

Children's attachment

Consultation on draft quality standard – deadline for comments 5pm on 21/06/16 **email:** QSconsultations@nice.org.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 these questions:</p> <ol style="list-style-type: none">1. Does this draft quality standard accurately reflect the key areas for quality improvement? If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures? Do you have an example from practice of implementing the NICE guideline(s) that underpins this quality standard? If so, please submit your example to the NICE local practice collection on the NICE website. Examples of using NICE quality standards can also be submitted.
Organisation name – stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	CoramBAAF Adoption and Fostering Academy 41 Brunswick Square London WC1N 1AZ
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	No links.
Name of commentator person completing form:	Dr John Simmonds and Florence Merredew
Supporting the quality standard - Would your organisation like to express an interest in formally supporting this quality standard? More information.	Yes

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Type		[office use only]	
Comment number	Section	Statement number	Comments
			<p>Insert each comment in a new row.</p> <p>Do not paste other tables into this table because your comments could get lost – type directly into this table.</p>
Example 1	Statement 1 (measure)		This statement may be hard to measure because...
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 comprised of looked after and adopted children and young people.</p>
2	General	Statement 1	<p>The comprehensive assessment of attachment difficulties is a welcome quality standard. But this statement presumes that an attachment difficulty has been identified. Surely an assessment precedes the identification of the difficulty.</p> <p>The key issue here is the range of issues that may be at the core of the child’s difficulties with attachment playing a part alongside other possible issues - trauma, ADHD, autism or cognitive impairments etc etc.</p> <p>Assessment also needs to be combined with the local offer of interventions that will help in a timely and evidence informed way. This requires a national strategy coordinated across social care, health and education.</p>
3	What the quality statement	Statement 1	The document reads as if it is a given that there is an abundance of services available with sufficient capacity of practitioners with the appropriate competencies to carry out the comprehensive assessment described, whereas in the experience of our members this is far from the reality. The majority of those in the list of health

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	means for service providers, health, and social care practitioners, and commissioners		<p>and social care professionals either do not have the required competencies or lack the capacity to carry out such assessments. Where services are provided our members are concerned that these are rarely available to adolescents.</p> <p>We are concerned that very little of the standard can be delivered within the current resource framework. The resource implications of training health and social care professionals to develop competencies in the first instance and then in the second instance to provide the services outlined should be recognised.</p>
4	Process	Statement 1	As there is considerable local variation in data collection this may not be readily available.
5	Rationale	Statement 2	Children who have an assessed and identified attachment difficulty will need a plan that works for them at school. This is likely to need to address a range of issues alongside attachment. Co-occurrence is likely to be the norm for many of the children within the scope of this standard and this will return schools and others to considering what a focussed and detailed plan needs to address and how.
6	Quality measures	Statement 2	Currently there is a dearth of local systems and structures to collect data and there is nothing that strongly suggests that this is a development that is about to, or is taking place.
7	What the quality statement means for...	Statement 2	While we fully support the importance of attachment difficulties being recognised within educational plans, we are concerned that the same issues noted above re training apply equally to within education.
8	Rationale	Statement 3	<p>This is important given the evidence base for such interventions. However, as a universally available programme of available interventions there will need to be a strategic approach in delivering and resourcing this standard which the sector is massively not in a position to do. There needs to be an exploration of how to prioritise this as a standard and fully resource it.</p> <p>A pilot project for video feedback is underway at the Tavistock and Portman NHS Trust in partnership with TACT and the a number of north London local authorities.</p>
9	What the quality statement means for...	Statement 4	This is an important standard but there are issues about the evidence base for implementing these training and support programmes.
10		Question 4	There is a wide variety of services currently on offer that have attachment difficulties as their focus but the standard, quality and effectiveness of the offer is highly variable. It is very difficult to anticipate the impact of these quality standards on the future strategic and operational direction of travel.

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			<p>Some areas have had excellent specialist services from CAMHS available in the past but some of these have been lost due to financial constraints. The resources issues previously mentioned apply here as well.</p> <p>The gap in provision of services to adolescents is more significant than younger age groups.</p>
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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 section number of the text each comment is about eg. introduction; quality statement 1; quality statement 2 (measure).
- If commenting on a specific quality statement, please indicate the particular sub-section (for example, statement, measure or audience descriptor).
- 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 and quality standards that we have produced on topics related to this quality standard 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.

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