Feedback from the Children's Attachment guideline Stakeholder consultation workshop

I- Scope - Are we on the right track? Have we struck an appropriate balance between the need to keep the scope manageable and covering the most important clinical issues?

Table 1

Population:

Definitions: at risk of being looked after? How can this be defined? Some of these children may not reach the threshold for 'at the edge' of care as defined in local services – ie only those with the higher level of need will meet these criteria. So you may miss the opportunity to intervene early.

Support to include children at risk of going into care (which can be earlier than 'at the edge' of care) which then allows for early intervention.

General agreement that AD in its totality is too broad, but children at risk of going into care could be a group that should be included.

Age – does 0 include pre-natal and antenatal interventions?

Developmental trauma or trauma and its link with AD?

PLD – this is currently being covered in the other LD guidelines, but are also highlighted as a subgroup in the population (ie disabled children)? This term needs to be clarified and checked that AD is being covered in the other guidelines on PLD with MH problems. But if they have AD, would this guideline or the PLD guideline cover this issue? This will be considered with the aim of determining which guideline is most appropriate to serve this population most effectively (and to minimise any overlap). Noted also the potential overlap with CBPLD…

Some support to ensure this guideline covers all children, with any of the potential pre-disposing factors. So any definition should be inclusive, with the recommendations outlining specific needs of different groups as appropriate.

Should this guideline cover how AD should be measured and assessed (predicting AD, at diagnosis and as part of follow-up and monitoring)? This is covered in the review questions and should include when they should be used, and by whom. Also the expertise and training of people involved in identifying AD.

Risks can be detected earlier and action taken earlier.

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Settings:

Care settings mainly as currently defined, but some of these will be in the child's home or other settings (antenatal care for example), especially for those receiving early intervention. This could be expanded – for example, a 4b that covers the wider settings.

Care leavers can leave before aged 18, so should care leaving settings be included? For example, supported living. This age group (16+) is often one where care and services start to be withdrawn and family support may be less.

Can interventions delivered in education and schools be considered as this reads 'very medicalised'? This seems to be implicit (even in the interventions as currently defined) but perhaps it should be made explicit. Also need to reference 'lower level parenting support' and the settings in which these are delivered.

Outcomes:

Queried the term 'disorganised' – but seems to be an accepted term.

Can these be made into full sentences or clarified? Standard text, but these will be fully defined by the GDG.

Should 'avoided costs' be added? If so, this should be broader than just 'cash'.

To consider an educational outcome? Could look at the wider public outcomes – school readiness at 5 etc…

Clinical measures of attachment – assume these are covered in 4.4a?

Experience of the individual?

Health economics:

There is the potential to avoid costs, through early intervention specifically. These avoided costs are not just in the health system, but should cover justice systems and other settings as appropriate.

Noted this is standard text, but may need some 'tweaking' to ensure the potential for a wider perspective to be taken.

Research evidence

Need to be inclusive as, at the heart of this, is the experience of the individual, so this needs to be considered as part of guideline development.

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Table 2
Guideline Title
Early intervention is key, would be good to include this aspect in the title, so to incorporate at-risk populations (prior to birth), ante-natal and infants.

Epidemiology
- Too medical, neglects social context.
- Should be supplemented with more socially contextual information, with a focus on social care.
- Need to look at, and review, the classification of different types of 'looked after' children. For example, those moving from care back to a family member

Current Practice
- There is an absence of education staff in the context of attachment
- More description about early intervention is required

Population
- There is no ante-natal group – need to clarify its inclusion

Groups that will be covered
- Include children with learning disabilities/difficulties
- Need to clarify the inclusion of: mainstream schools, educational psychologists, special educational needs co-ordinators.
- Definition of 'children' regarding inclusion of unborn and infant children groups – needs to be clarified.

Settings
- Add kinship, care, residential care and special schools to settings

Outcomes
- Need to include carer-centred outcomes, not just parent-centred outcomes

Review Question 4.5.2
- a), b) and c) – Language needs to be clear about the inclusion of the ante-natal stage
- b) Clarify the phrase 'early stages', or remove altogether?
- Keep drug /medication interventions

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Table 3
Epidemiology
The definition of 'attachment' needs to be clearer and the group would like to see 'safety' being raised as a big issue.

Differentiate between attachment and relational issues.

Include other attachment issues such as separation anxiety, feeding disorders/ Disturbance growth trajectory.

Add a bullet point about:
- the fluid lifestyle of looked after children and the impact this has.
- Outline the typical family characteristics for children who are on the edge of care

Current practice
3.2 e) the list was criticised for being too restrictive and the group would prefer to broaden the list of interventions so as not to favour those which have been listed.

Population
It would be interesting to expand the population to include:
- the mother
- Infants and children with special education needs
- Those leaving care from residential care before they are 18
- Infants and children from high conflict divorce families

The group warned that the reviewers should also take into account the changing population of those finding themselves in care over the past 2 decades.

Settings
Include:
- All healthcare settings
- Legal setting

It was recommended to divide the settings according to prevention (Primary care and Secondary) and intervention.

Outcomes
Suggested outcomes:
- Separate primary and secondary outcomes
- Long term mental health state
- Relationship related outcomes

- Feeling of security

Table 4

- Should extra consideration be given to International adoptions?

Group agreed that this might be difficult in terms of case identification but should not be neglected in relation to interventions

- Special guardians e.g. grandparents who would not technically fall under the 'looked-after' umbrella should not be overlooked

- Age bracket should be extended to children who are at risk before birth (during pregnancy)

- Should extra consideration be given to children with mental health issues?

These issues may lead to attachment problems, and in turn being on the edge of care

- Is on the edge of care too broad a term?

There is a difference between being on the edge of care and living with a primary care-giver versus being on the edge of care and living away from care-giver

- Is attachment in the scope limited to dyadic attachment (i.e. child-primary care-giver)?

Comment was made that attachment is not just dyadic, there is a network of attachment e.g. friends, and this is key in prevention as it influences who should be assessed

- The scope includes secure/insecure/disorganized categories of attachment, but what about the group of children that cannot attach?

- Processes involved in taking children into care can be very traumatic – emphasis should be placed on minimizing this trauma

- Are there any key outcomes that the scope has missed?

- Transitioning into care
- Reintegration into family/school/community
- Formation and maintenance of healthy relationships/friendships
- Family preservation (returning/staying in the family)
- Better identification of children with attachment problems
    - Early identification viewed as very important
- Parental sensitivity and parental reflective functioning

    - Steps in the right direction which can indicate that improvements are likely to follow
- Reduction in identity problems

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II- Do the topics listed in the scope (section 4.3.1) cover the most important areas? Are there any omissions or any topics on the list that should be deleted?

Table 1

Where do children with learning disabilities fit in?

- The group were happy to see the positive use of 'familial/parental'', not focusing on a single parent
- Trauma needs to be reviewed
- Are we allowed to make recommendations for education/ schools?
- Include social support, such as lower level parenting support.

Table 2

- Not really addressing the issue of parents/carers (many have their own attachment issues which they can pass down to their own children – generational patterns)
- There is a resourcing issue associated with helping parents/carers with attachment issues
- Should think about including information and support for young people and parents/carers

Table 3

Consider including:

- Trauma
- Issues of neglect
- High conflict families/ families going through a separation or divorce
- Who can assess for attachment disorders?
- How can attachment disorders be identified?
- The everyday care of the looked after children are included in the scope.
- Experience of care
- Consider looking at the components which make for an effective intervention; what the main principles of care are for looked after children or children on the edge of care.

The table were very concerned as to why genetic testing was listed as a key issue for investigation. The group would like assurances that this is not for screening but for analytical purposes.

Table 4

- Consider expanding the environment to address the issues of poverty
- Need to include 'at risk' group
- Include adopted status

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- Consider including wider range of interventions such as family, nurse and partnership programmes, art therapy and play therapy

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III- Equalities – how do inequalities impact on the provision of care for people with challenging behaviour in people with learning disabilities? Should any particular subgroups of the population be considered within the guideline?

Table 1

- Black children are proportionally over represented
- The population appears to be rather Eurocentric and doesn't recognise different family systems and structures
- Race and ethnicity should be integral to the review, not an add on
- Disable children will need to be defined/ clarified

Table 2

- Children with disabilities
- LGBT – parents/carers and young people/children
- Parents/carers with learning disabilities
- Travelling communities

Table 3

- White working class boys are the most affected and specific attention should be given to their needs
- Due to the limited data on LAC it is difficult to say whether gender should be considered as an equalities issue.

Table 4

- Transgender children
- Trafficked children
- Sensitivity should be given to differences in attachment behaviours cross-culturally e.g. holding infants, eye contact etc.

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IV- Regarding the suggested guideline development group composition – are all the suggested members appropriate? Should we be including any other types of members for this guideline? Could there be a role for expert advisers in this guideline?

Table 1

Additional members may include

- member from the Early Intervention Foundation
- someone who can 'make the recommendations commissionable'

Expert advisers may include

- geneticist/neuro-developmental expert (?Professor Allan Schore)

Table 3

- Family therapist
- Residential care worker
- Childcare practitioners
- GP
- Legal professionals
- Commissioning and procurement professionals
- Foster carers
- Adoptive parents

Table 4

- As the guideline is considering genetic risk factors, someone with a background in genetics may be useful
- Foster carers
- Representatives from: Adoption UK, The Fostering Network, British Association for Adoption and Fostering (BAAF), Foster Care Associates (FCA), Family futures, Maudsley family placement intervention team
- GP
- Health visitor/Midwife
- Legal professionals
- Representatives from third sector organizations such as, Barnados, Action for children and Kids company
- Educational Psychologist