

### Checklist for submitting comments

- Use this comments form and submit it as a **Word document (not a PDF)**.
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include **document name, page number and line number** of the text each comment is about.
- Combine all comments from your organisation into 1 response form. **We cannot accept more than 1 response from each organisation.**
- **Do not** paste other tables into this table – type directly into the table.
- Ensure each comment stands alone; **do not** cross-refer within one comment to another comment.
- **Clearly mark any confidential information or other material that you do not wish to be made public. Also, ensure you state in your email to NICE that your submission includes confidential comments.**
- **Do not name or identify any person or include medical information about yourself or another person** from which you or the person could be identified as all such data will be deleted or redacted.
- Spell out any abbreviations you use.
- For copyright reasons, **do not include attachments** such as research articles, letters or leaflets. We return comments forms that have attachments without reading them. You may resubmit the form without attachments, but it must be received by the deadline.
- **We do not accept comments submitted after the deadline stated for close of consultation.**

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.

## Looked-after children and young people

Consultation on draft guideline – deadline for comments 5pm on 15/06/2021

Email: [LACYUpdate@nice.org.uk](mailto:LACYUpdate@nice.org.uk)

	<p><b>Please read the checklist above before submitting comments. We cannot accept forms that are not filled in correctly.</b></p> <p>We would like to hear your views on the draft recommendations presented in the guideline, and any comments you may have on the rationale and impact sections in the guideline and the evidence presented in the evidence reviews documents. We would also welcome views on the Equality Impact Assessment.</p> <p>In addition to your comments below on our guideline documents, we would like to hear your views on these questions. <b>Please include your answers to these questions with your comments in the table below.</b></p> <ol style="list-style-type: none"><li>1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why.</li><li>2. Would implementation of any of the draft recommendations have significant cost implications?</li><li>3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.)</li><li>4. Development of this guideline began before the COVID-19 pandemic. We have aimed to ensure that the recommendations take into account COVID-19 where possible. But please tell us if there are any particular issues relating to COVID-19 that we should consider when finalising the guideline for publication.</li></ol> <p>See <a href="#">Developing NICE guidance: how to get involved</a> for suggestions of general points to think about when commenting.</p>
<b>Organisation name</b> (if you are responding as an individual rather than a registered stakeholder please specify).	The British Psychological Society (BPS)
<b>Disclosure</b> (please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry).	<b>None</b>
<b>Name of person completing form</b>	Nigel Atter, BPS Policy Advisor  Contributions from: Yvonne Francis, Specialist Senior Educational Psychologist (LAC). Anne Peake, CPsychol., FBPS. Educational Psychologist, Designated Teacher for Looked After Children, and member of the BPS Safeguarding Advisory Group.

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Comment number	Document [e.g. guideline, evidence review A, B, C etc., methods, EIA]	Page number 'General' for comments on whole document	Line number 'General' for comments on whole document	<b>Comments</b> <ul style="list-style-type: none"> <li>• Insert each comment in a new row.</li> <li>• Do not paste other tables into this table, because your comments could get lost – type directly into this table.</li> <li>• Include section or recommendation number in this column.</li> </ul>
1	Guideline	15	11	There needs to be an explanation of what this means and would actually look like in practice.
2	Guideline	15	26	We suggest adding: that the language used needs to ensure that the young person reading the record in the future, feels that they were observed in a respectful and understanding way.
3	Guideline	19	12	<p>Specialist Social Worker expertise should also include that of persistent and multiple trauma experienced children. Close liaison with commissioning/brokerage services is vital to ensure suitable and safe placement is secured.</p> <p>It would be helpful to specify the need for joined up services between schools, parents, and local mental health services, and how access can be more readily facilitated. This would mean children who have had adverse early childhood experiences and are children we now care for, would not be left waiting for the help and support they require.</p>
4	Guideline	27	16	<p>The Designated Teacher (DT) should have a level of seniority to be able to implement support and systemic change for the children for whom they are advocating. If the DT is a less senior member of staff, as can be the case in large secondary schools, their ability to bring about change is less strong. However, if the DT is a Headteacher in a small primary school, then they may not be able to prioritise the time needed alongside the other demands of their job. The DT also needs to have a good awareness of Special Educational Needs and Disabilities (SEND) and there should be good liaison, planning, and inclusive support for children between the DT and the Special Educational Needs Co-ordinator (SENCO).</p> <p>The Society recommends that there are training and systems in place so that the DT (regardless of their level of seniority) is supported and can escalate any issues to ensure changes are made to meet the needs of the child or young person.</p> <p>Children we care for who also have an Education Health Care Plans (EHCP), can be the subject of many meetings, such as: statutory care reviews, Personal Education Plan (PEP) reviews, SEN</p>

				reviews. There is a need to look at the impact of multiple meetings on children, which can serve to make them feel a lack of control and different in ways which do not positively build their sense of themselves. Consideration of how this feels to a child and how to reduce the load on staff and schools, can bring about merged meetings whereby information can be shared to enhance support planning, for example children with an EHCP should have one PEP review held jointly with their EHCP SEN Annual Review.
5	Guideline	30	10	<p>As well as considering intensive English lessons, there is a need to provide lessons in safety/protective behaviours to ensure children understand how to keep themselves safe, recognise danger signs, how to get help.</p> <p>It should be acknowledged that there are currently long waiting lists and a reduction of in-house expertise for English lessons and the impact that this has on education, social interaction and wellbeing. <a href="https://www.unicef.org.uk/wp-content/uploads/2018/09/Access-to-Education-report-PDF.pdf">https://www.unicef.org.uk/wp-content/uploads/2018/09/Access-to-Education-report-PDF.pdf</a></p>
6	Guideline	31	18	Post 16 transitions should make sure that there is clear planning for the young person in line with their aspirations.
7	Guideline	46	13	The Virtual School Headteacher should be responsible for the delegation of Pupil Premium Plus (PP+) funding to improve education outcomes for children we care for. When the Virtual School is able to have staffing to include early years and post-16 this can ensure that the support is not just focussed on children who are of statutory school age.
8	Guideline	84	21	It is important that the Virtual School works closely with the SEN service to ensure that there is an understanding of what is meant by corporate parenting, what this entails for the Local Authority and that the concept incorporates all children and prioritises those with EHCP. The Virtual School Head needs to be a respected member of the Local Authority, who is included in high level decision making panels/groups.
9	Guideline	1	4	Reflecting on professional practice, it is not helpful to have a focus on children in the Looked After System, when there a number of other groups of needy and vulnerable children who are even more likely to feature in the statistics of poverty, low achievement, and mental health. These are adopted children, children subject to Special Guardianship Orders (SGO), children in Kinship care. Often the only difference between these children is the legislation around their placements. Advocating on the

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				part of a child subject to a SGO can quickly show that there are not the systems and resources in place that are needed.
10	Guideline	General		The recommendations imply that there is a gap in the use of therapeutic interventions that can be used in school, such as, Theraplay evidence. The Society recommends a review for interventions to promote physical, mental, and emotional health and wellbeing of looked-after children, young people and care leavers. For example, Francis et al (2017) - results from this low cost school based theraplay intervention led by Educational Psychologists with primary aged Looked After Children show improvements in children's Social Emotional Mental Health (SEMH) needs reduction in behavioural difficulties as measured by Strengths and Difficulties Questionnaires (SDQ's) and noticeable improvements in relationship skills, confidence and engagement with education.
11	Guideline	General		The draft guidelines are heavily health focused and need to be strengthened to ensure triangulation between health, education and children's services. The profile / contribution of practitioner psychologists / educational psychologist should be enhanced to ensure a holistic view of the child's needs.
12	Suggested Reference			Francis, Y.J., Bennion K. & Humrich S. (2017) Evaluating the outcomes of a school based Theraplay® project for looked after children, <i>Educational Psychology in Practice</i> , 33:3, 308-322.
13	Suggested Reference			Francis, Y.J., Rowland J., Humrich S., Taylor S. (2021) Are you listening? Echoing the voices of looked after children about their transition to secondary school, <i>Adoption &amp; Fostering</i> 2021, Vol. 45(1) 37–55.

Insert extra rows as needed

### Data protection

The information you submit on this form will be retained and used by NICE and its advisers for the purpose of developing its guidance and may be passed to other approved third parties. Please do not name or identify any individual patient or refer to their medical condition in your comments as all such data will be deleted or redacted. The information may appear on the NICE website in due course in which case all personal data will be removed in accordance with NICE policies.

By submitting your data via this form you are confirming that you have read and understood this statement.

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