

Looked-after children and young people

**Consultation on draft scope
Stakeholder comments table**

14/01/19 – 11/02/19

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Action for Children	6	15 - 23	<p>We note that the work on the mental health assessment pilots is particularly relevant to the key area, 'Health and social care promotion: physical and mental health and wellbeing during the care journey'. The Anna Freud National Centre for Children and Families is leading on the pilots, supported by Action for Children, the Child Research Outcomes Consortium and Research in Practice. Nine pilot sites will be taking part, with the aim being to understand how to improve the mental health and emotional wellbeing assessments that children receive when they enter care, in order to ensure they are carried out consistently and effectively as part of the overall health assessment. The pilots will be looking at who might be best placed to undertake the assessments; the best timing for those assessments, taking into account the time it might take a young person to settle into a new placement; and how the assessment can be made as person-centred as possible, for example, by giving each child a choice over the timing, location, gender of the assessor, etc. The outcomes of the pilots would be extremely relevant to any considerations in regard to the barriers to, and facilitators for, practitioner assessing and supporting the physical and mental health and emotional wellbeing needs of looked after children. At the moment, there is wide variability in how mental health assessments are carried out, one common barrier being the difficulty of engaging a child or young person in a discussion about their emotional wellbeing. Learnings should be shared before the planned publication of the revised guideline in April 2021.</p>	<p>Thank you for this information. The update will consider the evidence for the following review questions:</p> <p>What is the effectiveness of interventions and approaches to support practitioners in completing physical and mental health and wellbeing assessments for children and young people, and acting on findings?</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. If the evidence you refer to meets the review protocol, this will be considered by the guideline committee during the update. We will keep in mind the issue you have raised when developing the guideline.</p>

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Action for Children	7	10 - 13	The draft scope excludes 'Universal interventions and activities to promote and improve key outcomes that do not monitor or evaluate the impact of the intervention on outcomes for looked after children and young people, or their families and carers.' We would like to ask what 'monitoring' might look like. The Thrive model, for example, could be said to promote the use of universal provision, as opposed to solely specialist therapeutic interventions, e.g. horse-riding or gym membership. The emphasis would be on the individual fit of the intervention for the child or young person. LAC reviews would look at the impact of the horse-riding on the young person, for example, e.g. whether the activity might have led to the young person feeling calmer, with fewer incidents of challenging behaviour at school. This could be covered by monitoring, but at the moment it is unclear.	Thank you for your comment. "Universal interventions and activities to promote and improve key outcomes that do not monitor or evaluate the impact of the intervention on outcomes for looked-after children and young people, or their families and carers." This means that the guideline committee will review evidence that is specific to looked after children. The guideline committee will define what "monitoring" looks like for each evidence review. The committee will use its judgement to decide what the evidence means in the context of the review question and decide what recommendations can be made to practitioners, commissioners of services and other. We will keep in mind the issue you have raised when developing the guideline.
Action for Children	8	19 - 24	We also note that 'Strategies, policies, system structure and delivery of care – including multi-agency partnerships' is out of scope, yet this aspect is crucial. There can be complex commissioning arrangements for LAC nurses, for example, and CAMHS, and it can be difficult to develop or identify a coherent pathway, which could have an impact on the interventions a child might have access to.	Thank you for your comment. The draft scope is based on the results from the surveillance review (available online https://www.nice.org.uk/guidance/ph28/resources/surveillance-report-2017-lookedafter-children-and-young-people-2010-nice-guideline-ph28-pdf-6054123758533). The review concluded these areas overlap with a number of statutory guidance and therefore updating these areas are beyond the remit of NICE.
Action for Children	13	1 - 7	In terms of the main outcomes from assessing the evidence, we would also highlight the importance of the children and young people's own views on what might have helped them in terms of, for example, finding stability in a	Thank you for your comment. The scope includes a list of the main outcomes that the guideline will consider. The guideline committee will define the outcomes that will be considered in the evidence reviews through development of

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			placement, or building positive relationships. We acknowledge that this may be covered under, 'Experience of interventions and care processes.	the review protocols. The guideline committee will consider your comment when developing the evidence review protocols.
Action on Smoking and Health (ASH)	General	General	<p>The draft scope is right to recognise that looked-after children are at greater risk of poor pregnancy-related outcomes such as smoking during pregnancy, and to include reference to NICE guidance NG92 Stop smoking interventions and services under published related NICE guidance.ⁱ</p> <p>However, the particular risks and challenges smoking presents for looked-after children go far beyond smoking in pregnancy. The issue of looked-after children smoking and the risk of looked-after children being exposed to secondhand smoke by carers and adoptive parents should be included within the scope of the guidance. These issues should be considered central to the promotion of physical health and wellbeing amongst this population, which the draft guidance seeks to achieve.</p> <p>Recommendations:</p> <ol style="list-style-type: none"> 1. All local authorities as well as fostering and adoption providers should have an explicit foster care, adoption and smoking policy. Policy should promote non-smoking for all carers. It should support carers to give up smoking and, as a minimum, promote smokefree homes and cars. Decisions regarding suitable foster care and 	<p>Thank you for your comment. We appreciate your support for this scope and guideline update.</p> <p>NICE is currently updating their guidance on smoking and tobacco suite and as this is covered by another NICE guideline it is out of scope for this guideline update.</p> <p>Looked after children and young people are mentioned in the equality and impact assessment document of the tobacco suite guidance.</p> <p>The equality impact assessment document is linked to in section 2 of the scope. The committee will consider whether:</p> <ul style="list-style-type: none"> • the evidence review has addressed areas identified in the scope as needing specific attention with regard to equality issues • criteria for access to an intervention might be discriminatory (for example, through membership of a particular group, or by using an assessment tool that might discriminate unlawfully) • any groups of people might find it impossible or unreasonably difficult to receive or access an intervention

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			<p>adoptions should balance the risks of exposure to smoking against the benefits of appropriate care;</p> <ol style="list-style-type: none"> 2. Foster carers and adoptive parents who smoke should be given appropriate support to quit or maintain a smokefree environment; 3. Foster carers and adoptive parents should be given appropriate support and guidance to (i) address smoking behaviour in children in their care and (ii) signpost children to healthcare professionals and local authority services for smoking cessation support. <p>The harm of smoking and secondhand smoke exposure for looked-after children</p> <p>Children who are in, or have been through, the care system are among the most vulnerable people in society. They are more likely to have emotional or behavioural problems,ⁱⁱ suffer from health inequalities and to face poor life chances and outcomes.ⁱⁱⁱ Children from disadvantaged backgrounds are also more likely to be exposed to secondhand smoke,^{iv,v} and children in care are significantly more likely to smoke. A study from 2003 found that as many as 69% of children in residential care smoke,^{vi} at the same time an estimated 9% of children between 11 and 15 were regular smokers.^{vii} These inequalities in smoking related behaviour mean looked-after children will disproportionately pay the costs of</p>	<ul style="list-style-type: none"> • recommendations can be formulated to advance equality (for example, by making access more likely for certain groups, or by tailoring the intervention to specific groups). <p>The tobacco guideline will not make specific recommendations for foster carers or care settings, this is out of the remit for that guideline update.</p>
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		<p>smoking through premature death and years lived with disability.</p> <p>That looked-after children are more likely to be exposed to secondhand smoke and more likely to smoke themselves is not coincidental. Exposure to household and parental smoking is strongly associated with smoking in adolescence and in later life. Children with at least one parent who smokes are 72% more likely to smoke in adolescence.^{viii} It is estimated that each year at least 23,000 young people in England and Wales start smoking by age 15 as a result of exposure to smoking in the home.^{viii}</p> <p>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, smoke more heavily, find it harder to quit as adults,^{ix} and, therefore, be more prone to the substantial health burden of long-term, regular smoking.</p> <p>The health impact of smoking is well documented. Smoking remains the single largest preventable cause of death and disease in the UK, accounting for 77,900 preventable deaths in England in 2016.^x One in two regular smokers will be killed by their addiction and on average they will lose 10 years of life to it.^{xi} Furthermore, for every person killed by smoking, approximately 20 more are suffering from a smoking related disease.^{xii} Smoking is also the single</p>	
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		<p>largest driver of the 9 year gap in life expectancy between the richest and poorest in society,^{xiii} an inequality which looked-after children are more likely to face.ⁱⁱⁱ</p> <p>Smoking and exposure to secondhand smoke amongst children and young people also poses particular risks due to their smaller, immature and developing organs.^{xiv} In the short term, active smoking impairs lung growth and initiates premature lung function decline.^{xiv} Evidence further shows that secondhand smoke is a preventable cause of numerous health conditions including bronchitis, asthma, pneumonia, meningitis and sudden infant death syndrome.^{xv} The Royal College of Physicians (RCP) estimates that household smoking increases the incidence of childhood asthma by as much as 50% and results in 20,000 cases of lower respiratory tract infection each year.^{viii}</p> <p>Exposure to secondhand smoke in childhood can also lead to long term respiratory problems, including an increased risk of chronic respiratory illness and lung function deficits in later life.^{xvi} Each year in the UK, children breathing in other people's cigarette smoke results in 300,000 GP visits,^{viii} and children exposed to smoke are likely to have more days off school each year.^{xvii}</p> <p>In addition to the physical harm caused by secondhand smoke, environmental tobacco smoke can exacerbate and</p>	
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			<p>cause behavioural issues and impair mental development. Research suggests tobacco smoke could be neurotoxic at extremely low levels and exposure to secondhand smoke may impair mental development and lead to neurobehavioral disorders.^{xviii,xix} One study found that children who were continuously or intermittently exposed to secondhand smoke were more likely to be physically aggressive and display anti-social behaviour.^{xx} Furthermore, a recent study has found that environmental tobacco smoke exposure, whether alone or in conjunction with prenatal exposure, increases the risk of behavioural problems in school age children.^{xxi} Amongst looked-after children, who already experience higher rates of emotional and behavioural problems and face poorer life chances and outcomes,^{ii,iii} concerns regarding exposure to secondhand smoke and active smoking should therefore be paid serious attention.</p> <p>Protecting children from smoking</p> <p>Findings from a recent YouGov survey commissioned by ASH overall paint a positive picture of smoking in enclosed spaces where children may be present. Of over 10,000 respondents:</p> <ul style="list-style-type: none"> • 87% said no one smokes in their home most days; • 72% said no one can smoke in their vehicle; • 7% said people can smoke in the vehicle but not when children are travelling.^{xxii} 	
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			<p>However, a social gradient in these findings does exist. Whilst, on average, 90% of people in the professional and managerial occupations (ABC1) reported no one smoking in their home on most days, this compared to 84% of people in routine and manual occupations (social grade D) and 79% of people in casual work, pensioners and others who depend on the welfare state for their income (social grade E).</p> <p>Children who go into care are more likely to have lived with parents or carers from more disadvantaged backgrounds, who are more likely to be smokers.^{xxiii} This makes it even more important to have a clear policy which protects children from secondhand smoke in the home.</p> <p>The role of local government and care providers</p> <p>ASH would welcome consistency in practise across both local authority and independent care provision.</p> <p>CoramBAAF has made a series of recommendations, including:</p> <ul style="list-style-type: none"> • Children under five should not be placed with carers who smoke. • Children with a disability which means they are often unable to play outside or move away from smoking adults, those with respiratory problems, 	
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			<p>and those with heart disease or glue ear should not be placed with smoking families.</p> <ul style="list-style-type: none"> • In long-term fostering, kinship and adoptive placements, the additional health risks to the child of being placed in a smoking household need to be carefully balanced against the benefits of the placement for the child. • Carers who have stopped smoking should not be allowed to adopt or foster high-risk groups until they have given up smoking successfully for a year because of the risk of relapse.^{xxiv} <p>These recommendations provide comprehensive guidance which has been adopted, or part adopted, by many fostering and adoption services.</p> <p>ASH believes that all local authorities and independent fostering providers should have a stated policy to minimise the harm to children from exposure to smoking which includes:</p> <ul style="list-style-type: none"> • Assessing the smoking status of potential foster carers and those wishing to foster prior to placement and informing them about the local authority's policy; • Supporting foster carers and adoptive parents who smoke to quit by signposting them to stop smoking services, in line with NICE guidance,ⁱ and advising 	
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			<p>them on how to minimise any potential harm by establishing a smokefree home and car;</p> <ul style="list-style-type: none"> • Providing information to all foster carers and adoptive parents on the dangers of secondhand smoke, the impact of role modelling, the health benefits to children of smokefree homes and cars, and ensuring all carers are equipped to manage smoking behaviour in children in their care; • Clear and enforced policy for addressing smoking behaviour of looked-after children shared with all local and commissioned services interacting with looked-after children. <p>Advice and support by local authorities and care providers on establishing a smokefree home should include information and advice on the use of prescribed alternative nicotine containing products (NCP), in line with NICE guidance on harm reduction.^{xxv}</p> <p>The use of e-cigarettes by smokers to either quit or maintain a smokefree environment for children in their care should be supported in line with findings from Public Health England’s recent evidence review confirming the relative safety of e-cigarettes as compared with smoking and their efficacy as a cessation aid.^{xxvi}</p>	
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			<p>In addition, providers should ensure that birth parents who smoke are given information about the risks they pose to their child and encouraged not to smoke during visits.</p> <p>Overall, local authorities and independent fostering and adoption services should create and share policies which balance the risk of exposure to smoke against the advantages of a strong and supportive home for a child and ensure decisions are taken accordingly.</p> <p>Recommendation 1: All local authorities as well as fostering and adoption providers should have an explicit foster care, adoption and smoking policy. Policy should promote non-smoking for all carers. It should support carers to give up smoking and, as a minimum, promote smokefree homes and cars. Decisions regarding suitable foster care and adoptions should balance the risks of exposure to smoking against the benefits of appropriate care.</p> <p>The role of carers</p> <p>Carers, including foster carers and adoptive parents, are primarily concerned with the welfare of the children in their care. They, therefore, have a responsibility to promote a healthy lifestyle.</p>	
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		<p>Providers' focus should, firstly, be on deciding if a home is suitable prior to the child's placement. Potential carers should be informed of the provider's policy surrounding fostering, adoption and smoking. If applicants smoke, they should be provided with support and information to enable them to quit, in line with NICE guidance.ⁱ If they are unable to quit they should be supported in line with NICE guidance on tobacco harm reduction,^{xxv} to adopt a smokefree approach and where necessary use licensed NCP and e-cigarettes to abstain from smoking around children in their care. They should also be made aware of the harms of smoking and benefits of quitting, the risk of children modelling smoking behaviour on those around them and the benefits to child health of smokefree cars and homes.</p> <p>Recommendation 2: Foster carers and adoptive parents who smoke should be given appropriate support to quit or maintain a smokefree environment.</p> <p>Secondly, providers should ensure carers are equipped to manage smoking behaviour in children in their care. Carers should be able to provide children in their care with accurate information about the harms of smoking and the benefits of quitting. Carers should be able to signpost children in their care to local Stop Smoking Services and, where appropriate, to health professionals who may be able to recommend an NCP. Equipping carers with appropriate</p>	
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			<p>information in relation to smoking and its prevention in children and young people should be in line with existing NICE guidance PH14^{xxvii} and PH23.^{xxviii}</p> <p>Recommendation 3: Foster carers and adoptive parents should be given appropriate support and guidance to (i) address smoking behaviour in children in their care and (ii) signpost children to healthcare professionals and local authority services for smoking cessation support.</p>	
Association for Family Therapy and Systemic Practice-UK	6	7	<p>It is really helpful to recognise that birth families of children placed at home on Care Orders need support and interventions. However, birth families of children placed in foster or residential homes may also need help to ensure their contact supports placements and their child's care plan.</p>	<p>Thank you for your comment. The update guideline will consider the evidence for the following review questions: What is the effectiveness of health and social care interventions and approaches to support positive relationships.</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.</p>
Association for Family Therapy	6	13	<p>Help with relationships sounds vague. The scope could usefully spell out relationships with birth families, especially</p>	<p>Thank you for your comment. The update guideline will consider the evidence for the following review questions:</p>

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and Systemic Practice-UK			sibling relationships and extended families. It could then specify other important relationships with a list of examples: family friends, school friends, known and trusted adults etc.	<p>What is the effectiveness of health and social care interventions and approaches to support positive relationship?</p> <p>What are the barriers to, and facilitators for, supporting care?</p> <p>The "relationships" have been left broad to allow for the committee to review the evidence in this.</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.</p>
Association for Family Therapy and Systemic Practice-UK	6	28	It could be useful to be clear that the families of those young people moving back home will need support as well as the young people themselves. This is a lifecycle transition.	<p>Thank you for your comment. The scope sets out the areas the guideline will consider. The update will consider the evidence for the following review questions</p> <p>What is the effectiveness of interventions and approaches to support young people transitioning out of care to living with their adoptive or birth parents or special guardians, or into connected care?</p> <p>What are the barriers to, and facilitators for, supporting and developing young people to transition out of care to living</p>

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				<p>with their adoptive or birth parents or special guardians, or into connected care?</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.</p>
Association for Family Therapy and Systemic Practice-UK	11	15	<p>Questions about the difference that placement stability can make may also be a useful question here, in order to help to understand the clinical, social and cost differences made by the other interventions</p>	<p>Thank you for your comment. The update will consider the evidence for the following review questions: What is the effectiveness of health and social care interventions and approaches to support care placement stability? What are the barriers to, and facilitators for, supporting care placement stability?</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its</p>

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				judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.
Association for Family Therapy and Systemic Practice-UK	11	20	As mentioned above, relationships, (even described as 'positive') can be a vague term and it might be useful to think about how to more fully describe what is meant by positive, according to whom, and according to which markers, since perspectives on what is positive may vary considerably between the people involved and the roles which they take. Relationships, we definitely agree, are essentially important, but perhaps need to be filled out more in terms of scope, definitions and desired outcomes (e.g. sense of belonging, a sense of trust, a sense of love or value, reciprocation, etc.) in order to ensure that this point is engaged with in a meaningful way.	Thank you for your comment. We agree the term relationship is broad. The guideline committee will define the terms, interventions and outcomes that will be considered in the evidence reviews through development of the review protocols. The guideline committee will consider your comment when developing the evidence review protocols.
Association for Family Therapy and Systemic Practice-UK	11	22 - 23	'positive' should be inserted here.	Thank you for your comment, we have added the word "positive".
Association for Family Therapy and Systemic Practice-UK	12	24	A further outcome which is likely to be very relevant, both as a marker, and for a child or young person throughout their life, is the quality of relationships with peers, teachers, employers, etc. – both in terms of what reciprocal relationships provide to children and young people, but also in the development of relationship skills, moving forwards.	Thank you for your comment. The scope includes a list of the main outcomes that the guideline will consider. The guideline committee will define the outcomes that will be considered in the evidence reviews through development of the review protocols. The guideline committee will consider your comment when developing the evidence review protocols.

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<p>Association of Clinical Psychologists</p>	<p>General</p>	<p>General</p>	<p>Looked After Children are at significant risk of lifelong difficulties in a range of areas because of the experiences that brought them into Care. Research confirms that childhood abuse, neglect and dysfunctional families can change neurological development in children and make it harder for children to develop healthy attachment relationships with caregivers that then become the template for all future social relationships. A lack of health attachment experiences coupled with exposure to abuse and/or trauma can lead to anxiety, depression, low self-esteem, behaviour problems, relationship problems, aggression and difficulties managing emotions. Compounding this, the incidence of learning disabilities, ASD and ADHD is higher in Looked After Children.</p> <p>This mixture of attachment difficulties, mental health needs, challenging behaviour, risk, developmental issues and learnt responses to trauma and adverse events mean that Looked After Children have a higher incidence of numerous negative outcomes including over 50x greater risk of ending up homeless, in prison, receiving inpatient mental health treatment, having substance abuse issues, or having their own children removed into Care. If the guidance is able to grapple with some of the economics, it can be demonstrated that early, effective interventions save costs in the longer term, as well as improving the lives of children in care and their subsequent families.</p>	<p>Thank you for your comment and this information.</p> <p>The update will consider the evidence for the following review questions:</p> <p>What is the effectiveness of health and social care interventions and approaches to support positive relationships for looked after children and young people and care leavers?</p> <p>What are the barriers to, and facilitators for, supporting positive relationships for looked after children and young people and care leavers?</p> <p>What is the effectiveness of interventions and approaches to support practitioners in completing physical and mental health and wellbeing assessments for children and young people, and acting on findings?</p> <p>What are the barriers to, and facilitators for, promoting physical and mental health and wellbeing of looked-after children and young people?</p> <p>Attachment needs are covered in separate guideline NG26 Children’s attachment: attachment in children and young people who are adopted from care, in care of at high risk of going into care. The updated guideline looked after children and young people will have the opportunity to cross-refer to related NICE guidelines as needed. We will also forward your comments to NICE’s surveillance team for</p>
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			<p>However, very little is known about the needs of the children receiving services, and how their needs or the services they are given effect their prognosis in adult life, beyond the fact there is a huge unmet mental health need (around 50% of children in care have a diagnosable mental health condition and a further 25% have mental health needs that don't reach a specific diagnosis, but only on eighth of those receive mental health services). Services do not routinely measure these kinds of needs in looked after children (except annually with the Strengths and Difficulties Questionnaire that has ceiling effects in this group, is not sensitive to change, and does not identify need reliably [1]). It is therefore very difficult to know what placements and interventions are effective.</p>	<p>consideration at the next surveillance review of NICE guideline NG26 Children's attachment.</p> <p>The scope includes that specific consideration will be given to children with physical disabilities, speech and language needs, special education needs or behaviour that challenges.</p> <p>The update of this guideline will not include mental health conditions or attachment issues as these are covered by other NICE guidelines. The scope lists a number of NICE guidance that relates to this guideline. The updated guideline will have the opportunity to cross-refer to related NICE guidance as needed.</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The guideline committee will define the outcomes that will be considered in the evidence reviews through development of the review protocols. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.</p>
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Association of Clinical Psychologists	General	General	It is not possible to separate the attachment needs from mental health or other needs of Looked After Children. Therefore we have concerns about the fact that this guidance is separate from the guidance for Attachment (NG26), and feel substantial cross-referencing between the two documents will be required.	Thank you for your comment. Attachment needs are covered in separate guideline NG26 Children's attachment: attachment in children and young people who are adopted from care, in care of at high risk of going into care. The updated guideline looked after children and young people will have the opportunity to cross-refer to related NICE guidelines as needed. We will also forward your comments to NICE's surveillance team for consideration at the next surveillance review of NICE guideline NG26 Children's attachment.
Association of Clinical Psychologists	General	General	We need to ensure that all services that provide for the health and mental health of Looked After Children and Care leavers are integrated with local authority social care provision, and that staff from a health background with particular expertise about the psychological needs of this population are able to offer training and consultancy to their social care colleagues so that the whole workforce is aware of the impact of trauma and attachment, and the impact of adverse childhood experiences on various aspects of life trajectory. We also need trauma informed systems and appropriate support for a workforce that will be exposed to secondary trauma.	Thank you for your comment. NICE remit is to provide recommendations for health and social care. NICE also produces tools and signposts to other support that can help organisations put guideline recommendations into practice ensuring that the guidance is implementable.

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<p>Association of Clinical Psychologists</p>	<p>General</p>	<p>General</p>	<p>It is important to see the needs of these population groups in their socio-political context. Looked After Children and Care Leavers are predominantly from lower income families, who have been affected disproportionately by austerity policies. Most Looked After Children have experienced multiple Adverse Childhood Experiences, and their presentation and vulnerability to mental health conditions reflects this. It is important to note that the poor outcomes for Looked After Children and care leavers reflect these early adversities and the increased prevalence of learning difficulties and neurodevelopmental disorders in this population, rather than their experiences within the Care system. So whilst we would want to make placements and services assist their recovery as effectively as possible, we would want to resist simplistic comparisons to the general population, which only add to the stigma for this group.</p> <p>Similarly, these are not children and young people for whom a “mental illness” model makes sense, because they are for the most part making adaptive responses to dysfunctional experiences. Services addressing behaviour, emotional wellbeing, relationships, risk and development need to be universal and non-stigmatising. At every stage professionals should recognise that these children and young people have learnt strategies that have helped them to survive their experiences of trauma and lack of parental</p>	<p>Thank you for this information. The scope sets out the areas the guideline will consider. The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. Children with learning difficulties and neurodevelopmental disorders are included in the equality assessment document.</p> <p>The equality impact assessment document is linked to in section 2 of the scope. The committee will consider whether:</p> <ul style="list-style-type: none"> • the evidence review has addressed areas identified in the scope as needing specific attention with regard to equality issues • criteria for access to an intervention might be discriminatory (for example, through membership of a particular group, or by using an assessment tool that might discriminate unlawfully) • any groups of people might find it impossible or unreasonably difficult to receive or access an intervention
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			care, and not denigrated for their subsequent challenging behaviour.	<ul style="list-style-type: none"> recommendations can be formulated to advance equality (for example, by making access more likely for certain groups, or by tailoring the intervention to specific groups).
Association of Clinical Psychologists	General	General	<p>When considering how services can meet the needs of Looked After Children and Care Leavers there is a need to acknowledge that numbers of children in Care are rising, and costs are also rising, with the majority of placements now being in the private sector.</p> <p>At the same time, preventative and community interventions have been cut. There has been a 60% drop in funding for non-statutory services (IFS, 2018). This lack of early intervention means that services are only addressing difficulties as they reach crisis levels. Children are reaching services later, and coming into care later, and this means that across the board services are dealing with higher levels of complexity, and intervening later in children's lives than would be ideal.</p> <p>There have also been changes in the recognition of emotional harm, and more proactive work with younger children following the tragic deaths of infants like Baby P. The use of secure units has also shifted away from</p>	<p>Thank you for this information. The scope sets out the areas the guideline will consider. The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issues you have raised when developing the guideline.</p>

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			“welfare” placements and been prioritised for more serious offending, meaning that many young people with more complex needs are now accommodated in residential care.	
Association of Clinical Psychologists	General	General	<p>Clinical Psychologists with expert knowledge of the sector have written comprehensive guidance about what services for Looked After Children should include, in the publication ‘Delivering psychological services for children, young people and families with complex social care needs’ [2] and we hope that this can be drawn to the attention of the reviewing committee.</p> <p>There is also a good model of recognising and addressing these complex and intersecting needs that has been developed in the secure sector [3]</p>	<p>Thank you for this information. The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. If the evidence you refer to meets the review protocol, this will be considered by the guideline committee during the update. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.</p>
Association of Clinical Psychologists	General	General	<p>We notice there was no mention of service user involvement or service co-design by Looked After Children and Care leavers. This seems to be a significant omission when considering guidance on best practise with a population group. The catchphrase “no decision about me without me” should be particularly relevant in this group, where young people often feel disempowered by decisions being made about them without their input, rather than an active participant in decisions and the design of services.</p>	<p>Thank you for your comment. The scope only includes the areas to be covered when updating the guideline and not the development process. NICE guideline committees are multidisciplinary including lay members as described in Developing NICE guidelines: the manual. For this guideline update, the committee will include carers and/or young people currently looked after or care leavers, we are also looking at ways of engaging with looked after children directly, ensuring that their views and experiences are incorporated in the development of the guideline.</p>

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Association of Clinical Psychologists	General	General	<p>We hope that the guidance can look beyond the limited data available in RCTs and also look at emerging practice in the field, recommending the development of research trials of promising interventions and types of therapy. We believe that there is an encouraging range of interventions that have not yet been evaluated, or have not yet been evaluated in child populations. For example, we see promise in interventions such as Cognitive Analytic Therapy, Schema Therapy, Compassion Focused Therapy and EMDR with adolescents and young adults, and Dyadic Developmental Psychotherapy and Family Attachment Narrative Therapy with younger children, but we are aware that the evidence base is still emerging.</p> <p>Conversely we would be wary of extrapolating too much from international studies where social care services may be organised differently and involve rather different population demographics and levels of need.</p>	<p>Thank you for your comment.</p> <p>NICE considers the best available evidence as described in Developing NICE guidelines: the manual. The appropriate evidence that addresses the questions will be considered accordingly. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others.</p>
Association of Clinical Psychologists	General	General	<p>REFERENCES</p> <p>1. Wright, H., Wellsted, D., Gratton, J., Besser, SJ. and Midgley, N. (2019) Use of the Strengths and Difficulties Questionnaire to identify treatment needs in looked-after children referred to CAMHS. Developmental Child Welfare. https://doi.org/10.1177/2516103218817555</p> <p>2. Silver, M., Golding, K. & Roberts, C. (Paper 9 in “What good looks like in psychological services for children, young people, and their families” The Child and Family Clinical</p>	<p>Thank you for these references. The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. If the evidence you refer to meets the review protocol, this will be considered by the guideline committee during the update. The committee will use its judgement to decide what the evidence means in the context of the</p>

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		<p>Psychology Review, Summer 2015). https://www1.bps.org.uk/system/files/user-files/DCP%20Faculty%20for%20Children,%20Young%20People%20and%20their%20Families/public/cfcpr_3.pdf</p> <p>3. Taylor, J., Shostak, L., Rogers, A., and Mitchell, P. (2018) "Rethinking mental health provision in the secure estate for children and young people: a framework for integrated care (SECURE STAIRS)", Safer Communities, Vol. 17 Issue 4, pp.193-201</p> <p>4. Sullivan, P.M. and Knutson, J.F. (2000), Maltreatment and disabilities: a population-based epidemiological study. Child Abuse and Neglect, 24, 10, pp. 1257-73.</p> <p>5. Spencer, N., Devereux, E., Wallace, A., Sundrum, R., Shenoy, M., Bacchus, C. & Logan, S. (2005). Disabling conditions and registration for child abuse and neglect: a population-based study. Paediatrics, 116, 3, 609-14.</p> <p>6. Bronstein, I., & Montgomery, P. (2011). Psychological distress in refugee children: a systematic review. Clinical Child Family Psychology Review, 14(1), 44-56. doi:10.1007/s10567-010-0081-0</p> <p>7. Hodes, M., Jagdev, D., Chandra, N., & Cunniff, A. (2008). Risk and resilience for psychological distress amongst unaccompanied asylum seeking adolescents.</p>	<p>guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.</p>
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			<p>Journal of child psychology and psychiatry, 49(7), 723-732. doi:10.1111/j.1469-7610.2008.01912.x</p> <p>8. Silver, M. (2007) BERRI questionnaire. www.BERRI.org.uk</p>	
Association of Clinical Psychologists	3	8	<p>The major omission in this list is Ofsted. With the majority of residential placements and fostering agencies now in the private sector, there is an acute need for quality control. The “marketplace” of placements, particularly in the residential care sector, means that there is great variation in the quality of placements, and very different models of care delivery. The lack of supply means that commissioners and social workers are often forced to choose between a very limited range of available placements, with huge financial pressures that influence the choice. This is an ineffective way to match the placement to the needs of the child or young person.</p> <p>Ofsted inspections serve as the only quality control in this system, yet inspectors are not experts in mental health or attachment, and often struggle to identify what defines a good placement and what needs to be done to improve poorer placements, beyond the more concrete elements of process and procedure. The system of inspection was strongly criticised by the National Audit Office in 2014 for failing to drive up standards in more than a decade. In response Ofsted issued new guidance in 2015 to promise</p>	<p>Thank you for your comment. We have now included organisations with the responsibility for inspections and regulations. This will encompass OFSTED and other similar organisations.</p>

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			to focus more on the quality of care. They want to see placements that have higher aspirations for the child or young person, where professionals and carers have identified their needs and know how they are progressing in addressing them. It is our belief that this issue has been insufficiently addressed, and that Ofsted inspectors will require training and guidance to serve this function. It will therefore be an important role of this NICE guidance if it can help provide knowledge and structures that Ofsted adopt for this task.	
Association of Clinical Psychologists	5	4	<p>We welcome the acknowledgement that unaccompanied asylum seeking minors have very specific needs that may differ from the general population of Looked After Children. This group have particular specific challenges that the guidance will need to address, that include exposure to unsafe environments, war, torture and trafficking. The incidence of PTSD is particularly high in this population (61.5% of male and 73.1% of females who are unaccompanied [6], and 19-54% of refugee children more broadly [7]).</p> <p>Services to meet the needs of this population group need to be culturally appropriate, and to have sufficient resources to address the extent of need. Secondly, we need to extend these services to other groups of immigrant children in the Care system who have similar needs, despite not falling into this category (perhaps because they came to the UK with relatives) and consider this a template for services for</p>	<p>Thank you for your comment. Alongside the scope we have an Equality Impact Assessment where we mention children who are refugees and unaccompanied asylum seekers. We have also added children who are migrants to both the scope and the equality impact assessment document. The equality impact assessment document is linked to in section 2 of the scope. The committee will consider whether:</p> <ul style="list-style-type: none"> • the evidence review has addressed areas identified in the scope as needing specific attention with regard to equality issues • criteria for access to an intervention might be discriminatory (for example, through membership of a particular group, or by using an assessment tool that might discriminate unlawfully) • any groups of people might find it impossible or unreasonably difficult to receive or access an intervention

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			<p>other immigrants who may also be traumatised by the system, because they are seen as unwanted migrants rather than genuine asylum seekers, despite all the evidence suggesting this is a highly traumatised population. Immigrants may face issues about right to remain, and the harm that uncertainty about right to remain in the UK can do to already traumatised children, and where children do not enter the care system immediately on arrival they may not be able to access specialist services. There are also potential issues about placement locations, as certain regions have specialist services and expertise, but may not be resourced to take on a disproportionate number of young people, whilst other regions have few people from diverse cultures and therefore lack culturally appropriate services. There can also be challenges around identifying age accurately and the consequent inclusion or exclusion of individuals in need from services, which can be very distressing for professionals who just want to help the young people involved.</p>	<ul style="list-style-type: none"> recommendations can be formulated to advance equality (for example, by making access more likely for certain groups, or by tailoring the intervention to specific groups).
Association of Clinical Psychologists	5	5	<p>We welcome the scope acknowledging the specific group within the Care system of young people who have been subject to child sexual exploitation, as their needs can be very different to other Looked After Children. Instead of having a heightened readiness for fight or flight, sexually exploited children can often down-regulate their arousal system, making them poor at judging risk. They can also have complex responses to their abuse, feeling loyal to partners, or ashamed of their physical responses, or</p>	<p>Thank you for this information. We welcome your support of this scope.</p>

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			<p>confused about their sexuality or negotiating future sexual relationships. Some amongst this group have also been groomed to be recruiters amongst their peers, and need very specific care and management to keep both them and their peers in placement safe.</p>	
Association of Clinical Psychologists	5	7	<p>We welcome specific mention of children with additional needs such as intellectual disabilities and neurodevelopmental disorders (such as autism spectrum conditions), but want to ensure that these are considered in terms of their placement and mental health needs as well as their special educational needs, and would recommend that this group are mentioned as a specific category and not just subsumed within a wider bullet point about special needs.</p> <p>Children with intellectual / learning disabilities are at heightened risk of adverse childhood experiences, with abuse and neglect becoming known in the lives of 30% according to an epidemiological study [4], though much abuse is likely to be unreported. Children with ID are 5.3 times more likely to be neglected, 2.9 times more likely to be emotionally abused, 3.4 times more likely to be physically abused, and 6.4 times more likely to be sexually abused [5].</p> <p>These needs are often missed when children's presentations are assumed to reflect missed education or the impact of abuse and neglect, but need to be</p>	<p>Thank you for your comment.</p> <p>Alongside the scope we have an Equality Impact Assessment where we mention children who have disabilities including those with autism.</p> <p>The equality impact assessment document is linked to in section 2 of the scope. The committee will consider whether:</p> <ul style="list-style-type: none"> the evidence review has addressed areas identified in the scope as needing specific attention with regard to equality issues criteria for access to an intervention might be discriminatory (for example, through membership of a particular group, or by using an assessment tool that might discriminate unlawfully) any groups of people might find it impossible or unreasonably difficult to receive or access an intervention recommendations can be formulated to advance equality (for example, by making access more likely for certain groups, or by tailoring the intervention to specific groups).

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			screened for more reliably, especially in the population of children placed in residential care, where 20-25% of children have a learning disability.	
Association of Clinical Psychologists	6	15	Assessment of 'mental health' need within this scope needs to look beyond current diagnostic frameworks and traditional CAMHS service delivery models that are focused on diagnosable and treatable mental health conditions and can sometimes explicitly exclude the sequelae of abuse and neglect. Such services do not work effectively with the more complex and interwoven areas of need in this population and can exclude or pathologise children and young people who have experienced relational or early trauma. There needs to be a recommendation that services focus on the holistic need of the child within a framework that recognises developmental trauma, and wherever possible the interventions and supports offered with younger children should be dyadic and involve the primary carer. The wider network of the child needs to take on the roles traditionally taken on by members of the extended family and friends network of a supportive family. This might include practical support such as hand-me-down furniture or help with decorating, or opportunities to undertake work experience.	<p>Thank you for this information. The update will consider the evidence for the following review questions:</p> <p>What is the effectiveness of interventions and approaches to support practitioners in completing physical and mental health and wellbeing assessments for children and young people, and acting on findings?</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. If the evidence you refer to meets the review protocol, this will be considered by the guideline committee during the update. We will keep in mind the issue you have raised when developing the guideline.</p>
Association of Clinical Psychologists	7	23	We would note that whilst there are guidelines for many individual conditions, the nature of children and young people in and leaving care is such that they have a complex mixture of needs, rather than single conditions. As such, the advice given on a condition-by-condition basis may not be	<p>Thank you for this information. NICE, where appropriate provides pathways on how guidance may ling to provide an overview of care pathways.</p> <p>Regarding the PTSD guideline we have passed your concerns to our surveillance team for consideration at the next surveillance review.</p>

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			<p>as helpful as overarching guidance that acknowledges the intersection of multiple needs and vulnerabilities.</p> <p>In particular, whilst we note that you refer to the NICE guidelines for PTSD (2018), it is important to recognise that these do not identify interventions for children who have experienced multiple traumas, which is generally the case with LAC (who have typically experienced multiple Adverse Childhood Experiences and often continue to experience traumatic events whilst in or leaving care) and especially the case with the majority of unaccompanied asylum-seeking minors, who often present with extensive and complex experiences of trauma.</p>	
Association of Clinical Psychologists	7	4	<p>We welcome the move to make the guidance inclusive of care leavers.</p> <p>However, we would note that not all Care leavers are able to transition to independence, and this is dependent on needs, with some young people with significant physical or learning disabilities or mental health problems requiring ongoing supported living after leaving statutory care services.</p> <p>We would also note that Staying Put entitles Looked After Children to remain in Care until 21, and Care leavers are entitled to services until the age of 25, whilst current CAMHS provision and other elements of services cut off at 18. This needs to be addressed in the guidance, with all</p>	<p>Thank you for your comment. The scope states that the evidence will be reviewed for children and young people up to the age of 25.</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.</p>

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			services for Looked After Children extending to 21, and new services for Care leavers created that extend this further to 25. Consideration needs to be given about appropriate ways to deliver the services to young adults, and align them with social care provision. Recommendations should include support and training for the Personal Advisors for Care leavers.	
Association of Clinical Psychologists	7	4	We did not see acknowledgement of children and young people impacted by foetal alcohol or drug exposure in the guidance, and would encourage their inclusion as this is a significant area of need in this population.	<p>Thank you for your comment. This guideline will not consider specific conditions but will consider the evidence for the following review questions:</p> <p>What is the effectiveness of interventions and approaches to support practitioners in completing physical and mental health and wellbeing assessments for children and young people, and acting on findings?</p> <p>What are the barriers to, and facilitators for, promoting physical and mental health and wellbeing of looked-after children and young people?</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. If the evidence you refer to meets the review protocol, this will be considered by the guideline committee during the update. We will keep in mind the issue you have raised when developing the guideline.</p>

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Association of Clinical Psychologists	7	4	It is important that the guidelines also consider young people who are involved in the criminal justice system or in secure placements. These are mentioned as settings on page 6 line 1, but not as a specific group who may have different or additional needs. We would recommend that specific consideration is given to young people involved in the criminal justice system. The Secure Stairs model has already developed good practice in this regard [3].	Thank you for your comment. This groups is also the focus of the guideline update. In the draft scope please see section 3.1, under "groups that will be covered", which includes looked after children and young people in remand.
Association of Clinical Psychologists	11	12	<p>Any scope, and any guidance developed, needs to start with recognizing the complexity of need, and how multiple areas of need and vulnerability intersect, and have some overarching guidance on meeting the needs that spring from multiple ACEs, a lack of protective attachment relationships and broader social support network, multiple changes in caregiver (and amongst the professional network) and the high incidence of mental health need that this creates.</p> <p>In all relevant services, we need to start with how to identify that need in the first place, and how to prioritise within and between children in terms of the interventions available.</p> <p>The only widely used measure in this population is the SDQ, and this has been shown to be poor at picking up need [1], as well as hitting ceiling effects in this population. It also has little utility in informing treatment decisions, and has poor sensitivity to change when assessing the impact of interventions. Thus it is important for the guidance to</p>	<p>Thank you for this information.</p> <p>The update will consider the evidence for the following review questions:</p> <p>What is the effectiveness of health and social care interventions and approaches to support care placement stability? What are the barriers to, and facilitators for, supporting care placement stability? What is the effectiveness of health and social care interventions and approaches to support positive relationships? What are the barriers to, and facilitators for, supporting relationships?</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include</p>

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			<p>recognise the need for specific measures that are properly validated, sensitive to change, and able to reliably identify the needs of this population.</p> <p>The BERRI questionnaire appears promising in this regard [8], and we understand that publications relating to validity, reliability and relationship with other measures will be available by the time the NICE guidance is reviewed.</p>	<p>all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline</p> <p>The guideline will cross reference to other relevant guidance where appropriate. This may include guidance on attachment or access to mental health services.</p>
Birmingham Children's Trust Limited	6	28	<p>We have had feedback from young people who have highlighted the lack of support they have had to maintain and repair significant relationships particularly with birth family. This includes support to re-connect where this is appropriate.</p>	<p>Thank you for this information. The scope sets out the areas the guideline will consider. The update will consider the evidence for the following review questions What is the effectiveness of health and social care interventions and approaches to support positive relationships? What are the barriers to, and facilitators for, supporting relationships?</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. We will keep in mind the issue you have raised when developing the guideline.</p>

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Birmingham Children's Trust Limited	11	15	There needs to be a focus on the matching process for foster carers prior to placement addressing issues such as the carers own attachment history, their own potential triggers such as a personal abuse history and the impact of other adverse childhood experiences they may have been subject to.	Thank you for your comment. The NICE surveillance review concluded that there is overlap between the current looked after children guideline and Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care NG26, and both guidelines make recommendations on assuring the quality of, training and supporting foster and residential care, and draw on the same evidence base. It was proposed that new evidence on this topic will be considered during the next surveillance review of NG26. Therefore it is out of scope for this guideline update.
Birmingham Children's Trust Limited	11	21	We need a clearer understanding of what we mean by 'positive relationships'. What are the dimensions / components of this? We also need a clearer understanding of the factors that 'block' the development of these 'positive relationships' in order to inform the types of intervention that help remove these blocks. Group interventions for carers need to help them explore their own attachment and parenting style.	Thank you for your comment. We understand the term relationship is broad. The guideline committee will define the terms, interventions and outcomes that will be considered in the evidence reviews through development of the review protocols.
Birmingham Children's Trust Limited	12	31	Because the capability and capacity of carers is a key to child/young persons' outcomes we need to consider parent/carer outcomes as a key component of this. These would include measures of parenting stress, parental reflective functioning and parental self-efficacy.	Thank you for your comment. The scope includes a list of the main outcomes that the guideline will consider. The guideline committee will define the outcomes that will be considered in the evidence reviews through development of the review protocols. The guideline committee will consider your comment when developing the evidence review protocols.
British Association for	General	General	BACP welcome the draft scope and the importance given to the mental health and well-being of looked after children	Thank you for your comment. We welcome your support for this scope and update of the guideline.

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<p>Counselling and Psychotherapy (BACP)</p>		<p>from 0 to 25 (including care leavers). In addition, we support the inclusion of promoting positive relationships within the care journey and note that evidence suggests looked after children often struggle to initiate, develop and sustain positive personal <i>relationships both as children and young people, but also as adults.</i></p> <p>Psychological talking therapies, help provide an opportunity to enable the child or young person to develop positive relationships leading to a sense of belonging and strengthened stability at a time when many decisions feel out of their control. As a result, we recommend that a choice of psychological therapies, including humanistic counselling and psychotherapy are offered alongside other relevant support as a standard to all young people within the care system and to those care leavers transitioning into semi-independent living, navigating the challenges that inevitably arise with such change.</p> <p>Research suggests that over 80% of child psychotherapists have experience of undertaking direct therapeutic work with looked after and adopted children and young people (LAAC), as well as with adoptive parents/foster carers (Robinson, Luyten & Midgley, 2017). They reported commonly working with attachment-related issues, impact of trauma, maltreatment, anxiety and depression, amongst other issues. Indeed, child psychotherapists estimated that 21.9% and 22.8% of LAAC, respectively, presented with</p>	<p>The update will consider the evidence for the following review questions: What is the effectiveness of health and social care interventions and approaches to support positive relationships? What are the barriers to, and facilitators for, supporting relationships?</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. If the evidence you refer to evidence meets the review protocol, this will be considered by the guideline committee during the update. We will keep in mind the issue you have raised when developing the guideline.</p>
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			depression and anxiety. Evidence suggests that school-based humanistic counselling for children and young people brings about medium to large reductions in psychological distress, compared to those receiving pastoral care (Stafford et al., 2018), which may include anxiety and depressive disorders.	
British Association for Counselling and Psychotherapy (BACP)	5	12	<p>The draft scope excludes CYP who are on the edge of care, there is a cost and benefits argument here that this group should receive additional intervention, including family therapy to prevent them entering the care or youth justice system.</p> <p>We know that just under one-sixth of all children that come to the attention of local authority social services are eventually taken into local authority care (Ward, et al. 2008). Evidence from studies in America demonstrate cost-savings in the youth criminal justice system by a portfolio of evidence-based interventions offered to families at all level of need (i.e. universal, targeted and specialist services). For example, the US State of Washington has begun to offset the costs of building a new prison through the implementation of a 'portfolio' of interventions with evidence of preventing or reducing children's antisocial behaviour (Aos, 2010; Aos et al., 1998; Drake et al., 2009). Stanger and Lansing (2009) suggest that similar savings might be achieved for children on the edge of care via the provision of one of their recommendations, specialist family therapy work.</p>	<p>Thank you for your comment. This area is outside of this guideline update as these children are not looked after children. However, recommendations made for looked after children may be relevant to children on the edge of care, as a result we have added children on the edge of care under the section - guideline may be relevant for.</p>

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			We define family therapy as a branch of counselling and psychotherapy that works with families in close relationships to nurture change and development alongside reducing future relationship and wider community breakdown.	
British Association of Dramatherapists	General	General	Foster carers not having access to information about the child or young person's history. This lack of information means that they often do not understand the particular triggers or risks for the child or young person to enable them to truly support them and keep them safe. Hence the high number of foster placements that fail.	<p>Thank you for this information. The scope sets out the areas the guideline will consider. The update will consider the evidence for the following review questions:</p> <p>What is the effectiveness of health and social care interventions and approaches to support care placement stability? What are the barriers to, and facilitators for, supporting care placement stability?</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.</p>

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British Association of Dramatherapists	General	General	Foster carers not being supported in how to therapeutically parent foster children and young people and a lack of coherent way in which we support and educate foster carers about how to parent traumatised children therapeutically. Another reason why foster placements fail.	<p>Thank you for this information. The scope sets out the areas the guideline will consider.</p> <p>The surveillance review concluded that there is an overlap between the current looked after children guideline and Children’s attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care NG26, and both guidelines make recommendations about support packages for foster carers and their families (including kinship care) and draw on the same evidence base, as a result it was proposed that new evidence on this topic will be considered during the next surveillance review of NG26 Children’s attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care. This guideline update will however cross reference to NG26 where appropriate.</p> <p>The update will consider the evidence for the following review questions:</p> <p>What is the effectiveness of health and social care interventions and approaches to support care placement stability? What are the barriers to, and facilitators for, supporting care placement stability?</p>
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				<p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.</p>
British Association of Dramatherapists	General	General	<p>There is also the key issue of contact for looked after children and young people as whilst they are technically in a 'safe' place in foster care the contact that they have with birth relatives means that they are often being once more activated by their early neglectful and abusive experiences. So in this way still living in the birth family world or being torn between the world of the foster family and the world of their birth family. Once more putting pressure on foster placements and meaning that children and young people are not being helped to make sense of their history but still immersed in it.</p>	<p>Thank you for this information. The scope sets out the areas the guideline will consider. The update will consider the evidence for the following review questions: What is the effectiveness of health and social care interventions and approaches to support positive relationships? What are the barriers to, and facilitators for, supporting relationships?</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what</p>

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				recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.
CoramBAAF	General	General	In the introduction to the guideline the statistics and outcome commentary tends to set quite a negative context, consider including some more positive lines for example some figures from the “Bright Spots” surveys to add balance. The guideline scope and equality impact assessment covers many of the areas expected. The 6 key areas to be covered are appropriate and clearly described.	Thank you for your comment. The purpose of this section is to highlight the issues providing the rationale for a guideline for looked after children and young people. We acknowledge that there are positive stories for looked after children as well as negative. We appreciate your support for this scope and update of the guideline.
CoramBAAF	General	General	Equality Impact Assessment Pg1 <i>“In terms of the most effective ways to support care placement stability and to promote sibling relationships in looked after children, consideration will need to be given to those with physical disability.”</i> We wondered why it said physical disability and not more broadly disability Pg2 Is the statistic 47% of children in care are white accurate? Pg3 In the paragraph re travelling communities is the sentence: _	Thank you for your comment. We have added the following groups to the equality impact assessment form based on your comments: <ul style="list-style-type: none"> • those with disabilities including physical, learning, sensory • communication and language needs We have amended the statistics to 75% of children in care are white based on the 2018 DfE children looked after in England report. We have specified travelling communities because the committee agreed that for this particular group their culture and identity is often overlooked in comparison to other cultures.

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			<p><i>“Interventions to improve the health and wellbeing looked after children and young people, as well as interventions to support young people transitioning out of care in independent living, may need to give consideration to the specific needs of this group, including maintaining culture and identity”</i></p> <p><i>We thought that this sentence was very important and should apply across all children and YP ie the need to give consideration to culture and identity (and we would also add religion and language)</i></p>	Religion is already included in the equality impact assessment form.
CoramBAAF	1	21 - 27	In key facts and figures include ethnicity statistics.	Thank you for your comment. Statistics on ethnicity have now been added, to the scope and were already in the equality impact assessment form.
CoramBAAF	4	8 - 21	We wanted to note here that there was considerable comment that additional groups to be covered would be adopted children and children who live under a special guardianship order. We however appreciate that these children are not looked after children, but actually the guideline recommendations would likely be equally applicable to these groups of children, given that they share similar experiences.	Thank you for your comment. The guideline will include children and young people under special guardianship/ adoption/long term placement only when their placement breaks down, in which case they are looked after children again.
CoramBAAF	5	1 - 8	Include for specific consideration.... children and young people where care is particularly dependent on care being arranged across organisational boundaries.	Thank you, this group is included in the equality impact assessment document. The equality impact assessment document is linked to in section 2 of the scope. The committee will consider whether:

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				<ul style="list-style-type: none"> the evidence review has addressed areas identified in the scope as needing specific attention with regard to equality issues criteria for access to an intervention might be discriminatory (for example, through membership of a particular group, or by using an assessment tool that might discriminate unlawfully) any groups of people might find it impossible or unreasonably difficult to receive or access an intervention recommendations can be formulated to advance equality (for example, by making access more likely for certain groups, or by tailoring the intervention to specific groups).
CoramBAAF	5	5	Add FGM...victims of exploitation, trafficking and FGM	<p>Thank you for your comment. We have added female genital mutilation. This has also been added to our equality impact assessment document.</p> <p>The equality impact assessment document is linked to in section 2 of the scope. The committee will consider whether:</p> <ul style="list-style-type: none"> the evidence review has addressed areas identified in the scope as needing specific attention with regard to equality issues criteria for access to an intervention might be discriminatory (for example, through membership of a

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				<p>particular group, or by using an assessment tool that might discriminate unlawfully)</p> <ul style="list-style-type: none"> • any groups of people might find it impossible or unreasonably difficult to receive or access an intervention • recommendations can be formulated to advance equality (for example, by making access more likely for certain groups, or by tailoring the intervention to specific groups).
CoramBAAF	6	13	<p>Include additionally, Interventions that support families experiencing child to carer/parent violence. Interventions that address violence in adolescent relationships.</p>	<p>Thank you for your comment. The update guideline will consider the evidence for the following review questions: What is the effectiveness of health and social care interventions and approaches to support positive relationship? What are the barriers to, and facilitators for, supporting care? The "relationships" have been left broad to allow for the committee to review the evidence in this area.</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners,</p>

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				commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.
CoramBAAF	6	15	<p>Include additional paragraph on some specific interventions</p> <p>Interventions that specifically address immunisation needs.</p> <p>Interventions that specifically aim to identify unrecognised FASD</p> <p>Interventions that have developed specific health assessments for particular groups of children eg UASC, children with SEND</p>	<p>Thank you for your comment. There is existing NICE guidance on</p> <p>Immunisation needs with specific recommendation for looked after children and young people are outlined in PH21: Immunisations: reducing differences in uptake in under 19s. The updated looked after children and young people guideline will have the opportunity to cross-refer to related NICE guidelines as needed.</p> <p>The scope under “groups that are covered” states that specific considerations will be made for unaccompanied asylum-seeking children and children with special education needs.</p> <p>This guideline will not consider specific conditions, for example FASD, but will consider the evidence for the following review questions:</p> <p>What is the effectiveness of interventions and approaches to support practitioners in completing physical and mental health and wellbeing assessments for children and young people, and acting on findings?</p> <p>What are the barriers to, and facilitators for, promoting physical and mental health and wellbeing of looked-after children and young people?</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the</p>

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				<p>manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. We will keep in mind the issue you have raised when developing the guideline.</p>
CoramBAAF	6	4	<p>It would be helpful to have some additional detail throughout this section</p>	<p>Thank you for your comment. Section 3.5 of the scope describes the draft review questions and section 3.6 describes the main outcomes which will address the key areas that will be covered in the guideline.</p>
CoramBAAF	6	7	<p>Would like to see mention of permanency in this paragraph.....could say to improve placement stability and permanency Include interventions that support resilience in children and YP</p>	<p>Thank you for your comment. We have retained the current wording because the current wording encompasses permanency.</p> <p>The guideline will consider the evidence for the following review questions: What is the effectiveness of health and social care interventions and approaches to support care placement stability? What are the barriers to, and facilitators for, supporting care placement stability?</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. If the evidence you refer to meets the review protocol, this will be considered by the</p>

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				guideline committee during the update. We will keep in mind the issue you have raised when developing the guideline.
CoramBAAF	8	7	There is no need to duplicate statutory guidance; however there are some elements of the statutory guidance that many feel are not based on evidence. For example timescales/intervals applied to health assessments. The format of assessments and type of professionals who complete assessments. It would be useful for NICE to include interventions that have been developed as alternative approaches. This could be achieved by looking at interventions in Wales and Scotland where the statutory guidance is slightly different, for example nurses completing IHA in Wales.	Thank you for your comment. It is beyond NICE's remit to review statutory guidance.
Department of Health - Northern Ireland	6	General	<ul style="list-style-type: none"> The key areas under 3.3 that will be covered in the revised guidance appear to reflect similar areas that were raised during the development of our joint DoH/DE Strategy for Looked After Children which was consulted on from May to August 2018 - the consultation responses of which are currently being analysed. It is not clear whether under key area (1) supporting care and placement stability, includes advice and guidance currently available? If not grateful if this could be highlighted to the NICE Team. Also should the voluntary/community sector be added to the list at (1)? 	<p>Thank you for your comment and the information provided.</p> <p>Developing NICE guidelines: the manual states that the guideline committee should be multidisciplinary including both practitioners and lay members. For this guideline update it would be carers and/or young people currently looked after or care leavers, we are also looking at ways of engaging with looked after children directly, ensuring that their views and experiences are incorporated in the development of the guideline. We have listed the third sector, which encompasses voluntary and the community sector.</p>

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			<ul style="list-style-type: none"> • There does not appear to be any reference in the document to the child's voice which one would expect will inform the NICE guidance – in all of the 6 areas included in the scope. The scoping document might benefit from a reference to the child's voice. • There is no reference to Adverse Childhood Experiences (ACEs). While these could impact on more than one area a reference to ACEs at (3) health and social care promotion would be welcome? Link to an ACE conference in NI in 2017. https://youtu.be/vh7mMZtTPVI 	<p>In relation to the points you have raised, this guideline update will review the following question What are the barriers to, and facilitators for, promoting physical and mental health and wellbeing of looked-after children and young people? What are the barriers to, and facilitators for, supporting relationships?</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.</p>
Essex County Council	General	General	There is a key role for Independent Reviewing Officers which cuts across all services and settings for children in care – the effectiveness of the statutory review process therefore contributes to achieving outcomes. Consideration should be given / reference made to this in this guidance; in Essex we have recently introduced a strengths-based approach to this process, the merits of which should be considered as a potential example of good practice.	Thank you for your comment. The role of the independent reviewing officer is covered in the statutory guidance and therefore beyond NICE's remit. The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. If evidence on the strengths-based approach

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				meets the review protocols developed for the guideline , this will be considered by the committee during the guideline development process.
Essex County Council	General	General	There is no explicit reference in this scope to the voice of the child or their family. It may that it is intended that this should be considered in respect of each area of the research, however even if this is so an overall statement about this would be helpful. This is a particularly important element in our work as a local authority as it underpins our relational, strengths-based approach and commitment to co-production, i.e. we do things <i>with</i> not <i>to</i> families. To do this well we need to know what's important to and works best for them. We feel this is therefore something that should be strongly emphasised in the resulting guidance.	Thank you for your comment. The scope only includes the areas to be covered when updating the guideline. NICE guideline committees always includes lay members as described in Developing NICE guidelines: the manual. For this guideline update it would be carers and/or young people currently looked after or care leavers, we are also looking at ways of engaging with looked after children directly, ensuring that their views and experiences are incorporated in the development of the guideline.
Essex County Council	General	General	We feel that greater focus should be placed in developing this guidance on how multi-agencies including health, social care and education can work more effectively in partnership to develop local practice and take joint accountability for this.	Thank you for your comment. The guidance would be developed by a committee comprising of members from health, social care and education including both practitioners and lay members as described in Developing NICE guidelines: the manual, for this guideline update, ensuring that their views and experiences are incorporated in the development of the guideline.
Essex County Council	General	General	Reflective of the proposals in the NHS Ten Year Plan about the development of a 0-25 years health service it would be helpful to include more specific guidance about joined up support during transition / up to age 25. The reference at lines 16-19, page 7 about guidance on transition being found elsewhere is noted but we still feel this issue requires greater coverage within this guidance too.	Thank you for your comment. This is covered in NICE's guideline on transition from children's to adults' services for young people using health or social care services. The guideline will have the opportunity to cross reference in this guidance where appropriate.

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<p>Essex County Council</p>	<p>General</p>	<p>General</p>	<p>Question 1 - Are there any cost saving interventions or examples of innovative approaches that should be considered for inclusion in this guideline?</p> <p>In terms of appropriate stepping-down of care placements and returning to live within the family, you may wish to consider the work of our Reconnecting Families Service, which is well-established and has a good success-rate, and the Inside Out Project, which is supported by the Children's Services Innovation Fund. Inside Out provides an intensive service across placements to the most vulnerable and least stable group of children in care. Inside Out is in its early stages of operation, there will be an independent evaluation report which will become available during the time this guidance is in development and we are happy to share emerging learning to inform this.</p> <p>In respect of supporting children in care in education you may also like to consider visiting our D-BIT service – this service now has a wealth of experience in applying solution-focussed brief intervention to children at risk of exclusion.</p> <p>We have referenced in our response the importance we attach to the Independent Reviewing Service in sitting across all the different agencies and settings with which children in care are engaged. We have just introduced a</p>	<p>Thank you for this information. The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. For each review question, we will undertake searches to identify relevant published economic evaluations related to the interventions of interest.</p>
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			strengths-based approach to the independent reviewing process. This puts the child at the centre of the meeting, gives them control of the agenda and who should be invited. The IRO then works with other family, significant adults and professionals, not at the meeting, to deal with other aspects of the process. We believe this approach adds value in improving outcomes and ensuring the voice of the child is heard and would likewise welcome engagement with you to discuss this further.	
Essex County Council	4 and 5	13 - 16 (pg4) 9 - 12 (pg 5)	We welcome the inclusion in this guidance of children receiving short breaks under section 20 of the Children Act. We would however question why it is not also being proposed to examine the same care provided under section 17. Whereas there are obviously clear legal differences between the two we would propose that professionals and carers providing care under section 17 are likely to be approaching their direct work with children and young people in the same way as they would under section 20 and will do so regardless of the legal basis as in neither case do they have parental responsibility. We believe it would be helpful to state in the guidance that at least certain sections of it should be applied also to care provided under section 17. We also note that although not referenced under 'groups that will be covered' children being provided with care under section 17 are neither included under 'groups that will not be covered' – there is therefore potential confusion as to where this group fits within this guidance.	Thank you for your comment. This is beyond the remit of the guideline. Section 17 refers to children in need as opposed to looked after children (https://www.legislation.gov.uk/ukpga/1989/41/section/17). However, recommendations made for looked after children may be relevant to children in need, as a result we have added children in need under the section - guideline may be relevant for.

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Essex County Council	6	3	This list of key areas to be covered does not include the role of leadership and how to effectively develop leadership across the system. This is surprising due to the complex and multi-agency context in which practitioners in this field are operating. We feel consideration should be given to developing further guidance about this.	Thank you for your comment. The areas of strategic leadership, planning and commissioning is out of scope of this guideline update as the surveillance review (available online https://www.nice.org.uk/guidance/ph28/resources/surveillance-report-2017-lookedafter-children-and-young-people-2010-nice-guideline-ph28-4671391789/chapter/How-we-made-the-decision?tab=evidence) states that there is overlap and commonality with existing statutory guidance, including Promoting the health and wellbeing of looked-after children (Department for Education & Department of Health 2015).
Essex County Council	11	15 - 19	It would be more helpful to examine this question not for the care population as a whole but in respect of different ages and stages. For example, the interventions needed to support placement stability for a young child placed for adoption will be different to that needed for adolescents who have experienced a number of placements moves previously. This latter group presents one of the biggest challenges for our LA and therefore specific guidance on this would be appreciated. Stability can sometimes be a proxy for good care when in fact long-term placement can become inappropriate when another placement or exit to live with family is the better option – it would be helpful to include some recognition of this in the guidance to encourage practitioners to ensure they are considering this in planning and not prioritising	Thank you for your comment. The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.

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			<p>maintaining a long-term placement in circumstances when there are different options. This is an area where our Reconnecting Families Service has been developing knowledge and expertise and we would welcome opportunities to share this.</p> <p>It would be helpful to provide some guidance on contextual safeguarding issues which may have an impact on stability – for example the impact of sexual and criminal exploitation, particularly as these disproportionately affect children in care.</p>	
Essex County Council	11	20 - 24	<p>It would be more helpful to break this question down into different relationship types – i.e. relationships with birth parents (where appropriate), relationships with foster parents, relationships with care workers, relationships with peers. It may be that there are different evidence bases for each different area.</p>	<p>Thank you for your comment. We understand the term relationship is broad.</p> <p>The guideline committee will define the terms, interventions and outcomes that will be considered in the evidence reviews through development of the review protocols.</p>
Essex County Council	11	25 - 31	<p>We would suggest it would be better to phrase this so that emphasis is placed on the ‘acting on findings’ element of this question. There is a great emphasis already placed on ensuring looked after children are receiving required checks and plans and strategies to address this are already well known and developed across many LAs. In our experience there is less emphasis placed on responding to the outcomes of completing these checks – for example analysing resulting data and then acting as a partnership to create effective local plans to address gaps, trends etc.</p>	<p>Thank you for your comment. The question will consider both elements of the questions equally. This area was identified as part of our surveillance review.</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the</p>

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			<p>This is potentially the area where greater guidance and ideas would be welcomed by LAs and other partners.</p> <p>Additionally, we question the current requirements that all children in care should have annual / monthly health checks. You intend to look at the effectiveness of interventions and approaches – we would suggest that as part of this you should consider the appropriateness / effectiveness of submitting children to checks when there is no presenting clinical need and what outcomes are resulting from doing this.</p>	<p>context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.</p> <p>The current requirement that all children in care should have annual / monthly health checks are based on statutory guidance. It is outside of NICE's remit to review statutory guidance.</p>
Essex County Council	12	1 - 10	<p>It would be helpful as part of this to specifically review: a) which environments create the best educational opportunities for LAC; b) how best to support LAC who are on part time tables; c) interventions to avoid exclusions. In general, reduced timetabling, exclusions and off-rolling are major concerns in respect of children in care and guidance on how to prevent all of these issues would be appreciated.</p> <p>This section should also consider situations where young people in residential care may only be accessing limited provision attached to their home rather than attending school.</p> <p>It would be helpful if this could consider the role of settings themselves in providing work experience and apprenticeships and what safeguards should be in place for this.</p>	<p>Thank you for your comment. The update will consider the evidence for the following review questions:</p> <p>What is the effectiveness of interventions to support readiness for school? What is the effectiveness of interventions to support learning needs by either a learning provider or carer of school-aged looked-after children and young people? What is the effectiveness of interventions to support entry into further education or training? What are the barriers to, and facilitators for, supporting learning needs? What is the effectiveness of interventions and approaches (including entry into employment, training, life skills and higher education) to support young people transitioning out of care into independent living?</p>

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				<p>What are the barriers to, and facilitators for, supporting and developing care leavers to transition into independent living?</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.</p>
Essex County Council	12 - 13	24 - 7	This list should also include as an outcomes 'integration into the community' or something similar to that.	Thank you for your comment. The scope includes a list of the main outcomes that the guideline will consider. The guideline committee will define the outcomes that will be considered in the evidence reviews through development of the review protocols. The guideline committee will consider your comment when developing the evidence review protocols.
Faculty of Dental Surgery - Royal College of Surgeons of England	12	15	Children and young people (CAYP) moving from birth parents to foster parents or care or back again, results in constant disruption to continuity of oral health care, if it has been established at all. This can result in emergency dental treatment. There is evidence to show that Looked after Children (LAC) are more likely to have dental problems and	Thank you for your comment. The scope sets out the areas the guideline will consider. The update will consider the evidence for the following review questions:

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			less likely to use dental services than their peers, after adjustment for socioeconomic status. IJPDS 2017.	<p>What is the effectiveness of health and social care interventions and approaches to support positive relationships? What are the barriers to, and facilitators for, supporting relationships?</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. If the evidence you refer to evidence meets the review protocol, this will be considered by the guideline committee during the update. We will keep in mind the issue you have raised when developing the guideline.</p>
Faculty of Dental Surgery - Royal College of Surgeons of England	12	27	<p>Quality of Life: 67% of 5 year olds in care have dental needs compared with 38% of the general population. 23% of 5 year olds have urgent dental needs including severe dental decay and abscess – as compared to 10% of general population.</p> <p>Pain will affect their QoL, sleep, diet etc. and can result in absence from school, with a knock-on effect to their education.</p> <p>9% of children in care have had a tooth extraction under general anaesthesia compared with 5% of the general population.</p>	<p>Thank you for your comment. The update will consider the evidence for the following review questions: What is the effectiveness of interventions and approaches to support practitioners in completing physical and mental health and wellbeing assessments for children and young people, and acting on findings?</p> <p>What are the barriers to, and facilitators for, promoting physical and mental health and wellbeing of looked-after children and young people?</p>

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			It is really important that oral and dental health are considered as part of this Scope.	<p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline.</p> <p>The guideline committee will define the outcomes that will be considered in the evidence reviews through development of the review protocols. The guideline committee will consider your comment when developing the evidence review protocols.</p>
Food Active - Heart of Mersey	General	General	<p>There is a strong link between nutrition, food behaviours and both mental and physical health. Helping LYCAP develop a healthy relationship with food has the potential to impact greatly not only on the health and wellbeing of the young person, but also on placement stability and the health and wellbeing of the care provider.</p> <p>However, neither this new scope nor the other existing NICE guidelines cover nutrition, food provision and/or food behaviour issues in care settings.</p> <p>We strongly believe that nutrition and food provision should be listed separately/explicitly in the NICE guidelines. Either as a separate point in the current scope, like the other six examples in the section 3.3 (page 11 and 12) or as a separate guideline – in addition to the ones currently available and listed in the section 5 (p.7).</p>	<p>Thank you for your comment. The scope sets out the areas the guideline will consider. This guideline will not consider nutrition and food behaviours specifically however, the update will consider the evidence for the following review question, where nutrition, food behaviours or food provision may be identified as outcomes:</p> <p>What are the barriers to, and facilitators for, promoting physical and mental health and wellbeing of looked-after children and young people?</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The guideline committee will</p>

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				define the outcomes that will be considered in the evidence reviews through development of the review protocols The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.
Food Active - Heart of Mersey	General	General	<p>We believe that nutrition and food provision should be mentioned explicitly in the new guidelines for several reasons:</p> <ul style="list-style-type: none"> • LACYP often come into care with a poor nutritional status ⁽¹⁾ and can suffer with food anxieties caused by their adverse experiences e.g. deprivation, abuse or neglect ^(2, 3, 4). • LACYP can develop food issues during care placements due to the stress associated with an unknown environment where they might feel insecure and/or excluded ^(4, 5). Common behaviours include excessive eating and/or hoarding of food and picky eating ^(4, 6). • In the past five years when I was working and engaging directly with the carers, I haven't met a single one who didn't experience food behaviour challenges in their placement. • Challenging child behaviours which impacts the ability to build a trusting relationship with the young people, are the most common reasons for placement breakdown ⁽⁶⁾. 	<p>Thank you for your comment. The scope sets out the areas the guideline will consider. This guideline will not consider nutrition and food behaviours specifically however, the update will consider the evidence for the following review question, where nutrition, food behaviours or food provision may be identified as outcomes:</p> <p>What are the barriers to, and facilitators for, promoting physical and mental health and wellbeing of looked-after children and young people?</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The guideline committee will define the outcomes that will be considered in the evidence reviews through development of the review protocols. The</p>

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		<ul style="list-style-type: none"> • Most carers don't receive any specific preparation in relation to nutrition and the social aspects of meals and eating ⁽⁵⁾. Children not eating can cause adults distress, creating an anxious pre-occupation ⁽⁴⁾. • Decisions about how food is provided and consumed has a fundamental impact on the relationships and dynamics within a care setting. Food practices have massive potential for creating an environment where children can begin to feel part of a family unit ⁽⁴⁾. • Although the social and symbolic meanings of food practices, as well as the associations with emotional well-being should make food a highly significant aspect of fostering, most carers don't receive any specific preparation in relation to nutrition and the social aspects of meals and eating. There should be greater emphasis on this highly relevant aspect of daily life in current foster carer training and carer development. • The types of food the children eat will also have an impact on their physical, mental and emotional wellbeing. We need to be sensitive and supportive towards specific needs and preferences, such as those related to culture and religion. Some foods might trigger positive memories while others may be associated with abuse and trauma ⁽⁴⁾. <p>There is an urgent need to adapt strategy and practice to ensure that food and nutrition including the broader psychological aspects of food is included in all aspects of caring for Children in Care. Therefore, nutrition and</p>	<p>committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.</p>
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			food provision should be explicitly mentioned in the new guidelines.	
Food Active - Heart of Mersey	General	General	The scope reviews the key issues in terms of effectiveness and the barriers and facilitators. It doesn't review the key issues in terms of what is currently provided, access to this and what might be the gaps in the current provision.	Thank you for your comment. It is beyond NICE's remit to review gaps in current service provision and access to these, however as part of the guideline development process the committee may make recommendations in areas where there is unwarranted variation or gaps in provision
Food Active - Heart of Mersey	General	General	<p><u>References:</u></p> <ol style="list-style-type: none"> 1. Croft, GA (2014) Meeting the physical health needs of our looked after children. Archives of Disease in Childhood. 2. Department for Children, Families and Schools (2009) Statutory Guidance on Promoting the health and wellbeing of Looked After Children. 3. Department of Health and Department for Education (2016) Mental health and wellbeing of looked-after children: Government response to the Committee's Fourth Report of Session 2015-16. [accessed online: 26/09/2018] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/552688/Mental_health_response_accessible.pdf 4. Warman A. (2016) Eating well and nurturing others: the role of food in good fostering practice, Adoption and Fostering, Sage journals, Vol 40, Issue 2. 5. NHS Choices (2018) Your adopted child' health needs [accessed online: 26/09/2018] http://www.nhs.uk/Livewell/adoption-and- 	Thank you for these references. The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. If these references meet the review protocols, the evidence will be considered by the guideline committee during the update.

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			<p>fostering/Pages/adopted-children-medical-and-health-needs.aspx Accessed 30 July 2016</p> <p>6. The Children’s Food Trust, The Fostering Network and The National Association of Care Catering (2016) Food with TLC: Supporting children in care to eat well and develop a healthy relationship with food. Round table meeting report.</p> <p>7. Cann R. and Lawson K. (2016) CUTS the view from foster carers the impact of austerity measures on fostered children and the families that care for them, The Fostering Network.</p> <p>8. The Children’s Food Trust, The Fostering Network and The National Association of Care Catering (2016) Food with TLC: Supporting children in care to eat well and develop a healthy relationship with food. Round table meeting report.</p>	
Food Active - Heart of Mersey	11	15 and 20	<p>Point one (line 15) and point 2 (line 20) refer to placement stability and relationships. The key issue which is missing from this scope and which is related to these two factors, is ‘support for carers’. We believe that this aspect should be included in the scope, as “carers are at the centre of the lives of Children in Care and require comprehensive training and ongoing support to provide a healthy environment for the most vulnerable young people in our society” (4). Aberrant eating behaviours are found as one of the main concerns for carers (8) and result in 14% of foster carers leaving their roles (7). At the same time there is shortage of foster carers in the UK who often feel lonely and unsupported. Food can be an ongoing battle between children and parents, and this is exacerbated in</p>	<p>Thank you for your comment. The NICE surveillance review concluded that there is overlap between the current looked after children guideline and Children’s attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care NG26, and both guidelines make recommendations on assuring the quality of, training and supporting foster and residential care, and draw on the same evidence base. It was proposed that new evidence on this topic will be considered during the next surveillance review of NG26. Therefore it is out of scope for this guideline update. This guideline update will however cross reference to NG26 where appropriate.</p>

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			<p>households where food behaviour issues occur. Giving carers the knowledge and skills to address food behaviour issues, feed the LACYP well and build positive relationships around food, has the potential to impact greatly not only on the health and wellbeing of the young person, but also on placement stability and the health and wellbeing of the care provider. As already mentioned in the two examples listed above.</p> <p>Therefore, the new guidelines should highlight the importance of appropriate training for carers and staff which would support placement stability.</p>	
Food Active - Heart of Mersey	11	25, 27, 30 15 and 20	<p>The draft mentions 'health and social care promotion' (line 25) which although related to health assessment, should be treated separately. The subsection 3.1. (line 27) refers to effectiveness of health assessment but doesn't ask for effectiveness of health promotion interventions. Whereas the subsection 3.2 (line 30) refers to barriers and facilitators of health promotion interventions but doesn't ask about the effectiveness of those. In this current form, the scope lacks consistency in how the key issues and draft questions are described.</p> <p>Section 3 (line 25) should be consistent with sections 1 (line 15) and 2 (line 20) and provide two subsections for each: health assessment and health promotion - in the same way as for the other sections on this page (section one and two, p.11).</p>	<p>Thank you for your comment. We have now added an extra question. The section now reads:</p> <p>Health and social care promotion: physical, and mental and emotional health and wellbeing of looked after children and young people during the care journey and as care leavers: What is the effectiveness of interventions and approaches to support practitioners in completing physical and mental health and wellbeing assessments for children and young people, and acting on findings? What is the effectiveness of interventions and approaches to promoting physical and mental health and wellbeing of looked-after children and young people and care leavers? What are the barriers to, and facilitators for, promoting physical and mental health and wellbeing of looked-after children and young people and care leavers?</p>

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Food Active - Heart of Mersey	11	26	This sentence refers to health and social care promotion during the care journey. Does it include transition time and independent living? If not, we believe that separate point around health promotion and health provision for Care Leavers should be included as these young people are still most disadvantaged group with higher health needs than their peers. Please, see also comments 8 and 9 below.	Thank you for your comment. Yes, this includes transition time and independent living. We have now included care leavers to the question.
Food Active - Heart of Mersey	12	11 and 18	The scope covers the aspects like employment, education and life skills for Care Leavers but lacks focus on health interventions in this cohort. Which are as equally important as for LYCAP. We believe that section on health and nutrition for Care Leavers should be included in the scope, because many young people are leaving the care system without the knowledge, skills and resources to move successfully into adulthood. Care Leavers tend to eat poorly, often not eating enough because of lack of money, and not having the knowledge and skills to cook healthily. Many also experience inadequate follow up and support after leaving the care system. the leaving-care services that exist continue to be highly variable and although they provide support around housing, education and employment, these often lack support around healthier diet, meal planning and cooking which are essential life skills, impacting both physical and mental health. Cooking and the associated management of tight budgets are two areas where a high level of need has been consistently identified among Care Leavers ⁽⁴⁾ .	<p>Thank you for your comment. The scope sets out the areas the guideline will consider. The update will consider the evidence for the following review questions:</p> <p>What is the effectiveness of interventions and approaches (including entry into employment, training, life skills and higher education) to support young people transitioning out of care into independent living?</p> <p>What are the barriers to, and facilitators for, supporting and developing care leavers to transition into independent living?</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The guideline committee will define the outcomes that will be considered in the evidence reviews through development of the review protocols</p>

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				<p>The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.</p>
Food Active - Heart of Mersey	12	11 and 18	<p>Similarly, to the comments 5 and 8 (above), the current scope excludes the importance of health interventions and good nutrition and food provision for Care Leavers. We feel this should not be excluded in the scope. For instance, 22% of female care leavers became teenage parents (NAO, 2015). Therefore, dealing with food behaviour issues and getting them to eat healthy can have huge impact not only on their future, but also on the next generation.</p>	<p>Thank you for your comment. The scope sets out the areas the guideline will consider. The update will consider the evidence for the following review questions:</p> <p>What is the effectiveness of interventions and approaches (including entry into employment, training, life skills and higher education) to support young people transitioning out of care into independent living?</p> <p>What are the barriers to, and facilitators for, supporting and developing care leavers to transition into independent living?</p> <p>The scope also states that specific consideration will be given to teenage and young parents in care.</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The guideline committee will define the outcomes that will be considered in the evidence</p>

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				reviews through development of the review protocols. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.
Food Active - Heart of Mersey	13	1 - 7	We believe that the 'main outcomes' list (page 12-13) lacks two essential outcomes: 1) preparedness for independent living and 2) healthy nutrition and food provision. Rationale for this is mentioned in comments above. Please, see comments: two, five and eight which give rationale for these two outcomes to be added to the list.	Thank you for your comment. The scope includes a list of the main outcomes that the guideline will consider. The guideline committee will define the outcomes that will be considered in the evidence reviews through development of the review protocols. The guideline committee will consider your comment when developing the evidence review protocols.
Hywel Dda University Health Board	General	General	Breadth and scope looks satisfactory. Only comment I would make for "Key issues and questions" would be the impression (level of evidence = personal experience) that "out of area" placements add an additional level of complexity. My impression is that these children do experience a degree of disadvantage as a result. It reflects different LEA's, Councils and Health Boards working out who is responsible (and pays for) what. Thank you. Placement stability: Barriers relate to funding, Facilitators relate to good local MDT's to support LAC CYP	Thank you for your comment. We welcome your support for this scope and update of the guideline. We believe that the following questions under Supporting care and placement stability allow for evidence on the impact of "out of area placement" to be explored. What is the effectiveness of health and social care interventions and approaches to support care placement stability? What are the barriers to, and facilitators for, supporting care placement stability?

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			Relationships: Barriers – lack of understanding of individual roles and responsibilities. Facilitators relate to developed professional relationships	The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. If the evidence you refer to meets the review protocol, this will be considered by the guideline committee during the update. We will keep in mind the issue you have raised when developing the guideline.
Hywel Dda University Health Board	1	19	Figures only relate to England	Thank you for this comment. We used figures for England because in legislation NICE's guidance is officially England-only. Decisions on how they apply in other UK countries are made by ministers in the Welsh Government, Scottish Government, and Northern Ireland Executive.
Hywel Dda University Health Board	3	25	Sates that NICE Guidelines cover Health and Care in England. States that Ministers in the Welsh Government will make decisions on how they apply to Wales. Will the Welsh Government take our considerations into account on this document.	Thank you for your comment. NICE's guidelines cover health and care in England Decisions on how NICE guidance applies in these countries are made by the devolved administrations, who are often involved and consulted with in the development of NICE guidance.
Hywel Dda University Health Board	4	10	Childrens Public Health Nursing are only responsible for children and young people 0-18 years	Thank you for your comment. The guideline included 19 to 25-year olds because local authorities are required to support care leavers up to 25 years.
Lancashire Care NHS Foundation Trust	General	General	This guidance doesn't include children on the edge of care: Given the findings from the research in relation to the Care Crisis Review and Care proceedings in England in relation to preventative work, maybe this cohort of young people	Thank you for your comment. Children on the edge of care are outside the remit of this guideline which focuses on looked after children and young people. However, recommendations made for looked after children may be relevant to children on the edge of care, as a result we have

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			and their families should be included in NICE Guidance going forward.	added children on the edge of care under the section - guideline may be relevant for.
Lancashire Care NHS Foundation Trust	General	general	Section on relations- whilst Healthy relationships and positive relationships is mentioned, do we need to make reference to Domestic abuse, coercive relationships, historical familiar DA?	<p>Thank you for your comment. This section details the type of interventions that will be covered, in this case these are those interventions that promote positive relationships.</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.</p>
Lancashire Care NHS Foundation Trust	2	24	Absences from school are common and contribute to lower educational attainment.-Schools/ Head teachers to stop excluding LAC from education. This is part of the problem	<p>Thank you for your comment. This section of the draft scope aims to provide the current context. We understand there are other factors that may lead to poor attainment. The updated guideline will consider the evidence for the following review questions which relate to speech language and communication needs</p> <p>What are the barriers to, and facilitators for, supporting learning needs?</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the</p>

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				review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.
Lancashire Care NHS Foundation Trust	4	9 - 12	What about children that are privately foster-they are still very vulnerable children. The guidance should consider this cohort of children	Thank you for your comment, privately fostered children are not looked after children and young people because this arrangement is made privately (without the involvement of a local authority) for the care of a child under the age of 16 years (under 18, if disabled) by someone other than a parent or close relative, in their own home, with the intention that it should last for 28 days or more, therefore are outside the remit for this guideline update.
Lancashire Care NHS Foundation Trust	5	10 - 11	Children and young people who have been looked after in the past but are currently not looked after. ? These children often have ongoing health issues requiring health input- Their health care plans should be followed up as they often return back to care.	Thank you for your comment. This area is outside the remit of this guideline update as these children are not looked after children.
Lancashire Care NHS Foundation Trust	6	21 - 23	Barriers to, and facilitators for, practitioners assessing and supporting physical and mental health and wellbeing needs of looked-after children and young people. LAC health teams require closer links with CAMHS service leads/practitioner-should attend SCCR/ undertake LAC health assessments if they are the lead professional. The	Thank you for this information. The scope sets out the areas the guideline will consider The update will consider the evidence for the following review questions What is the effectiveness of interventions and approaches to support practitioners in completing physical and mental

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			<p>statutory SDQ needs to be enforced & systems put in place to support LAC with emotional issues</p>	<p>health and wellbeing assessments for children and young people, and acting on findings? What are the barriers to, and facilitators for, promoting physical and mental health and wellbeing of looked-after children and young people?</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.</p>
<p>Mental Health Nurse Academics UK</p>	<p>7</p>	<p>4</p>	<p>Given the pivotal role of attachment-related differences in mitigating a range of mental, physical, neurodevelopmental, social and behavioural outcomes in the looked after population (across the life course) – how will this guideline be linked to or integrated with the key outcomes of the Nice Guideline on Children’s attachment?</p>	<p>Thank you for your comment. Attachment needs are covered in separate guideline NG26 Children’s attachment: attachment in children and young people who are adopted from care, in care of at high risk of going into care. The updated guideline looked after children and young people will have the opportunity to cross-refer to related NICE guidelines as needed. We will also forward your comments to NICE’s surveillance team for consideration at the next surveillance review of NICE guideline NG26 Children’s attachment.</p>

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Mental Health Nurse Academics UK	7	5	RE: mental health conditions already covered in existing guidelines and therefore not covered in this guideline: Mental health needs of looked after children (along the line of complex/developmental trauma), are often multi-determined with symptoms presenting across a range of diagnoses, or excluded from specific diagnoses (e.g. PTSD), due to the diffuse and variable nature of the distress the young person presents with. This often means that looked after children with mental health needs are either given multiple mental health diagnoses, or, none. In both cases this leads to LAC young people experiencing exclusion from services or significant difficulties gaining access to mental health intervention unless it is available through targeted LAC mental health services. How will this be accommodated or thought about in these guidelines re: recommendations for how existing nice guidelines should be utilised for looked after children.	Thank you for your comment. Mental health conditions as they are covered in other NICE guidance are out of scope for this guideline update. The updated guideline will have the opportunity to cross-refer to related NICE guidelines as needed.
Mental Health Nurse Academics UK	11	25	Draft questions:- health and social care promotion: physical and mental health and wellbeing during care journey. Questions focus on promoting health and wellbeing and completion of assessments. Given that the rate of mental health disorder in looked after children is between 45-73%, a question is required regarding the effective provision of interventions for treatment of those experiencing mental health conditions, not just assessment and promotion of wellbeing (links to comment 2)	Thank you for your comment. The provision of treatment in outside the remit for this guideline. The scope includes relevant NICE guidance, the updated guideline will have the opportunity to cross-refer to related NICE guidelines as needed.

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Nationwide Association of Fostering Providers	4	11	Kinship care comes under the remit of the consultation. Consideration might usefully be given to the particular issues kinship carers face, the increasing numbers of children being placed under these arrangements, the nature and extent of the support they receive, the assessment process and the allowances they receive, all in comparison with children who are cared for by local authority carers and independent fostering providers.	Thank you for your comment. We agree, kinship does come under the remit of this guideline. We have used the term “connected carers” – and provided the definition in the footnotes - “Family or friends who care for a child full time if their parents are unable to do so. This may be for a short period or permanently.”
Nationwide Association of Fostering Providers	4	8	It does not specifically include child and parent arrangements. These referrals to the independent sector are increasing.	Thank you for your comment. This group is outside the remit of this guideline as these children are not looked after as they are under the care of one of the parents or guardians.
Nationwide Association of Fostering Providers	4	9	Taking the range of care leavers to age 25 is welcome. In addition, care leavers over 25 are potentially a rich source of information. They know what works well and what impedes their well-being. An examination of the impact of fostering should include research on their outcomes and interventions beyond 25.	Thank you for your comment. It is beyond the remit of this guideline to review evidence beyond the age of 25. However, the guideline committee will define the outcomes that will be considered in the evidence reviews through development of the review protocols. This may include life course outcomes. NICE's methodology guide - Developing NICE guidance: the manual states that the guideline committee should be multidisciplinary including both practitioners and lay members. For this guideline update it would be carers and/or young people currently looked after or care leavers, we are also looking at ways of engaging with looked after children directly, ensuring that their views and experiences are incorporated in the development of the guideline.
Nationwide Association of	6	3	Being looked after is not a one-off event. A child may be fostered, have contact with support services in the	Thank you for this information.

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Fostering Providers			community, may enter residential care and then move back to fostering, or come from home into foster carer and return.	
Nationwide Association of Fostering Providers	6	3	A full analysis requires an understanding and evaluation of how services and interventions interact and mesh. If these do not dovetail, the system around the child is weakened and could fall apart. Existing guidance such as Working Together is useful but only goes so far if in reality, for example, a child does not receive a service they need, the foster carer does not implement therapeutic caring strategies as advised or professionals' assessments are at odds with each other	Thank you for your comment. We appreciate your suggestion however service evaluation is beyond NICE's remit.
Nationwide Association of Fostering Providers	6	7	Our members report that the fostering task has become increasingly challenging in recent years because of the complex needs of the children referred to us. This is worthy of evaluation because it impacts on the nature and extent of all services and interventions.	Thank you for your comment. Children with complex needs such as disabilities or mental health issues are included in the equality impact assessment document. The equality impact assessment document is linked to section 2 of the scope. The committee will consider whether: <ul style="list-style-type: none"> the evidence review has addressed areas identified in the scope as needing specific attention with regard to equality issues criteria for access to an intervention might be discriminatory (for example, through membership of a particular group, or by using an assessment tool that might discriminate unlawfully) any groups of people might find it impossible or unreasonably difficult to receive or access an intervention

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				<ul style="list-style-type: none"> recommendations can be formulated to advance equality (for example, by making access more likely for certain groups, or by tailoring the intervention to specific groups).
Nationwide Association of Fostering Providers	6	28	Leaving care and/or preparing for independence should not be conceptualised as a single event. Rather, they are part of a process, points on a long journey through the care system. Preparing looked after children and young people for adulthood requires needs-based planning, a Pathway Plan, personal advisors attuned to the young person's needs etc, but the foundation is the long-term work of foster carers in developing a secure base, self-confidence and resilience.	<p>Thank you for your comment. The scope sets out the areas the guideline will consider. The update will consider the evidence for the following review questions:</p> <p>What is the effectiveness of interventions and approaches to support looked after children and young people transitioning out of care to living with their adoptive or birth parents or special guardians, or into connected care?</p> <p>What are the barriers to, and facilitators for, supporting and developing looked after children and young people to transition out of care to living with their adoptive or birth parents or special guardians, or into connected care?</p> <p>What is the effectiveness of interventions and approaches (including entry into employment, training, life skills and higher education) to support looked after young people transitioning out of care into independent living?</p> <p>What are the barriers to, and facilitators for, supporting and developing looked after young people to transition into independent living?</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols</p>

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				developed for the guideline. We will keep in mind the issue you have raised when developing the guideline.
Nationwide Association of Fostering Providers	11	12	Some form of overview is required, an analysis of how the system as a whole works.	Thank you for your comment. It is beyond NICE's remit to carry out this type of analysis. The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline.
Nationwide Association of Fostering Providers	11	6	A review of the economic evidence and initiating economic analyses is to be welcomed. The independent and voluntary fostering sector provides high quality foster care throughout England – 90% good or outstanding Ofsted judgements. Yet there are major issues about the process of matching carers with children according to need. Local authority commissioning models do not provide an accurate comparison between in-house and independent sector fostering. Commissioning is not child centred or strategic (see Narey/Owers Fostering Review for DfE, 2018). The absence of such analysis currently hampers good child care decision-taking based on need rather than cost.	Thank you for your comment.
NHS England	General	General	Having reviewed this from a primary care perspective, we feel it is all appropriate and have nothing to add from a primary care or GP perspective.	Thank you for your comment, we appreciate your support for this scope and update of the guideline.
NHS England	General	General	We welcome the revision of the document, and feel that broadly the scope is reflective of the CYP LAC population and their needs.	Thank you for your comment, we appreciate your support for this scope and update of the guideline.

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		<p>We welcome the scope including the reiteration of good social work practice that was included in the last iteration of the guidance. We welcome the need to understand that supporting placements and good preparation for leaving care provides the best platform for emotional wellbeing but we recommend this guidance includes how to support the specific issues experienced by looked after children with their mental health. We recommend inclusion of the following areas within the guidance:</p> <ul style="list-style-type: none"> • How should services for children and young people who are looked after best be commissioned? • What sort of support works well with professional networks? • What interventions work with children who are living with uncertainty? • How can professionals promote positive attachments? • How best can professionals put their corporate parenting responsibilities into practice? 	<p>Regarding What sort of support works well with professional networks?:</p> <p>The updated guideline will consider the evidence for the following review questions: What is the effectiveness of interventions and approaches to support practitioners in completing physical and mental health and wellbeing assessments for children and young people, and acting on findings? What are the barriers to, and facilitators for, promoting physical and mental health and wellbeing of looked-after children and young people?</p> <p>Regarding What interventions work with children who are living with uncertainty?:</p> <p>The update will consider the evidence for the following review questions: What is the effectiveness of health and social care interventions and approaches to support care placement stability? What are the barriers to, and facilitators for, supporting care placement stability? What is the effectiveness of health and social care interventions and approaches to support positive relationships? What is the effectiveness of interventions to support learning needs by either a learning provider or carer of school-aged looked-after children and young people?</p>
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				<p>What is the effectiveness of interventions to support entry into further education or training?</p> <p>What is the effectiveness of interventions and approaches to support young people transitioning out of care to living with their adoptive or birth parents or special guardians, or into connected care?</p> <p>What is the effectiveness of interventions and approaches (including entry into employment, training, life skills and higher education) to support young people transitioning out of care into independent living?</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline</p> <p>Regarding How should services for children and young people who are looked after best be commissioned?: This area was not prioritised for this guideline update because it was decided as part of the surveillance review</p>
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				<p>that there is overlap and commonality with existing statutory guidance, including Promoting the health and wellbeing of looked-after children (Department for Education & Department of Health 2015). No additional intelligence indicated that this area required updating.</p> <p>Regarding How can professionals promote positive attachments?: Attachment needs are covered in separate guideline NG26 Children’s attachment: attachment in children and young people who are adopted from care, in care of at high risk of going into care. The updated guideline looked after children and young people will have the opportunity to cross-refer to related NICE guidelines as needed. We will also forward your comments to NICE’s surveillance team for consideration at the next surveillance review of NICE guideline NG26 Children’s attachment.</p> <p>Regarding How best can professionals put their corporate parenting responsibilities into practice?: This area is beyond the remit of NICE as there is statutory guidance on corporate parenting by the Department of Education: Applying corporate parenting principles to looked-after children and care leavers published February 2018.</p>
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NHS England	2	19	Suggest adding that Health- CCG/Public Health/NHS England have a duty to support the LA to meet the health needs of LAC.	Thank you for your comment, we have added the suggested text.
NHS England	2	28	There are other statutory guidance to include: Care Planning and Placement Regulations (2010) and Children and Social Work Act (2017) that should be cited.	Thank you for your comment. We have now added this statutory guidance.
NHS England	3	25	Question- If an English child is placed in Wales, Scotland or Northern Ireland, how would the guidance effect those children and practitioners working across these boundaries?	<p>Thank you for your comment. NICE’s guidelines cover health and care in England Decisions on how NICE guidance applies in these countries are made by the devolved administrations, who are often involved and consulted with in the development of NICE guidance. The Department of Education’s statutory guidance “Out of authority placement of looked-after children” outlines responsibilities of everyone involved when a child is placed across boundaries.</p> <p>We have added children placed out of area to the specific consideration section of the scope. This group is also in the equality and impact assessment document.</p> <p>The committee will consider whether:</p> <ul style="list-style-type: none"> the evidence review has addressed areas identified in the scope as needing specific attention with regard to equality issues criteria for access to an intervention might be discriminatory (for example, through membership of a particular group, or by using an assessment tool that might discriminate unlawfully)

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				<ul style="list-style-type: none"> any groups of people might find it impossible or unreasonably difficult to receive or access an intervention recommendations can be formulated to advance equality (for example, by making access more likely for certain groups, or by tailoring the intervention to specific groups).
NHS England	4	9	Question- If an English child is placed in Wales, Scotland or Northern Ireland, how would the guidance effect those children and practitioners working across these boundaries?	Thank you for your comment. NICE's guidelines cover health and care in England Decisions on how NICE guidance applies in these countries are made by the devolved administrations, who are often involved and consulted with in the development of NICE guidance. We will keep in mind the issue you have raised when developing the guideline.
NHS England	5	3	Consider changing wording from babies and young children to outline the age of the child – do you mean to focus on under 2's or under 5's ?	Thank you for your comment. We do not specify the age in the scope document. This will be considered carefully at the protocol writing stage of the guideline development.
NHS England	5	5	Consider changing the words 'young parents'	Thank you for your comment, we have changed 'young parents' to teenage and young parents, to ensure those aged between 20-25years are included.
NHS England	6	1	Police stations should not be used a place of safety or secure setting	Thank you for your comment. Some of the stakeholders that work with vulnerable children have reported that some children present to the police station as a place of safety. We have retained police stations in the draft scope.
NHS England	6	6	Consider adding in the role of LA commissioners who are responsible for the Placement Sufficiency strategy for their	Thank you for your comment. The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews

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			LA and determines where children live, foster carer strategy and the scoping of appropriate placements in/out if area	will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others.
NHS England	6	14	Interventions to promote positive relationships – needs further clarification...is this between YP's, family, carers...its not explicit and needs further definition	Thank you for your comment. We have left this broad to allow for committee to consider all the relationship that may have an impact in a looked after children or young person's life.
NHS England	6	15	Add in 'emotional' between physical and mental health	Thank you for your comment. We have added your suggestion.
NHS England	11	30	Add in the word 'challenges' in addition to barriers	Thank you for your comment. Barriers has been used in the scope as this includes challenges.
NHS England	12	27	Add in -promoting health seeking behaviours to prepare the young person for adulthood	Thank you for your comment. The scope includes a list of the main outcomes that the guideline will consider. The guideline committee will define the outcomes that will be considered in the evidence reviews through development of the review protocols. The guideline committee will consider your comment when developing the evidence review protocols.
Office of the Police & Crime Commissioner South Yorkshire	2	20	The draft scope may need to acknowledge and differentiate between the services/ entitlements of those 'relevant' care leavers and those who are not regarded as relevant	Thank you for your comment. This section of the draft scope aims to provide the current context, ensuring the guideline focuses on achieving improvement in areas where it is most needed and potential implementation issues are identified early and used to inform the guideline and relevant implementation activity/resources.

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Office of the Police & Crime Commissioner South Yorkshire	2	26	In addition to frequent placements leading to poorer mental health and less sense of belonging, should also note that frequent placement moves can disrupt treatment plans and access to services because i) may not make it up the priority list before move to another area/ another list; ii) once commence treatment – that can be disrupted due to placement move so is inconsistent, incomplete.	Thank you for your comment. We have added your suggested text.
Office of the Police & Crime Commissioner South Yorkshire	3	18	In addition to those mentioned, the guideline should be for i) those who formulate sentencing guidelines (the Sentencing Council); ii) those who advise sentencers on sentencing options (staff who work in the courts as legal advisors and officers working for the National Probation Service who prepare pre-sentence reports); iii) those who work with young people and care leavers in secure youth custody establishments, Young Offender Institutes; iv) those who work with care leavers and young people involved in or on the periphery of the criminal justice system in the community such as Youth Offending Teams	Thank you for your comment. Those who formulate sentencing guidelines (the Sentencing Council), advise sentencers on sentencing options; work with young people and care leavers in secure youth custody establishments, work with care leavers and young people involved in or on the periphery of the criminal justice system in the community such as Youth Offending Teams are covered by the criminal justice system and are covered in the scope in the statement ‘this guideline is for “criminal justice system, including police force”.’
Office of the Police & Crime Commissioner South Yorkshire	4	21	As well as looked After Children and young people on remand, there are also those who are i) detained in secure youth custody; and, ii) those who are serving ‘sentences’ in the community	Thank you, we have now added those detained in secure youth custody and those serving community orders to the scope.
Office of the Police & Crime Commissioner South Yorkshire	5	5	Should it clarify whether specific consideration should be given to those considered to be ‘at risk’ of exploitation and trafficking, as well as those who are known to have experienced exploitation and/ or trafficking because even those who have been at risk may have particular health support needs as a consequence	Thank you for your comment. We have now amended and included the words 'at risk'.

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Office of the Police & Crime Commissioner South Yorkshire	12	6	Should the scope specifically identify supporting the learning needs of looked after children and young people at key stages in their development and learning (e.g. during puberty); and during particularly stressful times in their academic lives such as key assessments/ examinations (such key stages 2 and 3)	<p>Thank you for your comment. The update will consider the evidence for the following review questions:</p> <p>What is the effectiveness of interventions to support learning needs by either a learning provider or carer of school-aged looked-after children and young people? What is the effectiveness of interventions to support entry into further education or training? What are the barriers to, and facilitators for, supporting learning needs?</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted based on review protocols developed for the guideline. The guideline committee will consider your comment when developing the evidence review protocols.</p>
Office of the Police & Crime Commissioner South Yorkshire	12	10	In addition, should the guideline consider what supported learning may be required to deal with or address any neurological development trauma impact of being in care, and the issues that led to those young people being taken into care and their experience(s) of being in care	<p>Thank you for your comment. The update will consider the evidence for the following review questions:</p> <p>What is the effectiveness of interventions to support readiness for school? What is the effectiveness of interventions to support learning needs by either a learning provider or carer of school-aged looked-after children and young people? What is the effectiveness of interventions to support entry into further education or training?</p>

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				<p>What are the barriers to, and facilitators for, supporting learning needs? As stated in the scope specific consideration will be given to those with disabilities, special education needs and behaviour that is challenging</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.</p>
Office of the Police & Crime Commissioner South Yorkshire	12	28	Should the guideline consider evidence of both positive and negative “behavioural, cognitive, educational and social functioning” with a view to the outcomes being sought being enablers of or contributors to positive outcomes	Thank you for your comment. The scope includes a list of the main outcomes that the guideline will consider. The guideline committee will define the outcomes that will be considered in the evidence reviews through development of the review protocols. The guideline committee will consider your comment when developing the evidence review protocols.
Office of the Police & Crime Commissioner South Yorkshire	12	31	Should the guideline consider evidence of both positive and negative “experience of parenting and parenting behaviour”, again with a view to the outcomes being sought leading to positive outcomes (which may also be relevant to those	Thank you for your comment. The scope includes a list of the main outcomes that the guideline will consider. The guideline committee will define the outcomes that will be considered in the evidence reviews through development of

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			who find themselves being parents whilst still children themselves)	the review protocols. The guideline committee will consider your comment when developing the evidence review protocols.
Office of the Police & Crime Commissioner South Yorkshire	13	3	Not entirely sure what might be regarded as “criminal outcomes” – would being on the periphery of the criminal justice system, perhaps in receipt of a community resolution, which sits outside of the formal criminal justice system but is increasingly being used as a disposal for vulnerable young people to prevent over criminalisation.	Thank you for your comment. The scope includes a list of the main outcomes that the guideline will consider. The guideline committee will define the outcomes that will be considered in the evidence reviews through development of the review protocols.
Royal College of General Practitioners	General	General	The RCGP is currently reviewing and updating the Children’s Safeguarding Toolkit which includes a section on looked after children and young people. The updated toolkit will be available in March 2019 and may be of interest to the guideline developers.	Thank you for this information. The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. If the evidence you refer to meets the review protocol, this will be considered by the guideline committee during the update.
Royal College of General Practitioners	3	7	Military facilities need to be included	Thank you, we have now added military facilities to the list.
Royal College of General Practitioners	4	22	The committee should consider giving special consideration to looked after children in contact with in the criminal justice system and young offenders. From 2017 - 2018, 4% of looked after children aged 10 or over (looked after for at least 12 months) were convicted or	Thank you for your comment. The committee will consider looked after children as part of the guidance update. This group is already listed under the section ‘groups that will be covered’.

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			<p>subject to youth cautions or youth conditional cautions during the year. Looked after children (who have been looked after for at least 12 months) are five times more likely to offend than all children. National Statistics, Children looked after in England including adoption: 2017 to 2018, https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2017-to-2018</p> <p>Looked after children and young people who encounter the criminal justice system may benefit from more intensive interventions and support to improve outcomes and reduce reoffending.</p> <p>Prison Reform Trust (2016) http://www.prisonreformtrust.org.uk/Portals/0/Documents/ris_k_adverse_influence_criminalisation_lit_review_lo.pdf</p> <p>Staines (2017) "Looked after children and youth justice: a response to recent reviews", Safer Communities, Vol. 16 Issue: 3, pp.102-111, https://doi.org/10.1108/SC-01-2017-0005</p>	
Royal College of General Practitioners	5	14	Military facilities need to be included	Thank you, we have now added military facilities to the scope.
Royal College of General Practitioners	6	15	Needs to be recognised that health and wellbeing needs can be lifelong, not just whilst in care	Thank you for your comment. The guideline committee will define the outcomes that will be considered in the evidence reviews through development of the review protocols. This may include life course outcomes.

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Royal College of General Practitioners	7	4	Life skills about being a parent is important also. It is often the case that children who have been in care, who become parents themselves, have their children removed	<p>Thank you for your comment. The scope sets out the areas the guideline will consider. The update will consider the evidence for the following review questions: What is the effectiveness of interventions and approaches (including entry into employment, training, life skills and higher education) to support young people transitioning out of care into independent living? What are the barriers to, and facilitators for, supporting and developing care leavers to transition into independent living?</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. If the evidence you refer to meets the review protocol, this will be considered by the guideline committee during the update. We will keep in mind the issue you have raised when developing the guideline.</p>
Royal College of General Practitioners	8	26	The NICE Guideline on 'Preventing suicide in community and custodial settings' should be included here as this includes children and young people in secure estate.	Thank you for your comment. We have now added NICE's guideline Preventing suicide in community and custodial settings to the list.
Royal College of General Practitioners	11	20	The GP can be a significant adult in the lives of some looked after children (LAC), being a constant figure providing support. It is important the LAC have a named GP and see the same GP at each visit. Currently, there is	Thank you for this information. The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions

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			<p>variation in practice of LACs having named healthcare professionals, with some practices having named GPs, some named nurses and others having no named healthcare professional.</p> <p>CQC (2016) https://www.cqc.org.uk/sites/default/files/20160707_not_seen_not_heard_report.pdf</p> <p>RCPCCH guidance, endorsed by the RCGP (2015) https://www.rcpch.ac.uk/sites/default/files/Looked_after_children_Knowledge_skills_and_competence_of_healthcare_staff.pdf</p> <p>Department of Health (2015) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/276500/promoting_health_of_looked_after_children.pdf</p>	<p>described in the scope which will include all published evidence which meet the review protocols developed for the guideline. If the evidence you refer to meets the review protocol, this will be considered by the guideline committee during the update.</p> <p>The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline. Please be reassured that there is primary care representation on the committee in the form of a general practitioner.</p>
Royal College of General Practitioners	11	23	A barrier could be frequent change of setting	<p>Thank you for your comment. The scope sets out the areas the guideline will consider. The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and</p>

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				decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.
Royal College of General Practitioners	11	30	<p>A facilitator to effective care could be a named GP who looks after medical needs. Every LAC should have a named GP who can have a relationship with them through transition.</p> <p>A barrier could be record keeping. Notes should be coded for LAC and other vulnerabilities to enable continuity if they see other healthcare professionals in the practice</p>	<p>Thank you for your comment. The Department of Health statutory guidance states that every looked after child and young person should have a designated doctor and nurse, and a named health professional. Therefore, it is beyond the remit of NICE to consider statutory guidance.</p> <p>The scope sets out the areas the guideline will consider. The update will consider the evidence for the following review question:</p> <p>What are the barriers to, and facilitators for, promoting physical and mental health and wellbeing of looked-after children and young people?</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners,</p>

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				commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.
Royal College of General Practitioners	12	11	LAC need education and information on appropriate use of and access to health services. This could be part of a package on transitioning out of care which includes education on wider life skills, such as on finance, housing.	<p>Thank you for your comment. The scope sets out the areas the guideline will consider. The update will consider the evidence for the following review questions:</p> <p>What is the effectiveness of interventions and approaches to support young people transitioning out of care to living with their adoptive or birth parents or special guardians, or into connected care?</p> <p>What are the barriers to, and facilitators for, supporting and developing young people to transition out of care to living with their adoptive or birth parents or special guardians, or into connected care?</p> <p>What is the effectiveness of interventions and approaches (including entry into employment, training, life skills and higher education) to support young people transitioning out of care into independent living?</p> <p>What are the barriers to, and facilitators for, supporting and developing care leavers to transition into independent living?</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its</p>

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				judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.
Royal College of General Practitioners	12	18	<p>An intervention/facilitator could be the attendance of mainstream schools. This would support the development of social interactions and the ability to form new friendship networks</p> <p>An intervention/facilitator could be psychosocial support when moving away from higher education/employment</p>	<p>Thank you for your comment. The scope sets out the areas the guideline will consider. The update will consider the evidence for the following review questions:</p> <p>What is the effectiveness of health and social care interventions and approaches to support positive relationships? What are the barriers to, and facilitators for, supporting relationships? What is the effectiveness of interventions to support entry into further education or training?</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. We will keep in mind the issue you have raised when developing the guideline.</p>
Royal College of General Practitioners	12	19	The committee may want to consider wider social outcomes. For example, dependence on benefits, being employed, having a career plan, completing college courses	Thank you for your comment. The scope includes a list of the main outcomes that the guideline will consider. The guideline committee will define the outcomes that will be considered in the evidence reviews through development of

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				the review protocols. The guideline committee will consider your comment when developing the evidence review protocols.
Royal College of General Practitioners	12	24	Other outcomes to consider include: <ul style="list-style-type: none"> - Experience of a LAC when they become parents themselves e.g. their own children being on a child protection plan or removed from their care - Drug and alcohol misuse - Exploitation as a child/adult e.g. sexual exploitation, criminal exploitation, being involved in County Lines, prostitution 	Thank you for your comment. The scope includes a list of the main outcomes that the guideline will consider. The guideline committee will define the outcomes that will be considered in the evidence reviews through development of the review protocols. The guideline committee will consider your comment when developing the evidence review protocols.
Royal College of General Practitioners	12	32	Health outcomes the committee may want to consider include referral to CAMHS, suicide, use of medication, alcohol problems, drug problems, self-harm of all kinds, smoking, unplanned pregnancy, long term conditions	Thank you for your comment. The scope includes a list of the main outcomes that the guideline will consider. The guideline committee will define the outcomes that will be considered in the evidence reviews through development of the review protocols. The guideline committee will consider your comment when developing the evidence review protocols.
Royal College of Nursing	General	General	The Royal College of Nursing welcomes proposals to develop NICE guidance for Looked After Children and Young People. The RCN invited members who work with looked after children and young people to review the draft document on our behalf. The comments below reflect the views of our reviewers.	Thank you for your comment, we welcome your support for this scope and update of the guideline.

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Royal College of Nursing	4	7	<p>We wish to check that this section will also cover children taken into care because a parent has gone to prison or is in remand?</p> <p>The children and young people listed in this category are particularly vulnerable and we need to ensure that they receive adequate health and social care support as a priority. Good nursing care and support is particularly important. There will be a need to link closely with the newly established liaison and diversion services and courts.</p>	<p>Thank you for your comment. These children are included in the scope as once they have re-entered care they are looked after children.</p>
Royal College of Nursing	11 – 12	12 & 24	<p>General and Pages 11 – 12</p> <p>Key issues and draft questions and Main outcomes</p> <p>Experience of working with Looked After Children and Young People, shows that there needs to be a greater emphasis on sexual exploitation, and also areas like forced marriage and female genital mutilation need to be included in this guidance.</p>	<p>Thank you for your comment. As detailed in the draft scope section 3.1, the groups that will be covered, with specific consideration to those children and young people who are victims of exploitation and trafficking. This means for every question the committee will look for evidence including this population.</p> <p>This population is also mentioned in our equality impact assessment.</p> <p>The equality impact assessment document is linked to in section 2 of the scope. The committee will consider whether:</p> <ul style="list-style-type: none"> the evidence review has addressed areas identified in the scope as needing specific attention with regard to equality issues criteria for access to an intervention might be discriminatory (for example, through membership of a

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				<p>particular group, or by using an assessment tool that might discriminate unlawfully)</p> <ul style="list-style-type: none"> any groups of people might find it impossible or unreasonably difficult to receive or access an intervention recommendations can be formulated to advance equality (for example, by making access more likely for certain groups, or by tailoring the intervention to specific groups).
Royal College of Paediatrics and Child Health	General	General	The reviewer is happy with the scope of this guideline.	Thank you for your comment. We welcome your support for this scope and guideline update.
Royal College of Paediatrics and Child Health	General	General	This is a timely and helpful document. However, there is concern over the fact that there are too many exclusions which recommend referral to linked guidelines so that an easy flow chart will be difficult to construct.	Thank you for your comment. We welcome your support for this draft scope. NICE produces pathways with each guideline helping guideline users to navigate through the links. The updated guideline will have the opportunity to cross-refer to related NICE guidelines as needed.
Royal College of Paediatrics and Child Health	General	General	Looked After Children are frequently referred to Clinical Genetics, and/or have genetic/genomic testing performed, for various indications. It is concerning that genetic factors do not seem to be mentioned anywhere in this document. Please see the attached reference: Arch Dis Child 2016;101:581–584.	Thank you for your comment. The scope sets out the areas the guideline will consider. The role of genetic factors in general is outside of the remit of this guideline.
Royal College of Paediatrics and Child Health	4	17	As long as children residing at home on ICO/FCO are subject to LAC processes and statutory duties.	Thank you for this information. We agree, these children are covered in this guideline update as mentioned in the scope under “groups that will be covered”. We have now amended to -

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				children and young people living at home with birth parents but under a full or interim local authority care order and are subject to looked after children and young people processes and statutory duties.
Royal College of Paediatrics and Child Health	4	9	Whilst accepting the age range up to 25 years is right for CYP this means paediatric and adult health services will need to be considered and may significantly expand or confuse the scope of the guideline if not managed appropriately.	Thank you for your comment. The guideline will cover social care as well and we understand that local authorities have a responsibility to provide services to looked after children and young people until the age of 25. The guideline committee will consider this carefully during the guidance development phase. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others.
Royal College of Paediatrics and Child Health	5	15	There needs to be clarification if this will include private fostering arrangements and private children's homes; universal health provision may differ.	Thank you for your comment, privately fostered children are not looked after children and young people because this arrangement is made privately (without the involvement of a local authority) for the care of a child under the age of 16 years (under 18, if disabled) by someone other than a parent or close relative, in their own home, with the intention that it should last for 28 days or more, therefore are outside the remit for this guideline update.
Royal College of Paediatrics and Child Health	6	24	There needs to be clarification if this includes those under care of virtual school and no longer in school but <18years; what about at further education Colleges etc.	Thank you for your comment. These will be considered by the guideline, the scope section 3.2 describes the settings that will be covered, "all settings that target a specific issue and have an element or service tailored to looked-after children and young people (or their parents, other family or

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				carers) or for which the impact on looked-after children and young people is actively monitored and evaluated”.
Royal College of Paediatrics and Child Health	7	23	Should NICE guidance on autism be included?	Thank you for your comment. We have added Autism guidance to the list.
Royal College of Paediatrics and Child Health	11	5	There are specific CCG guidelines about LAC and who pays relevance to this guideline.	Thank you for this information. We do not make recommendations on who pays for services, rather as part of the guideline development interventions are assess for both effectiveness in terms of outcomes and costs.
Royal College of Psychiatrists	General	General	LAC with neurodevelopmental conditions, language and communication difficulties and specific learning problems like ‘dyslexia’ should be given special consideration along with other groups mentioned	Thank you for your comment. We believe that this group is covered by "children with physical disabilities, special education needs or behaviour that challenges".
Royal College of Psychiatrists	12	24	In section 3.6 relating to outcomes we should also include ‘development of a stable sense of identity, self-awareness and a sense of selfhood including ethnic and familial origins	Thank you for your comment. The scope includes a list of the main outcomes that the guideline will consider. The guideline committee will define the outcomes that will be considered in the evidence reviews through development of the review protocols. The guideline committee will consider your comment when developing the evidence review protocols.
Royal College of Speech and Language Therapists	2	9	The RCSLT suggest including a statistic around Speech, Language and Communication Needs. (See RCSLT LAC factsheet e.g. No Wrong Door – 62% of LAC assessed had communication difficulties and only 2 previously known to Speech and Language Therapy services). We believe it could also be appropriate to use a statistic on exclusions and SLCN here.	Thank you for your comment. We have added the statistics on exclusions and special education needs to the scope.

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Royal College of Speech and Language Therapists	5	7	We think you should also add 'children/young people with speech, language and communication needs' here too	<p>Thank you for your comment. We have added children and young people with speech, language and communication needs.</p> <p>We have also added specifically speech and language needs to both the scope and equality impact assessment document.</p> <p>The equality impact assessment document is linked to in section 2 of the scope. The committee will consider whether:</p> <ul style="list-style-type: none"> the evidence review has addressed areas identified in the scope as needing specific attention with regard to equality issues criteria for access to an intervention might be discriminatory (for example, through membership of a particular group, or by using an assessment tool that might discriminate unlawfully) any groups of people might find it impossible or unreasonably difficult to receive or access an intervention recommendations can be formulated to advance equality (for example, by making access more likely for certain groups, or by tailoring the intervention to specific groups).
Royal College of Speech and Language Therapists	6	4	Again, we suggest looking at the RCSLT LAC and SEMH factsheet and include information on Speech and Language Therapy services. We also think that you should include the fact that having SLCN can make verbally mediated	Thank you for your comment. The updated guideline will consider the evidence for the following review questions which relate to speech language and communication needs

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			interventions less effective. Also, we believe it worth mentioning the impact of SLCN can have on placement stability e.g. SLCN is an invisible disability that can be misinterpreted by carers leading to inappropriate solutions e.g. only treating surface behaviour or not having appropriate skills to support fully.	What is the effectiveness of interventions to support learning needs by either a learning provider or carer of school-aged looked-after children and young people? What are the barriers to, and facilitators for, supporting learning needs? The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.
Royal College of Speech and Language Therapists	6	24	We suggest adding in SLCN here	Thank you for your comment. We have added speech, language and communication needs to the scope.
Royal College of Speech and Language Therapists	7	23	We would question why there is no separate document for SLCN interventions for those with SEMH? (Social, emotional and mental health).	Thank you for your comment. The scope includes links to PH12 and PH20 which are current NICE guidance on social and emotional wellbeing in primary and secondary children respectively. This guidance is currently under review and expected to be published in 2021.
Royal College of Speech and	12	28	We suggest adding in SLCN here	Thank you for your comment. The scope includes a list of the main outcomes that the guideline will consider. The guideline committee will define the outcomes that will be

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Language Therapists				considered in the evidence reviews through development of the review protocols. The guideline committee will consider your comment when developing the evidence review protocols.
The British Psychological Society	General	General	Looked after children – are at significant risk of lifelong difficulties in a range of areas. Research confirms that childhood abuse, neglect and dysfunctional families can change neurological development in children and make it harder for children to develop healthy attachment relationships with appropriate adults. Attachment difficulties can lead to: anxiety; depression; behaviour problems; aggression and difficulties managing emotions.	Thank you for this information. Attachment needs are covered in separate guideline NG26 Children’s attachment: attachment in children and young people who are adopted from care, in care of at high risk of going into care. The updated guideline looked after children and young people will have the opportunity to cross-refer to related NICE guidelines as needed. We will also forward your comments to NICE’s surveillance team for consideration at the next surveillance review of NICE guideline NG26 Children’s attachment.
The British Psychological Society	General	General	The incidence of learning disabilities, ASD and ADHD is higher in looked after children. Educational and social outcomes are poor with these neuro-developmental vulnerabilities, especially where they are compounded by the considerable incidence of abuse/neglect. In addition, exposure to trauma is higher, and early nurturing experiences may have been missed. This means that there is increased risk of mental health problems. However, services do not routinely measure these kinds of needs in looked after children (except annually with the Strengths and Difficulties Questionnaire that has ceiling effects in this group, is not sensitive to change, and has limited breadth and depth).	<p>Thank you for this information. The scope sets out the areas the guideline will consider. The update will consider the evidence for the following review questions:</p> <p>What is the effectiveness of interventions and approaches to support practitioners in completing physical and mental health and wellbeing assessments for children and young people, and acting on findings? What are the barriers to, and facilitators for, promoting physical and mental health and wellbeing of looked-after children and young people?</p> <p>The scope also states that specific consideration will be given to children with physical disabilities, speech and</p>

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				<p>language needs, special education needs or behaviour that challenges. These groups are also included in the equality impact assessment form.</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.</p>
The British Psychological Society	General	General	<p>See, 'Delivering psychological services for children, young people and families with complex social care needs' by M. Silver, K. Golding, & C. Roberts (Paper 8 in What good looks like in psychological services for children, young people, and their families - The Child and Family Clinical Psychology Review, Summer 2015). https://www1.bps.org.uk/system/files/user-files/DCP%20Faculty%20for%20Children,%20Young%20People%20and%20their%20Families/public/cfcpr_3.pdf</p>	<p>Thank you for this information. The scope sets out the areas the guideline will consider. The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. If the evidence you refer to meets the review protocol, this will be considered by the guideline committee during the update.</p>
The British Psychological Society	General	General	<p>The Centrality of Attachment in the care of Looked After Children</p>	<p>Thank you for your comment. As you have noted, assessment of attachment difficulties is covered in separate guideline NG26 Children's attachment: attachment in</p>

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		<p>The draft scope currently excludes assessment of attachment difficulties and attachment based interventions on the grounds that this is covered in separate NICE guidelines (NG26). NG26 is comprehensive, it should be closely integrated, or at least heavily cross-referenced, to the proposed guideline. Establishing physical and emotional safety, and other aspects of beneficial attachments, should be central to the care and support of these children, many if not most of whom, by definition, have lacked such factors in their pre-care lives. The draft scope itself quotes a rate of 63% of abuse and neglect as reasons for entering care. Such maltreatment is known to disturb the basic ability of children to build trust in others and affects physiology in terms of brain development and physical responses to stress (Teicher, 2003; Bernard & Dozier, 2010), hence the priority need for attachment-based interventions as early as possible in the care process.</p> <p>The draft scope proposes:</p> <ul style="list-style-type: none"> • Supporting care and placement stability • Interventions to promote positive relationships • Supporting the holistic well-being of children and young people • Supporting learning needs. <p>All of the above are powerfully affected when children are maltreated or neglected by caregivers who lack the skill or</p>	<p>children and young people who are adopted from care, in care of at high risk of going into care. We will forward your comments to NICE’s surveillance team for consideration at the next surveillance review of NICE guideline NG26 Children’s attachment. The updated guideline looked after children and young people will have the opportunity to cross-refer to related NICE guidelines as needed.</p>
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		<p>who for other reasons present children with hostile or preoccupied responses to stress. This is even worse when caregivers are actively abusive, which may cause disorganisation of the attachment behavioural system. NG26 explains the theory and research comprehensively and also recommends a range of evidence based interventions depending on the age and situation of the child: video interaction guidance, training and support for foster carers, therapeutic play sessions for school age children, education programmes, and identification of key attachment alternative figures. NG26 also explicitly guides intervention away from genetic testing and medication as responses to attachment difficulties.</p> <p>Therefore, we would welcome assurance that the guidance will ensure that attachment factors are addressed by those following the guidance.</p> <p>References: Bernard, K. & Dozier, M. (2010). Examining infants' cortisol responses to laboratory tasks among children varying in attachment disorganisation: stress reactivity or return to baseline. <i>Developmental Psychology</i>, 46, 6, 1771-1778.</p> <p>Teicher, M., Andersen, S., Polcari, A., Anderson, C., Navalta, C. & Kim, D. (2003). The neurobiological consequences of early stress and childhood maltreatment. <i>Neuroscience and Biobehavioral Reviews</i>, 27, 1-3, 33-44.</p>	
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University College London, Dept of Information Studies	General	General	We would underline the critical importance of child social care records and recordkeeping practices in supporting the identity, stability and mental health of care-experienced people. We suggest exploring the value of interventions that support children and young people to explore their family and care histories through life story work and creative memory work. We also suggest considering interventions that provide children, young people and their families with the opportunity to co-produce the records written and kept about them, leading to more robust decision-making and greater transparency.	<p>Thank you for your comment. The scope sets out the areas the guideline will consider. The update will consider the evidence for the following review questions: What is the effectiveness of interventions and approaches to support practitioners in completing physical and mental health and wellbeing assessments for children and young people, and acting on findings? What are the barriers to, and facilitators for, promoting physical and mental health and wellbeing of looked-after children and young people?</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. We will keep in mind the issue you have raised when developing the guideline.</p>
University College London, Dept of Information Studies	General	General	In terms of cost-saving interventions we suggest that combining the recordkeeping function with therapeutic approaches to memory and identity (e.g. through life story work and co-production, as explore by the MIRRA project, Shepherd et al, 2017-2019) has significant benefit both during and after a person has left care. While a child or young person is in care it provides the basis for placement stability and positive relationships, which are based on a shared understanding of what is happening and why. Later in life, when a person has left care, it greatly reduces the	Thank you for this information. The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. For each review question, we will undertake searches to identify relevant published economic evaluations related to the interventions of interest.

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			burden of subject access requests for records via leaving care teams, both in terms of the number of requests and in relation to the redaction of information which is time consuming and resource intensive.	
University College London, Dept of Information Studies	General	General	In terms of innovative approaches, we would suggest the open, co-productive recording model being developed as part of the MIRRA project and which we hope will lead to the development of new holistic recordkeeping tools, such as co-productive case management systems.	<p>Thank you for your comment. The scope sets out the areas the guideline will consider. The update will consider the evidence for the following review questions:</p> <p>What is the effectiveness of interventions and approaches to support practitioners in completing physical and mental health and wellbeing assessments for children and young people, and acting on findings?</p> <p>What are the barriers to, and facilitators for, promoting physical and mental health and wellbeing of looked-after children and young people?</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.</p>
University College London,	4	10	The draft scope currently includes child and young people in care and care leavers up to the age of 25, but excludes	Thank you for your comment.

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Dept of Information Studies			children and young people who are no longer in care and older care leavers. We suggest that the scope should further clarify who is included in the categories of 'looked-after' and 'care leaver', taking into account that the current government definitions are extremely reductive. At present a young person who has been in care throughout the whole of their childhood, but who has returned to a birth family at the age of 14 would not qualify as a looked after child or care leaver. In reality those who have previously been in care, or who are on the edge of care, experience analogous life challenges and long-term effects. Thus we recommend that the scope be expanded to encompass a more generous definition of care-experience in order to be as inclusive as possible. The same interventions may be critical to supporting the wellbeing and identity of this wider group. For example, recent research at UCL (MIRRA, Shepherd et al, 2017-2019) shows that the provision of creative, age-appropriate life story and memory work is critical to the sense of self and belonging for care-experienced people throughout the life course.	The definitions of looked-after children and care leavers are included in the draft scope. Looked-after children, under the Children Act 1989 is defined as a child who is provided with accommodation, for a continuous period of more than 24 hours (Children Act 1989, Sections 20 and 21), is subject to a care order (Children Act 1989, Part IV), or is subject to a placement order 'Care leavers' is defined as a child stops being looked after when they are adopted, return home or turn 18. But local authorities are required to support all care leavers up to age 25, if they want this support. It is beyond the remit of this guideline update to include children on the edge of care or those who were formerly in care. However, recommendations made for looked after children may be relevant, as a result we have added children on the edge of care under the section - guideline may be relevant for.
University College London, Dept of Information Studies	8	22	The draft scope currently excludes strategies and policies relating to the delivery of care, including 'recording and communicating information'. We believe that aspects of recordkeeping and recording should be considered as they represent key functions that impact on the stability, health and wellbeing and relationships of a child or young person throughout their life. Our MIRRA research has demonstrated, for example, the extent to which life story	Thank you for your comment. The draft scope is based on the results from the surveillance review (available online https://www.nice.org.uk/guidance/ph28/resources/surveillance-report-2017-lookedafter-children-and-young-people-2010-nice-guideline-ph28-pdf-6054123758533). The review concluded these areas overlap with a number of statutory guidance (for example Promoting the health and wellbeing

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			<p>work and holistic, child-centred recordkeeping impacts on a young person’s sense of identity, independence and self-determination. Child social care records may constitute the equivalent of childhood memories or scrapbooks, and provide a clear narrative of what has happened, when and why. These are not only critical for safeguarding the child or young person, but play an important role in supporting their understanding of themselves and the important relationships in their lives. Our research suggests that when a child or young person has been actively involved in recording their own care experience they have increased self-esteem and confidence; whereas when recording excludes their voice they feel powerless and distrustful. Too many children are leaving care (either at 16/18 or at a younger age to return to family care) without basic memory tools such as photographs, sentimental objects and personal documents like school reports. Life story work is under-resourced, meaning that it is often done last minute and without the creative input of the child or young person. Such omissions lead to confusion and frustration that may subsequently be factors in poor educational outcomes and youth-offending. Thus, we suggest that child-centred recordkeeping be in scope as a vital intervention in supporting care-experienced people.</p>	<p>of looked-after children from the Department for Education & Department of Health 2015), and therefore updating these areas are beyond the remit of NICE.</p>
West Hampshire CCG	2	1	<p>Is neglect not a form of abuse. You seem to list this a separate category. Should it not state”.The main reason for children and young people entering care was as a result of abuse of which 63% related to neglect.</p>	<p>Thank you for your comment. We obtained these figures from the Department of Education’s report ‘Children looked after in England 2018’ and the authors referred to “...the</p>

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				primary need of abuse or neglect..." We have retained the statement.
West Hampshire CCG	2	21	You go from "... personal advisers support .. if they want this support. Sectors cooperate to produce individual care plans covering health". This might not be the case for care leavers but would be the case for LAC under 18. Do we need clarity in what is being said.	Thank you for your comment. This section of the draft scope is to provide the current context. Our understanding from the statutory guidance from the Department of Education: Applying corporate parenting principles to looked-after children and care leavers published February 2018 is that not all care leavers will receive this support, and this depends on the personal need of each care leaver.
West Hampshire CCG	4	5	Agreed that in the equality impact assessment it is mentioned that . Gender identity/gender reassignment and Sexual orientation (page 4) but throughout the rest of this scoping document no reference is made to this ever growing cohort of young people specifically which numbers are increasing within the care system. I believe this to be a serious omission from this scope.	Thank you for your comment. Gender identity/gender reassignment and sexual orientation are all mentioned in the equality impact assessment form. The equality impact assessment document is linked to in section 2 of the scope. The committee will consider whether: <ul style="list-style-type: none"> the evidence review has addressed areas identified in the scope as needing specific attention with regard to equality issues criteria for access to an intervention might be discriminatory (for example, through membership of a particular group, or by using an assessment tool that might discriminate unlawfully) any groups of people might find it impossible or unreasonably difficult to receive or access an intervention recommendations can be formulated to advance equality (for example, by making access more likely for certain groups, or by tailoring the intervention to specific groups).

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West Hampshire CCG	6	11	Special Guardians- how will this be done a once granted the child is no longer looked after. This will need additional resource	<p>Thank you for your comment.</p> <p>The committee will look at evidence in the area of supporting care and placement stability - Support for children and young people, birth families (with children and young people under a full care order), foster carers, key workers in residential care units, connected carers, prospective adopters and special guardians, and social care workers to improve placement stability.</p> <p>In this statement we are referring to prospective adopters and prospective special guardians.</p> <p>The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline</p> <p>In addition each guideline has a resource impact assessment providing an indication of the cost of implementing the guidance.</p>
West Hampshire CCG	6	14	What does this mean?	<p>Thank you for your comment. We have left this broad to allow for committee to consider all the relationships that may have an impact in a looked after children or young person's life.</p>
West Hampshire CCG	11	15 - 17	Health need to be at the table from the outset about placements to advise on health service provision that the LAC can access. This is often done without consultation	<p>Thank you for your comment. The update will consider the evidence for the following review question:</p>

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			and ends up with the LAC not able to access the health care in placement leading to increased placement instability	What is the effectiveness of health and social care interventions and approaches to support care placement stability? The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.
West Hampshire CCG	11	18	As above	Thank you for your comment. Please see our response to your comment above.
West Hampshire CCG	11	20 - 24	Support through CAMHS service is extremely limited due to the national issues on mental health provision. LAC must be given high priority status in any service to support relationships to be able to access the services to meet their needs.	Thank you for you for this information.
West Hampshire CCG	11	25 - 31	Increase national resourcing in health to support all LAC both our own children and those placed by other authorities. We need to assess children once and once only. So for example the "CHAT" in secure accommodation should be regarded as the health assessment for all Lac in these establishments and no further IHA/RHA should be undertaken. Similarly if a child with a complex health need	Thank you for your comment. The current requirement that all children in care should have annual / monthly health checks are based on statutory guidance. It is outside of NICE's remit to review statutory guidance.

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			<p>and / or disability and has an EHCP this should be the statutory health assessment and no further IHA/RHA needs to be undertaken.</p> <p>The factors preventing promoting physical and mental health wellbeing is resource, both financial and staff. This is a poorly resourced sector for our most vulnerable children.</p>	<p>The update will consider the evidence for the following review questions:</p> <p>What is the effectiveness of interventions and approaches to support practitioners in completing physical and mental health and wellbeing assessments for children and young people, and acting on findings?</p> <p>What are the barriers to, and facilitators for, promoting physical and mental health and wellbeing of looked-after children and young people?</p> <p>The update of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.</p>
West Hampshire CCG	11	5	<p>Will it be recommended that areas who receive high numbers of UASC will receive the funding to support them in health which is currently not available. Many of these UASC are placed away from their authority and attract vast costs to the originating CCG and no financial support has been given.</p>	<p>Thank you for your comment. It is beyond the remit of NICE to make specific recommendations about allocation of funding across CCGs.</p>

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West Hampshire CCG	12	24	This section need to reference. Adverse Childhood Experience (ACES) and Exploitation as a specific category	Thank you for your comment. The scope includes a list of the main outcomes that the guideline will consider. The guideline committee will define the outcomes that will be considered in the evidence reviews through development of the review protocols. The guideline committee will consider your comment when developing the evidence review protocols.
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ⁱ NICE. [NG92: Stop smoking interventions and services](#). 2018.

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ⁱⁱⁱ Polnay L. [Promoting the health of looked after children](#). British Medical Journal 2000; 320: 661–662.

^{iv} Moore, G., Holliday, J. and Moore, L. [Socioeconomic patterning in changes in child exposure to secondhand smoke after implementation of smoke-free legislation in Wales](#). Nicotine and Tobacco Research 2011; 34: 599-608

^v Moore, G. et al. [Socioeconomic inequalities in childhood exposure to secondhand smoke before and after smoke-free legislation in three UK countries](#). Journal of Public Health 2012; 34: 599-608.

^{vi} Office for National Statistics, [The mental health of young people looked after by local authorities in England](#). 2003

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^{xvii} Levy, D. Winickoff, J. and Rigotti, N. [School absenteeism among children living with smokers](#). Paediatrics 2011; 128: 650-656.

^{xviii} Yolton, K et al. [Exposure to environmental tobacco smoke and cognitive ability among US children](#).

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^{xix} Kabir, Z. Connolly, G. Alpert, H. [Secondhand smoke exposure and neurobehavioral disorders among children in the United States](#). Pediatrics 2011; 28, 263–270.

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^{xxi} Chastang J. et al. [Postnatal Environmental Tobacco Smoke Exposure Related to Behavioural Problems in Children](#), PLoS One. 2015 Aug 5;10(8):e0133604

^{xxii} Action on Smoking and Health. Smokefree GB survey, conducted by YouGov. Unpublished, 2018.

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^{xxvi} Public Health England. [Evidence review of e-cigarettes and heated tobacco products](#). 2018.

^{xxvii} NICE. [Smoking: Preventing uptake in children and young people](#). 2008.

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