

Consultation on draft guideline – deadline for comments 5pm on 07/09/16 email:
DrugMisusePrevention@nice.nhs.uk

	<p>Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.</p> <p>We would like to hear your views on the draft recommendations presented in the short version and any comments you may have on the evidence presented in the full version. We would also welcome views on the Equality Impact Assessment.</p> <p>We would like to hear your views on these questions:</p> <ol style="list-style-type: none"> 1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why. 2. Would implementation of any of the draft recommendations have significant cost implications? 3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.) 4. Are there any validated or locally agreed approaches that could be used as examples in recommendation 1.2.1? If so, which ones are you aware of? 5. Is recommendation 1.2.4 likely to result in a large number of referrals to treatment services? 6. What costs are involved in skills training interventions? Who would typically carry out the training? How long would a session generally last? 7. When should follow-up after a skills training intervention, as recommended in recommendation 1.3.3, take place? 8. When and where should follow-up after assessment of adults at risk of drug misuse, as recommended in recommendation 1.4.3, take place? 9. What examples are there of online self-assessment and feedback tools would be appropriate to include in recommendation 1.5.2? 10. Which research recommendations should be prioritised? Which research recommendations should not be prioritised? <p>See section 3.9 of Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.</p>
<p>Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):</p>	<p>CoramBAAF Adoption and Fostering Academy CoramBAAF, 41 Brunswick Square, London WC1N 1AZ Phone: 020 7520 0300 www.corambaaf.org.uk</p>

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Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.		Nil		
Name of commentator person completing form:		Florence Merredew Health Group Development Officer		
Type		[office use only]		
Comment number	Document (full version, short version or the appendices)	Page number Or 'general' for comments on the whole document	Line number Or 'general' for comments on the whole document	Comments Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table.
Example 1	Full	16	45	<p>We are concerned that this recommendation may imply that</p> <p>Question 1: This recommendation will be a challenging change in practice because</p> <p>Question 3: Our trust has had experience of implementing this approach and would be willing to submit its experiences to the NICE shared learning database. Contact.....</p>
Example 2	Full	16	45	
Example 3	Full	16	45	
1		General		<p>This response is being submitted on behalf of the CoramBAAF Health Group, which is also a special interest group of the Royal College of Paediatrics and Child Health (RCPCH). The Health Group was formed to support health professionals working with children in the care system, through training, the provision of practice guidance and lobbying to promote the health of these children. With over 500 members UK-wide, an elected Health Group Advisory Committee with representation from community paediatricians working as medical advisers for looked after children and adoption panels, specialist nurses for looked after children, psychologists and psychiatrists, the Health Group has considerable expertise and a wide sphere of influence.</p> <p>Our area of concern is the particularly vulnerable group</p>

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				comprised of looked after and adopted children and young people.
2	Full	Pages 4 and 9	13 and 17	We welcome the specific inclusion of looked after children and young people in the guidance to highlight their at risk status. Not all those who come into contact with them will understand their vulnerability and background risk factors.
3	Full	Section 1.2 Assessment on page 5	7 - 8	We agree that it is extremely important to carry out an assessment of vulnerability, however the resource implications of assessing vulnerability should be acknowledged here. For example, while this is something which should be considered at every statutory LAC health assessment, when combined with consideration of the wide range of other physical and mental health issues and health promotion which must also be addressed, these assessments require sensitivity and time.
4	Full	page 6 1.3.4 and page 7	18 1	Use of the term 'ensure' is problematic. Even the most excellent skills training can only be offered - the outcomes cannot be ensured.
5	Full	page 6 1.3.4 and 1.3.5 and page 7 1.3.6	20-30 1-7	Our members would like clarity as to whether provision of skills training for LAC and their parents or carers would be provided by social care or health, as this has implications for funding.
6	Full	page 6 1.3.4 and 1.3.5	20-30	<p>Again there are significant resource implications in offering skill training for looked after children and young people. Most will probably have experienced trauma and loss and they may also have mental and emotional health issues which might need to be addressed either as part of skills training or to lay the foundation for it; CAMHS may be best placed to offer this.</p> <p>While it may be possible to address skill training with some young people as part of health promotion during statutory LAC health assessments, for many others it may be necessary to develop a specific programme to deliver training in these skills.</p> <p>It must also be noted that these are generic skills that will be useful in other aspects of life and may assist in preventing other types of harm</p>
7	Full	page 7 1.3.6	1-7	Similarly the skills listed here are generic skills which may improve the relationship between parent/carer and child as well as having a positive impact on family functioning.
8	Full	Question 2		As mentioned above there are significant resource implications involved in undertaking comprehensive assessment of vulnerability and in provision of skill training and the guidance should address. However in our view and given the generic nature of the skill training described, investment in skill training could lead to improved outcomes in other areas such as mental health, sexual health, relationships and educational attainment.
9	full	Question 6		We are uncertain whether there are any existing services for LAC which currently offer the described skills training by

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				either social care or health. Some of this will be addressed, usually by a specialist LAC nurse as part of health promotion at statutory health assessments. We would therefore like some clarity as to whether it is envisioned that health or social care might develop such programmes. We have already noted that additional resources would be required for development.
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Insert extra rows as needed

Checklist for submitting comments

- Use this comment form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include page and line number (not section number) of the text each comment is about.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, comment forms do not include attachments such as research articles, letters or leaflets (for copyright reasons). We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

You can see any guidance that we have produced on topics related to this guideline by checking [NICE Pathways](#).

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.