for your comment. The guideline makes reference to rather than repeats statutory guidance.
Wolverhampton City Council	Guideline	041	003	Care leavers should have their own forum for giving feedback. Many local authorities care leavers forums and surveys in place. Reword "for example through care leavers forums and surveys"	Thank you for your comment. Your suggested wording has been added to the recommendation.
Wolverhampton City Council	Guideline	041	006	Reword "Senior leaders should ensure there are regional forums to help communication and bring together expertise and leadership from all agencies providing care for looked-after children and young people".	Thank you for your comment. This issue is outlined in recommendation 1.9.1.

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Wolverhampton City Council	Guideline	041	008	Separate recommendation "The view of CIC, care leavers and the local authorities CICC and Care leavers forums in service delivery should be taken seriously and all proposals that effect children in care and care leavers should be shared with the forums in advance of leadership decision making meetings".	Thank you for your comment. This issue is outlined in recommendation 1.9.2.

**None of the stakeholders who comments on this clinical guideline have declared any links to the tobacco industry.*

[i] Royal College of Physicians. Passive smoking and children. London, RCP, 2010.
[ii] Office for National Statistics, The mental health of young people looked after by local authorities in England, 2002. 2003
[iii] The Health and Social Care Information Centre. Smoking drinking and drug use among young people in England in 2012. London, 2013.
[iv] Seddon C. Breaking the cycle of children's exposure to tobacco smoke. British Medical Association. 2007.
[v] Leonardi-Bee J, Jere M, Britton J. Exposure to parental and sibling smoking and the risk of smoking uptake in childhood and adolescence: a systematic review and meta-analysis. Thorax. 2011;66(10):847-855.
[vi] Taylor GMJ, Lindson N, Farley A, Leinberger-Jabari A, Sawyer K, te Water Naudé R, Theodoulou A, King N, Burke C, Aveyard P. Smoking cessation for improving mental health. Cochrane Database of Systematic Reviews 2021, Issue 3. Art. No.: CD013522. DOI: 10.1002/14651858.CD013522.pub2.
[vii] Leonardi-Bee J, Jere ML, Britton J. Exposure to parental and sibling smoking and the risk of smoking uptake in childhood and adolescence: a systematic review and meta-analysis. Thorax. 2011 Oct 1;66(10):847-55.
[viii] Shuck, K et al. Responses to environmental smoking in never-smoking children: can symptoms of nicotine addiction develop in response to environmental tobacco smoke exposure? Journal of Psychopharmacology 2013; 27: 553-540
[ix] Brody, A. et al. Effect of secondhand smoke on occupancy of nicotinic acetylcholine receptors in brain. JAMA Psychiatry 2011; 68: 953-960.
[x] CDC. A report of the Surgeon General; preventing tobacco use among youth and young adults. 2012.
[xi] Smoking in Pregnancy Challenge Group. Smoking in Pregnancy Challenge Group response to Advancing our Health: Prevention in the 2020s. November 2019