National Institute for Health and Care Excellence

Children's Attachment
Scope Consultation Table
3rd-31st October 2013

ID	Stakeholder	Order No	Section No	Comments	Developer's Response Please respond to each comment
13	Action for Children	1	General	Regarding identification of attachment styles, problems and disorders, it would be helpful to comment on the issue of attachment difficulties being misunderstood and misdiagnosed as ADHD and ASD. In addition to considering variables around the nature of attachment problem and care context, the developmental stage of the child / young person is also very important when considering which interventions are appropriate. In response to the specific question about including young people at risk of coming into care – yes, they should be included in this guidance as their attachment-related clinical issues are very commonly the same as those in care.	Thank you for your comment. We will be reviewing different tools and instruments used to identify attachment related problems to prevent misdiagnosis. The introduction to this review will add context to this section and will highlight the problems currently faced.
14	Action for Children	2	3.2 c	MIST in Torfaen, south wales provides a well-established example of practice with adolescents in care with severe attachment problems.	Thank you for your comment. This will be decided when designing the protocol
15	Action for Children	3	4.1.1	This includes parents with mental health problems. It is important that the definition of mental health problems in this context includes parents with trauma histories even if not given a formal mental health diagnosis.	Thank you for your comment. Children of parents with mental health issues and substance misuse problems and the consequences of these will be considered as risk factors
16	Action for Children	4	4.3.1 a	Alongside parental factors, it is important to include systemic / organisational factors including the care system itself, and the legal process of care proceedings.	Thank you we agree. Though we are leaving the legal proceedings are beyond the remit of this scope
17	Action for Children	5	4.3.1 e	Needs to include also interventions focussed on the system of care/education i.e. corporate parenting as well as familial factors.	Thank you for your comment. We will review the literature on what factors relating to the management

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					of placing a child into care (i.e. procedural and arrangement) increases/decreases the risk of the developing attachment problems. When planning this review with the guideline development group we will discuss whether to include factors such as corporate parenting (when the local authority takes on the role of a good parent to a child in its care).
18	Action for Children	6	4.5.1	Not only the organisational factors associated with how children are taken into care and what type of placement, but also the variables of ; impact of educational disruption / exclusion, and contact with and continuity of social worker, and stigma of being in care, and birth family contact.	Thank you for your comment. We will consider these risk factors when designing the review protocol with the guideline development group.
19	Action for Children	7	4.6	The economic appraisal of interventions could also include Social Return on Investment studies.	Thank you for your comment. All studies identified by the economic searches that meet criteria for inclusion in the economic literature review will be considered during guideline development. Social Return on Investment studies will be included in the review if they meet the inclusion criteria. Primary economic modelling will aim to follow the methodology described in the NICE Guidelines manual, depending on the availability of appropriate cost and effectiveness data.
207	Bath Spa University	1	3.1 a 3.1 q 4.1.2 a	The experience of many schools and children's centres – particularly but not exclusively those situated in areas of high deprivation – suggests that the range of children and young people exhibiting symptoms of attachment disorder is considerably wider than those in care, or deemed to be 'at risk'. Conversely not all children in care exhibit symptoms of attachment disorder. Unless the review considers this wider context of attachment disorder within the broader population there is some danger that it	Thank you for your comment. The guideline will review children who are at risk of being taken into care but it is beyond the scope's remit to address all children who are not in care.

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				will reinforce current stereotypes of children in care and their attachment needs while failing to acknowledge key issues of identifying and addressing attachment needs within schools and other educational establishments	
208	Bath Spa University	2	4.2 b	It follows from the previous comment that all education settings should be included, not simply those where identified target groups are known to be present. All teachers and settings should be aware of attachment disorders and their implications for the learning, behaviour and social well-being of children and young people affected.	Thank you for your comment. We agree with you and have reworded the scope to make this clearer.
209	Bath Spa University	3	4.3.1	We would suggest that a further point f) should be included, relating to the management of attachment issues within educational establishments (including schools, children's centres and colleges of further education), covering training and awareness raising among staff, internal support for students exhibiting attachment needs, and multi-agency working and referral mechanisms for those exhibiting higher levels of need	Thank you. Identification is covered in draft review question, section 4.5.1. d and management is covered 4.5.3.
210	Bath Spa University	4	4.4	Given the central importance of education in determining the future life chances of all children, and particularly those in care, we would suggest a further set of outcomes (k) related to educational attainment and overall school experience (measured in terms of attendance, behaviour and exclusion rates, as well as softer measures of overall well-being)	Thank you, we agree and have included "Behavioural, cognitive, educational and social functioning" outcomes as well as "Wellbeing and quality of life"
211	Bath Spa University	5	4.5.2	Again we would suggest an explicit new section (e) which investigates the potential role of educational institutions in supporting children and young people with attachment disorders	Thank you for your comment. We will look into this when designing the review protocol with the guideline development group.
120	British Association for Adoption and Fostering	1	General	This response is being submitted on behalf of the BAAF 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	Thank you for your comment.

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				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. Our area of concern is the particularly vulnerable group comprised of looked after and adopted children and young people.	
121	British Association for Adoption and Fostering	2	General	Thank you for the opportunity to comment on the draft scope. It provides a very helpful summary of the current population of looked after children, understandings of attachment and interventions currently in use. We welcome the development of guidance in this important area.	Thank you, we are grateful for your support.
122	British Association for Adoption and Fostering	3	3.1 k l m	While we are aware that many children experience both neglect and maltreatment, it would be helpful to specifically comment on the attachment experiences of children who have been neglected, and where they are likely to fit in these categorisations.	Thank you for your comment. The word neglect has been added to the scope, see 3.1.m.
123	British Association for Adoption and Fostering	4	3.2 c	Under the Current Practice section there is no mention of indirect clinical work to support the child via the network of professionals surrounding him/her. Many areas now use or buy in mental health consultants to facilitate and advise the child's network, with the foster carers being central, and supported to deliver psychologically sensitive care. An example of this is the Therapeutic Reparenting model. The emphasis is on regular support, training and monthly network meetings and support groups for carers facilitated by experienced mental health professionals. This can be cost effective for social services, health and education and prevent placement breakdown by developing understanding of complex attachment needs within the child's network and accessing timely external	Thank you for your comment. This has been noted and will be considered when designing the protocol.

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				therapeutic input where necessary.	
124	British Association for Adoption and Fostering	5	4.1.1	It would be very helpful if the guideline also looked at infants, children and young people who are considered to be at high risk of being looked-after, as their needs will be similar in terms of assessment of attachment and planning for effective interventions. Providing a clear definition of 'high risk children' would be a helpful clarification as professionals seem to find this difficult and are often vague. Including this high risk group would help to clarify the risk to them and also help to define the support required to maintain them at home where this is possible. Additionally, including this group provides an opportunity for learning about both service configurations and interventions which can also benefit those children already being looked after. However, we are concerned	Thank you for your comment. We agree that it is very important to include children who are at risk of being looked after and have now included them in the scope.
125	British Association for Adoption and Fostering	6	4.3.1 c d e	The focus on looking at procedural features around children becoming looked after, moving placements within care and introductions to adopters, would be particularly helpful as these moves often occur with inadequate preparation for the children and contribute to their compromised emotional development.	Thank you for your comment. This is a good point and we will consider this with the guideline development group when designing the review protocol on what risk factors increase/decrease a child's risk of developing attachment problems.
126	British Association for Adoption and Fostering	7	4.3.1 d	In order to be helpful the guidance will need to explicitly address the well recognised difficulty of making a definitive diagnosis of insecure/disorganised attachment or an attachment disorder in this population where there is considerable overlap with conditions such as ADHD, autism and FASD.	Thank you for your comment. We agree there is difficulty surrounding the ability to distinguish attachment problems from other conditions such as ADHD, autism and FASD. We will address this in a review on how valid and reliable the various tools are in detecting children with attachment problems.
127	British Association for Adoption and Fostering	8	4.4 a	It is unclear what this means; how is this an outcome?	Disorganised attachment and/or attachment disorders will be measured as an outcome. The number of children with disorganised attachment will help us assess how successful an intervention is at preventing or treating it. Disorganised attachment and/or attachment disorders

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					will be measured as a dichotomous outcome, ie. present or not, and/or as a continuous outcome i.e. degree of symptoms on a scale, depending on the tool used.
128	British Association for Adoption and Fostering	9	4.5.1 b	This is a very important question to answer with significant ramifications for design of services for all children becoming looked after, and is one of the strongest reasons for the guidance to include children at high risk of being looked after.	Thank you for your comment and for agreeing with us that it should be included in the guideline.
129	British Association for Adoption and Fostering	10	4.5.1 d	Following on from comment 6, we suggest adding the phrase in red to the question 'What instruments/ tools can be used to identify insecure/ disorganised attachment or an attachment disorder in looked-after children and young people, *those at high risk of being looked after* and those adopted from care and distinguish attachment difficulties from other conditions?'	Thank you for your comment. We have decided to include children at risk of being looked after.
130	British Association for Adoption and Fostering	11	4.5.3	We regularly hear from our members that looked after and adopted children are not well served by CAMH services, for the following reasons: • Although this population is well recognised as having a high prevalence of mental and emotional health problems, they are frequently denied access as they do not meet thresholds for a recognised psychiatric diagnosis. • CAMH service configurations do not meet the needs of looked after and adopted children, who frequently require interventions which support their carers and may be needed longer-term or intermittently to coincide with life events. • mental health practitioners often lack understanding of, and expertise in assessing and treating the mental health difficulties experienced by looked after and adopted children	Thank you for your comment. We will review what process and arrangement factors are associated with an increased and decreased risk of developing attachment disorders. The competencies and training needs of practitioners are however beyond the scope of the guideline.

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				To be effective, the guidance must address issues of access and CAMH service provision, and make recommendations concerning the competencies and training needs of practitioners offering services for this population of children.	
131	British Association for Adoption and Fostering	12	General	We anticipate that additional resources will be required to deliver on the recommendations which the guidance is likely to make concerning assessment and interventions, and it will be important for the guidance to acknowledge and address resource issues including workforce capacity and competencies.	Thank you for your comment. The review will acknowledge health economic implications of certain interventions however it is beyond our remit to address resource issues within the NHS.
186	British Association for Counselling and Psychotherapy	1	General	BACP welcomes the development of guidance on children's attachment and is grateful of the opportunity to comment upon the draft scope.	Thank you. Your contribution is appreciated.
187	British Association for Counselling and Psychotherapy	2	4.1.1	In answering questions 4.5.3 (a) when the Call for Evidence is issued, we will provide evidence that counselling is an effective intervention for the poor mental health associated with attachment disorders, and that this intervention is useful to all the groups included in the draft scope, including those at high risk of becoming Looked After. Therefore BACP believes that children and young people who are considered to be at high risk of being Looked After – rather than just those who are already Looked After - should also be included within the scope of the guideline.	Thank you for your comment. We agree with your comment and appreciate your support. An extensive literature search will be conducted at the beginning of the guideline, if the evidence you mention is in a published format our literature search will capture this.
78	British Association of Play Therapists	1	3.2	The use of the term 'psychotherapeutic approaches' is unhelpful. The guidelines should consider which psychotherapeutic approaches are evidenced based as an effective intervention for LAC (Looked After Children) and adopted children who have an attachment disorder. What does the term 'attachment therapies' refer to? This term is used by many professionals in different contexts to describe therapeutic work for children and their parents were there are attachment related difficulties.	Thank you for your comment. Psychotherapeutic approaches will be defined in the review protocol.

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79	British Association of Play Therapists	2	General	• The guidance document does not make reference to the specific types of psychotherapeutic approaches which are effective interventions for working with LAC and their caregivers, for example, Theraplay, Dyadic Developmental Psychotherapy, Filial Therapy. • The guidance does not reference or identify who are suitable and qualified professionals to implement interventions for LAC and adopted children and their caregivers/parents. • Further training is required to educate key health and social care professionals into the impact of early developmental trauma and its impact on LAC and Adopted children's ability to form secure attachments. • It would be helpful to include some discussion and ideally cite some of the research in neuroscience regarding child brain development in attachment formation. Dr Allan Schore has written several relevant articles in this area such as; Effects of a Secure Attachment Relationship on Right Brain Development, Affect Regulation, and Infant Mental Health (PDF) Infant Mental Health Journal, 22, 7-66. The effects of relational trauma on right brain development, affect regulation, and infant mental health (PDF) Infant Mental Health Journal, 22, 201-269 Relational Trauma and the Developing Right Brain: The Neurobiology of Broken Attachment Bonds (PDF) Chapter in T. Baradon (Ed.), Relational trauma in infancy (pp. 19-47). London: Routledge. Elephant breakdown. Social trauma: early disruption of attachment can affect the physiology, behaviour and culture of animals and humans over generations.Nature, 433, 807.	• Thank you for your comment. We will discuss with the guideline development group which interventions we will review in the guideline. • NICE guidelines typically do not specify which health care professionals will implement the recommendations. This we leave it to local commission groups to decide what works best in their area. • We agree additional training is required to educate key health and social care professionals on identifying children at risk, however it is beyond our scope to advise on this training. We will however review risk factors and what interventions are effective in the prevention of children's attachment disorder. • We agree defining the different types of attachment problems is needed in this guideline. We will explain this in the background introduction and when designing the protocols for each question. • We agree, the age of the child who has attachment problems would determine which interventions/treatments are best. We aim to provide recommendations specifically for infants, children and young adults.

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				Bruce Perry has also done some very relevant work into the impact of trauma on children's attachment formation. • Having clear definitions of 'attachment difficulties' and 'attachment disorder' would be helpful in the document. This is something that currently is not understood as well as it could be in professional organisations and services and often children are referred to as having an 'attachment disorder' without having gone through appropriate assessments. However further research needs to be done into what assessments are avaliable and their efficacy. There is a risk that the terms are under or over used and therefore lose it's validity or usefulness in meeting children's emotional, mental health and care needs. • It would be helpful to be more specific about age related experiences of parental abuse and neglect and relevance to treatment/intervention.	
80	British Association of Play Therapists	3	4.1.1	It essential that the guidelines include infants, children and young people who are at risk of being looked after. This should include infants, children and young people who are seen as Children in need (section 17, Children Act 1989). Prevention and early intervention which address attachment disorders is essential for the long-term emotional wellbeing of all children and young people.	Thank you. We agree with what you say and we look forward to producing a guideline which will address both prevention and early intervention.
81	British Association of Play Therapists	4	4.3.1 c	Other factors of emotional resilience need to be considered here. Children often have key workers during their time in residential care units and main caregivers in foster placements which can offer an opportunity for LA children and young people to experience more secure attachment relationships. Neurological research has indicated that these subsequent relationships can help alter the child's attachment behaviours and internal working models and influence their future capacity to build more secure and emotionally healthy relationships.	Thank you for your comment. This has been noted. This will be brought to the attention of the guideline develop group when designing the review protocol for review question 4.5.1 a.

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82	British Association of Play Therapists	5	4.3.1 c	It might be helpful to consider the development of attachment difficulties in the context of developmental trauma – the idea that the baby / infant / child experiences a level of emotional trauma (and other types of trauma depending on their experience) when they have a unavaliable, neglectful or abusive caregiver. The consistency / inconsistency of this experience is also significant (although you have touched on this in your definitions of insecure attachment earlier).	Thank you. We agree this is very important and the service user experience of the intervention and the care processes will be reviewed under the procedural and arrangements review questions.
83	British Association of Play Therapists	6	4.3.1 c	Interventions such as therapeutic consultation and / or training with residential care staff, foster carers, adoptive parents and the professional caring network around LA children and young people needs to be considered. This can be a very containing and effective intervention in the child's experience of care and the legal procedures around this process. Often this can be helpful as a precursor for direct therapy, strengthen relationships with caregivers and enable caregivers to continue offering a safe and positive home environment for the child or young person. If the adults feel contained,supported, equiped and understood as will the children in their care.	Thank you we will be addressing interventions which will be effective in helping restore children's attachment to their primary care giver.
84	British Association of Play Therapists	7	4.5.1 d	Tools and methods of assessment need to be child-focused and have opportunities for non-verbal communication and in a language which the child uses, such as play or art. Recognised assessments, such as Story Stem needed to be completed with appropriately training practitioners who have experience in working with children and young people in this way, such as Play Therapists / Art Therapists / Integrative Psychotherapists.	Thank you for your comment. We will look into this when designing the review protocol with the guideline development group.
164	British Psychological Society	1	General	The Society believes that there needs to be a clear rationale for not including children who have been adopted internationally. This exclusion means that children who come from different ethnic backgrounds but do not have the support of an ethnically similar family or community and who, therefore, may be additionally	Thank you for your comment. Please see the revised scope for the inclusion of children who are adopted from abroad.

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				vulnerable, but not be entitled to essential service provision.	
165	British Psychological Society	2	General	The Society believes that more explicit reference should be made to young people in Care having children and the need to intervene as soon as possible. We see this as particularly important in terms of minimising the chances of trans-generational patterns repeating. We also believe that the link between developmental trauma and attachment difficulties/disorder needs to be clearly stated along with efficacy and usefulness of clinical formulation.	Thank you for your comment. We have to prioritise areas for inclusion, and we regret that we will not be looking at children in care having children in this guideline.
166	British Psychological Society	3	General	The Society believes that children and young people with learning, physical and neurodevelopmental disabilities need to be included within this document. In the past (and perhaps still exists) attachment difficulties were not considered to be very relevant to this population and we do not believe this to be the case.	Thank you for your comment. Special consideration will be given to children and young people with disabilities, including physical, neurodevelopmental and learning disabilities.
167	British Psychological Society	4	General	It is important to gain a holistic understanding of the issues presented by children who are Looked After or adopted and may have issues related to attachment. We believe that it would be useful to comment on the merits and short-comings of more general screening measures and specific questionnaires used with this group. For example, SDQ widely used in social care and CAMHS, CBCL + ACC/BAC measures developed by (Tarren-Sweeney, 2013), and measures in development such as those used in the BPS network for Clinical Psychologists working with Looked After and Adopted Children (see www.cplaac.org.uk/tools) References: Tarren-Sweeney, M. (2013). The Brief Assessment Checklists (BAC-C, BAC-A): Mental health screening measures for school-aged children and adolescents in foster, kinship, residential and adoptive care.	Thank you for your comment and reference which we will see if we can include in our review when we look for instruments and tools to identify and predict attachment related problems.

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				Children and Youth Services Review, 35(5), 771-779. DOI: 10.1016/j.childyouth.2013.01.025	
168	British Psychological Society	5	General	We believe that the importance of joint or co-working between professionals and agencies should be promoted within this document. The majority of these cases are extremely complex and many require at least 2 therapists. This is important in terms of workload/stress management for therapists.	Thank you for your comment. We will discuss this with the guideline-development group when designing the review protocol on "what processes and arrangement factors may increase or decrease the risk of developing attachment problems."
169	British Psychological Society	6	General	While there is adequate reference to prediction, identification and assessment (Review Questions) there is no mention as to who is qualified to assess such difficulties/disorders. We believe that this would be of great benefit to mental health services to have guidance on this issue.	Thank you for your comment. It is not up to the guideline to identify who should be doing what unless the research identifies such practice.
170	British Psychological Society	7	General	We would like to see reference to the cultural & ethnic sensitivity of the measures which are used to assess attachment difficulties and disorders.	Thank you for your comment. Cultural and ethnic sensitivity will be integral to the entire review.
171	British Psychological Society	8	General	We believe that explicit reference should be made to those at high risk of being looked after. There should be consideration of the identification of these young people, and what the description is of a young person who is at *high risk.*	Thank you, please see the revised scope.
172	British Psychological Society	9	General	Insecure attachment is referred to in the same way as attachment disorganisation/disorder in much of the scope. All these predictors may not have the same strength or trajectory in predicting later outcomes (e.g., Green & Goldwyn, 2002; Groh et al., 2012). Some suggest that we do not fully understand the meaning of disorganisation, and that there are doubts as to whether using these kinds of categories are useful in assessing social relationships in children with certain disorders such as Autistic Spectrum Disorder (e.g., Rutter et al., 2009) References: Green, J. & Goldwyn, R. (2002) Attachment disorganisation and	Thank you for your comment and your references. The different types of disorders or difficulties related to attachment will be individually reviewed with the expertise of the guideline development group.

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				psychopathology: new findings in attachment research and their potential implications for developmental psychopathology in childhood. *Journal of Child Psychology and Psychiatry*, 43, 835– 846 Groh, A. M., Roisman, G. I., van IJzendoorn, M. H., Bakermans-Kranenburg, M. J., & Fearon, R. P. (2012). The significance of insecure and disorganized attachment for children's internalizing symptoms: A meta-analytic study. *Child Development, 83,* 591-610. Rutter, M. (2009). Understanding and testing risk mechanisms for mental disorders. *Journal of Child Psychology and Psychiatry*, 50(1–2), 44–52.	
173	British Psychological Society	10	General	Attachment patterns are measured differently at different ages, and this will need to be taken into account when trying to develop identification and classification procedures for children of a wide age range. Some suggest there are major difficulties in the conceptualisation and measurement of attachment security after infancy (e.g., Rutter et al., 2009).	Thank you for bringing this to our attention. It is likely we will provide different recommendations for the different age groups, i.e. infants, children and young adults.
174	British Psychological Society	11	General	There are known differences cross-culturally in the distribution of attachment insecurity classifications on some measures (e.g., Grossman et al., 1981) and this might be important to bear in mind in developing measures for children from a variety of ethnic background and cultural practices. References: Grossmann, K., K. Thane, and K.E. Grossmann. (1981) Maternal tactual contact of the newborn after various postpartum conditions of mother-infant contact. *Dev. Psychol*, 17,158–169.	Thank you. This is an important issue. The guideline will include children who are adopted from outside of England into the country; we will therefore have to take into consideration a variety of ethnic backgrounds and cultural practices on the development of attachment issues and their interventions. Thank you for your reference; this will be reviewed by our research team.
175	British Psychological Society	12	General	Attachment interventions can also be delivered into schools/educational settings. Perhaps such an inclusion will help schools consider the issue of attachment difficulties/disorder which	Thank you for your comment. The hope is for the guideline to help improve the care and treatment of children and young people within the wider social

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				is frequently misinterpreted as 'bad behaviour' within some schools.	environment. Whilst NICE guidelines do not state what professionals are to take responsibility for the recommendations, we will consider any evidence/interventions that are effective in the educational/schools setting.
176	British Psychological Society	13	General	The Society believes that Looked After Children and young people should be included in the scope. At-risk children and young people will be well-known to social services and health agencies, and potentially be living in difficult environments, and be vulnerable to the long-term negative outcomes that are seen in the LAC population.	Thank you. The scope has been revised to include children and young people on the edge of care.
177	British Psychological Society	14	3.1	The description of proportion of individuals falling into different attachment classifications is culture specific, and their association with levels of mental health problems is also culture specific. It should not be assumed that these statistics also apply to ethnic minority groups living in the UK, without reference to direct evidence. (For example, IJzendoorn & Kroonenberg, 1988). Reference: van IJzendoorn, M.H. & Kroonenberg, P.M. (1988). Cross-Cultural Patterns of Attachment: A Meta-Analysis of the Strange Situation. *Child Development*, 59(1), 147-156.	Thank you for alerting us to this issue and for the reference.
178	British Psychological Society	15	3.1 k l m	The scope needs to make it clear whether these statistics are of the general population or from the looked after and adopted populations. We believe that it would also be useful to include similar statistics from across England, Scotland, Wales and Northern Ireland.	Thank you for your comment. In all three of these comments the statistics were based on the looked after population. This has been clarified in the scope. The guideline which is commissioned by NICE is applicable to Wales and England only.
179	British Psychological Society	16	3.1 n o	The Society believes that it would be helpful to clarify whether 'disorder' is used here in the sense of locating the difference, problems within the child or mapping directly onto diagnostic	Thank you for your comment and reference. Both have been noted. The guideline development group will consider the different types of definitions for

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				categories. It is worth noting that Reactive Attachment Disorder (RAD) is still a controversial diagnosis, and there is much discussion amongst experts and clinicians about whether attachment disorder is a type of post-traumatic stress presentation and could be helpfully characterised as chronic developmental trauma (see work of van der Kolk). Reference: Van Der Kolk, B. A. (1989). The compulsion to repeat the trauma. Re-enactment, revictimization, and masochism", *The Psychiatric clinics of North America,* 12(2), 389–411	attachment.
180	British Psychological Society	17	3.1 q	The Society believes that it should be made more explicit that attachment disorders are associated with chronic physical, sexual or emotional abuse, and not just neglect (Hanson & Spratt, 2000; Bacon & Richardson, 2001). References: Hanson R.F., Spratt E.G. (2000). Reactive Attachment Disorder: what we know about the disorder and implications for treatment, *Child Maltreatment*, 5(2), 137-45. Bacon, H., & Richardson, S. (2001). Attachment theory and child abuse: An overview of the literature for practitioners. *Child Abuse Review*, 10(6), 377-397.	Thank you for your comment and references. These have been duly noted and will be reviewed.
181	British Psychological Society	18	3.1 r	Children can have different attachments to different people (Bowlby, 1982). It is important to consider this when looking at the dyad which will be used to form an assessment, and considering who the primary attachment figure is. References: Bowlby J. (1982). *Attachment and Loss*, *Attachment*, Basic Books,	Thank you for your feedback. This has been noted along with the reference provided.

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				New York, 1.	
182	British Psychological Society	19	3.2 D	We believe that it would be worth specifying that foster parents and residential workers are also seen without the child/young person to address their own issues. This might be a barrier to offering the child a secure attachment figure, and/or with a view to increasing the carer's empathy for the child/young person in preparation for dyadic work. When the child/young person is brought to therapy that it is a safe, nurturing, understanding and empathic experience for the child/young person.	Thank you for your comment. Interventions aimed at the parents will be considered with the guideline development group.
183	British Psychological Society	20	3.2 e.iii	The Society believes that more explicit reference should be made to making reference to Dyadic Developmental Psychotherapy and Family Attachment Narrative Therapy (Lacher, Nichols, Nichols and May, 2012). References: Lacher, D., Nichols, T., Nichols, M. & May, J. (2012) *Connecting with Kids Through Stories: Using Narratives to Facilitate Attachment in Adopted Children.* London: Jessica Kingsley	Thank you for your comment and reference. This has been noted and will be reviewed by the guideline group.
184	British Psychological Society	21	4.1.2 b	We believe that international adoptions should be included in this document, particularly if the parents are subject to the same rules and the children return to live in the UK and present with the same issues.	Thank you for your comment. Children who are adopted into the country will be reviewed.
185	British Psychological Society	22	4.3.1 d	The previous sections have said that attachment insecurity in itself is not a disorder, but this section talks about identification *and diagnosis* of insecure/disorganised attachment. The Society believes that this needs to be made clearer.	Thank you for your comment. We agree that this was not very clear. The key issues that will be covered, section 4.3.1 has been amended.
96	Department for Education & Department of Health *(joint response)*	1	General	(DH) The draft scope includes the following question for stakeholders: *"Should the guideline also look at infants, children and young people*	Thank you for your comment. Please see the revised scope for the inclusion of children who are at risk of being looked after.

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				who are considered to be at high risk of being looked-after (commonly, infants, children or young people who are being considered for care proceedings or are subject to them)"? If it is practicable to do so, I should like to see this group included.	
97	Department for Education & Department of Health *(joint response)*	2	General	(DfE et seq.) Two general comments are: firstly please would it be possible to explicitly state the audience(s) at which this guideline is aimed. Secondly, if it's aimed at social care professionals and those education settings some of the language is still very clinical in its orientation. As well as having the technical language such as that used in 3.1.a '...a genetically engendered bio-behavioural feedback mechanism', is it possible to explain what that means in more accessible language?	Thank you for your comment. The guideline is for all professionals within a range of community settings (including fostering residential and kinship care settings), primary care settings, secondary care settings, secure services settings and all educational settings. The guideline will carefully use language that is accessible to the full range of professionals and be careful not to use technical language without explanation. We also produce a version for the public which will be in plain English.
98	Department for Education & Department of Health *(joint response)*	3	3	Before the section on 'epidemiology and background' it would be helpful to say something more general about the need for this guideline. Something like: 'Children's attachment and its impact, particularly where children are looked after or for whom being adopted from care is the permanence plan for them, is poorly understood among a range of professionals. The purpose of this guideline is to help professionals ensure that children presenting with characteristics that suggest problems with attachment are diagnosed accurately and that their needs are addressed quickly.'	Thank you for your comment. Following consultation with stakeholders, we think it has become clearer why we have structured the scope the way we have, with children on the edge of care, children who are looked after and those adopted from care are all part of a pathway that puts these children at high risk of attachment problems. Although the guideline will pay particular attention to children who are looked after and those adopted from care, the whole pathway will be relevant to those at the end of the pathway, for example those who are adopted from care.
99	Department for	4	4.1.2	I think you mean children not adopted from care. There is a 'not'	Thank you. We agree the scope was not very clear.

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	Education & Department of Health *(joint response)*		a	missing'.	Please see the amended scope; children adopted from outside of the care system will not be covered in this guideline.
100	Department for Education & Department of Health *(joint response)*	5	4.1.1 a.iii	The DfE does not agree that the scope should include children who have left care, including those who have returned home to live with families. This is because we are concerned about the scope being drawn too widely. The rationale for commissioning NICE to do this work was in relation to children adopted from care. We need to ensure that the focus remains on that and also looked after children. However, children who leave care on a Special Guardianship Order are likely to have very similar needs to children adopted from care so it may be useful to include this group of children in the guideline.	Thank you for your comment. It is very important to cover children on the edge of care as to identify those who are at high risk of being looked after, this will prevent their ascent into care and developing attachment issues. We strongly believe the inclusion of children who are at high risk is imperative to completeness of this review. We would also like to assure you that children who are adopted from care and those who are in care (including SGOs) will receive our full attention. Please see the revised title of the guideline; children who are adopted now feature at the forefront of the guideline.
101	Department for Education & Department of Health *(joint response)*	6	4.1.1 b	The Department does not agree that the guideline should 'give specific attention to children of parents with mental health and substance misuse problems and the needs of groups at increased social disadvantage such as: children and young people from black and ethnic minority groups, those who are unaccompanied immigrants or asylum-seekers, and those with disabilities, including learning disabilities.' While it is important that we understand attachment in relation to these groups that should come from looking at attachment for looked after and adopted children in the round. By the very nature of the characteristics of the looked after population you will in any case be dealing with children whose parents abuse alcohol and drugs. So no specific focus is necessary.	Thank you for your comment. It is NICE policy to ensure the most vulnerable populations with the context of our review are not excluded.
102	Department for Education & Department of	7	4.1.2 b	It would probably be useful to include in the scope children who are adopted from other countries and come to live in England. 'Inbound' adoptions would therefore be in scope but not 'outbound' (children	Thank you for your comment. Children who are adopted into the country will be reviewed.

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	Health *(joint response)*			adopted into another country from the UK).	
103	Department for Education & Department of Health *(joint response)*	8	4.3.1 a	It would be helpful to include in the scope something about the process for identifying when behaviours that look like attachment disorder are in fact being triggered by something else.	Thank you very much. This will be covered in the review question 4.5.1 d.
104	Department for Education & Department of Health *(joint response)*	9	4.3.1	It would be helpful to tease out the various factors that may increase or decrease the risk of attachment problems in a little more depth. 4.3.1. c) a. to e. are quite high level and it's worth breaking each one down into subsets. For example, c) e. is about the child's experience of adoption. It would be helpful to cover this in terms of the stage at which the child is placed with her/his prospective adopters and then post-adoption once the final order has been made by the courts. The period in between may differ. It's up to the prospective adopters when they apply for the final adoption order. Colleagues in the children in care and adoption portfolios would be happy to help.	Thank you we agree that factors at different stages in the adoption process will influence the risk of attachment problems. If there is any evidence this will be captured in review question 4.5.1.c). If the evidence is weak or lacking, the guideline development group are entitled to make a consensus recommendation based on best practice.
105	Department for Education & Department of Health *(joint response)*	10	4.4	Some of the descriptors (e.g. 4.4.a)) don't look like outcomes. The DfE would like to discuss this section with NICE so that we can understand how NICE sees these outcomes developing.	Thank you for your comment. We agree and have amended the outcomes to be more quantifiable.
106	Department for Education & Department of Health *(joint response)*	11	4.5.2	In addition to the identification of effective interventions, it would be useful to include something in the scope on how important it is for health professionals to understand that a child's behaviour is very complex and has as much to do with past trauma as it does with his/her current relationship with adoptive parents and his/her new family. It is important for professionals to avoid making assumptions about the reasons behind a child's behaviour and giving out the message implicitly or explicitly to adoptive parents that they	We agree, the disorder is complex and many risk factors may be associated with the child's behaviour. The recommendations that will come from these reviews will need to be carefully worded to highlight this complex issue. Thank you for your comment.

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				are to blame for the child's behaviour. This point is made to address some of the anecdotal evidence on adoptive parents being 'blamed' for prior experiences/neglect by birth parents and of adoptive parents ending up wrongly in the safeguarding system as a result of the identification of trauma and abuse by professionals.	
107	Department for Education & Department of Health *(joint response)*	12	4.5.3	Would it be helpful to explain the difference between 'disorganised attachment' and 'attachment disorders'.	We agree and will ensure the definitions of both are described in the guideline. We will also review what tools can measure and predict both.
	Intercountry Adoption Centre	1	General 4.1.2	IAC was most disappointed to find that there is no intention for the guidelines to include children and young people adopted internationally, the majority of which are "looked after" in their State of origin immediately prior to their adoption. It is hard to identify what clinical rationale there might be for such exclusion.	Thank you for your comment. Children who are adopted into England and Wales will be covered by this guideline. Please see section 4.1.1 of the scope for the inclusion.
	Intercountry Adoption Centre	2	General 3.1 q r	Paragraphs 3.1. (q) and (r) recognise that attachment disorders occur commonly as a result of institutional rearing. This is par excellence the pre-adoptive experience of the vast majority of intercountry adopted children. It is commonplace for such children to have been abandoned by their birth families and then to have been cared for in institutions, many of which are large and very poorly resourced. These paragraphs also recognise the legacy of such pre-adoption experience with its implications for the development of attachment disorders and mental health problems. For the draft scope to implicitly identify a population at risk and then to propose to exclude that population from the guideline represents gross inequality of access. In our opinion there can be no credible clinical justification for ignoring this relatively small group of children	Thank you for your comment. Children who are adopted in this country from abroad will be covered in this guideline.

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				(in no year has there been more than 400 intercountry adoption applications processed by the Department for Education and currently it receives less than 100 per year). To do so, is at odds with the UK's obligations under the Hague Convention on the Protection of Children and Co-operation in Respect of Intercountry Adoption 1993 to ensure equivalency as between children placed in domestic and intercountry adoption. At a national level, it does not reflect the Adoption National Minimum Standards (Standard 15) which makes no distinction between an agency's responsibility to provide adoption support services to people affected by domestic or intercountry adoption. In IAC's experience, some adoptive families comprise children adopted from overseas and children adopted domestically. At a practical level, as it is currently envisaged, the guideline's reach will extend to one or more but not all of its adopted children. We are certain that this cannot be what was intended. In our opinion, to omit intercountry adopted children from the scope of the proposed guideline is to create an inequality of opportunity that will call into question the basis on which the guideline is drafted and, in turn, the credibility of the guideline itself.	
	Intercountry Adoption Centre	3	General 3.2 e i	Video interaction guidance has proven in Holland and in Belgium to be a particularly useful intervention for intercountry adopted children, to promote attachment in the early stages of placement and especially so where there may initially be no language or no common language between the child and family. We would wish to see the guideline examine this and other interventions in relation to their particular applicability to families with children adopted from abroad.	Thank you. This has been noted.
	Intercountry	4	General	IAC would welcome the broadening of the scope of the guidance to	Thank you for your comment. Please see the revised

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	Adoption Centre			include children at high risk of being looked after. Some children who have had a very poor start in life overseas prior to their placement with UK adopters may be occasionally the subject of a disrupted placement especially, although not exclusively in adolescence (although anecdotally the number would appear to be relatively low compared with domestic adoption). Again, were the guidance to look at children at high risk of being looked after, that should be the only consideration, with no differentiation between the child's route to his or her place in the family.	scope for its inclusion of children on the edge of care and children adopted in England from abroad.
85	Maternal Mental Health Alliance	1	3.2 b	There should be much greater emphasis on prevention, which is dependant on identifying high risk children. This is possible and desirable BEFORE BIRTH, as the predictive factors relate to the PARENTS. It si critical to acknowledge and develop guidance in response to, the fact that prevention does not just relate to a single generation, but has the potential to break powerful intergenerationsl cycles, as the parents who are most likely to have infants with attachment problems are themselves extremely likely to have been subject to trauma, abuse or neglect and poor attachment as children themselves.	Thank you for your comment. The guideline on Antenatal and postnatal mental health, which is currently being updated, is reviewing interventions to improve mother/ infant interaction.
86	Maternal Mental Health Alliance	2	4.1.1 a	It follows from the comment above that the population age definition must start at conception. There is now overwhelming evidence that the foetal environment, including the mother's psychological state has a profound and lasting effect on the child's development including attachment, independent of later factors. Starting policy, identification or intervention at birth is too late and not evidence based.	Thank you for your comment. The Antenatal and postnatal mental health guideline is currently being updated and will review interventions to improve mother/ infant interactions.
87	Maternal Mental Health Alliance	3	4.1.1 a 4.1.2	It follows from above that the guideline must include children at 'high risk' of being looked after. Indeed there is no logic in excluding them as most children who are 'looked after' are not in care permanently, and when not in care are at very 'high risk' of going back into care, but nevertheless the same children. There is little	Thank you for your comment and support. Children at risk of going into care will now be reviewed by the guideline development group.

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				doubt that the clinical and economic outcomes of prevention are enormously better than dealing with the consequences of attachment problems.	
88	Maternal Mental Health Alliance	4	4.1.1 b	We welcome this particular focus, which should acknowledge the critical importance of maternal/parental mental health during the pregnancy and first year of life. THIS SHOULD TIE IN WITH THE NICE APMH guideline CG45, including the priority which needs to be given to prompt intervention, as the child's development cannot wait for months and months, which is unfortunately the norm in NHS mental health care, particularly with psychological interventions if they are available at all.	Thank you for your comment. The APMH guideline is currently being updated and will review interventions to promote mother/ infant interaction. This guideline will make reference when necessary to the APMH guideline.
89	Maternal Mental Health Alliance	5	4.2 a	Mothers in prison, whether separated from their infants, or in mother and baby units, are likely to be caring for their children when released but have multiple social and psychological problem and their relationships with their infants are at high risk. Work should be done in the prison setting to help them improve the skills in caring for their children.	Thank your comment. A range of settings and interventions will be reviewed and the recommendations will apply across a range of settings.
90	Maternal Mental Health Alliance	6	General	The wording is understandably child centric, but to an extent that suggests a perception that attachment is formed, or disordered, in isolation from the primary care giver. In fact the reverse is true – if we want to achieve better outcomes for children we must increase the abilities of the primary care givers and others in contact with children, to create environments and interaction that foster secure attachment. To achieve this we have no choice but to focus on the parents and their psychological functioning, specifically in those dyads at high risk.	Thank you for your comment. We have amended the title and some of the wording in the scope which we feel is now clearer. It is not for the scope to suggest what interventions are needed, but we expect that the guideline itself will reflect some of the points you have raised.
91	Maternal Mental Health Alliance	7	4.4	4.4h is probably the most important factor with any potential for predicting, preventing and rectifying attachment problems and yet comes at the end of long list of considerations aimed more at attempts to 'patch up' failures to prevent. This neither follows the evidence, nor international experience, but reflects a longstanding	Thank you for your comment. The list of outcomes are not given in order or importance. We agree, quality of parenting and parenting behaviour are important factors to consider in order to prevent attachment problems. It is for this reason the

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				and damaging emphasis in UK policy across social, health, criminal justice, and education systems. It should be recognised that children often go into care which is harmful to child attachment, development and security and that this often occurs in children whose families might have provided better care and outcomes for the child if early intervention had existed. Maternal mental illness represents a potentially reversible yet, due to poor identification and access to treatment, an important source of disordered attachment and poor child outcomes	guideline will address how to prevent attachment problems in children.
92	Maternal Mental Health Alliance	8	4.5.1	We strongly support an emphasis on prediction and prevention. This is only possible if (a) children are considered from conception and (b) if children at high risk are included. This may appear much more difficult than trying to deal with problems after they have occurred, but this is why the UK has much poorer child outcomes than countries that investing more in supporting parents.	Thank you for agreeing with us that this is an important focus of the guideline.
93	Maternal Mental Health Alliance	9	4.5.3	Treatment of disorganised attachment in children up to age 18 must include identification and treatment of the common consequences, in particular the syndrome variously known as developmental trauma disorder/complex PTSD/emotionally unstable personality disorder/borderline personality disorder, all of which represent the consequences of trauma/abuse/neglect in childhood, the earliest signs of which are disordered attachment. Identification and treatment of these in older children and young people in the NHS are very poor. These are the parents (often the teenage parents) of the next generation of children with seriously disordered attachment.	Thank you for your comment. Addressing the consequences of disorganised attachment are likely to be beyond the scope of the guideline. We will however, look at the identification and treatment of attachment disorder in older children and young people.
94	Maternal Mental Health Alliance	10	4.6	The scope for the economic aspect must examine the wider costs of the status quo, and benefits of interventions, to the wider public purse including the criminal justice system.	Thank you for your comment. If suitable cost data is identified we will consider costs (cost-savings) to the wider public including the criminal justice system.
95	Maternal Mental Health Alliance	11	5.1	We are very surprised to find that the APMH CG45 is not on the list of related guidance and wonder if this reflects a lack of awareness of	Thank you for your comment. The APMH guideline has been added to the list of related NICE guidance.

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				the parental and adult issues relating to disordered attachment. We are concerned that the GDG membership should including expertise in the APMH field.	
21	National Childbirth Trust	1	General	The scope focuses upon dyadic attachment and suggests that children attach to a single primary carer. However, particularly where children are moved between care environments, it may be more appropriate to look at establishing a network of attachment figures or looking beyond the obvious primary carer to an alternative attachment figure, such as a teacher, who may be a more stable figure over time. Further, children who are adopted but maintain some contact with the biological family may require support in establishing and maintaining attachment to figures in both families. We believe this to be an important point with respect to the identification of, and intervention in, cases of insecure and disorganised attachment and attachment disorders. Practitioners may need to be guided to look beyond the obvious dyad to identify possible problems and to target assessment and intervention appropriately.	Thank you for your comment. We absolutely agree that this is of great importance and this will be covered in the full guideline. The scope provides a broad framework of what will and will not be covered to provide healthcare and other professionals, stakeholders and the public on the expected content of the guideline. The full guideline will include in much greater detail the review on identification of attachment problems.
22	National Childbirth Trust	2	General	We believe that the guideline should also include those who are at risk of being taken into care. If the aim of the guideline is to promote early intervention with the aim of prevention then this group is a key population to target with the hope that accurate assessment and appropriate intervention will prevent their move into care.	Thank you for your comment. Please see the revised scope for the inclusion of children who are at risk of being taken into care.
23	National Childbirth Trust	3	3.1 h	Care needs to be taken with concluding that attachment classifications are stable overtime unless there are changes in the caregiving environment. Recent research questions our assumption of stability and shows that the transition to adolescence affords the opportunity to reset the attachment mind set with appropriate interventions.	Thank you this has been noted.
24	National Childbirth	4	4.1.1	The age range needs to be expanded to include antenatal	Thank you for your comment. The guideline

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	Trust		a	assessment of attachment particularly in those cases where there is a risk of being taken into care. Research has shown that a parent's attachment mindset with respect to their unborn child before birth is a significant predictor of their attachment to the child after birth. Therefore, this is a valuable period for assessment and intervention if the aim is to prevent this baby being taken into care.	development group will identify factors associated with the development of attachment problems and disorders which include the biological risk factors. This will help identify those at risk from birth. Expanding the age group to conception is beyond the remit of this guideline and it would otherwise overlap with the Antenatal and postnatal mental health guideline which is currently being updated.
110	NHS Sheffield CCG	1	General 4.1.1 a	What is aim of guidance? If to improve practice for LAC and Adoption then should not include those at high risk of coming into care as types of interventions are very different. If it is about attachment in general then should include good practice for all children. For those at high risk it is also about primary care and about community interventions such as those like sure start, family nurse partnership, that support families from pregnancy, increasing attunement particularly in first two years of life. Wider issues such as community violence, poverty, anything that increases stress would need to be considered as this gets in the way of being able to be attuned to your child.	Thank you for your comment. It is very important to cover children on the edge of care as to identify those who are at high risk of being looked after; this will prevent their ascent into care and developing attachment issues. We strongly believe the inclusion of children who are at high risk is imperative to completeness of this review. We would also like to assure you that children who are adopted from care and those who are in care (including SGOs) will receive our full attention. Please see the revised title of the guideline; children who are adopted now feature at the forefront of the guideline. Factors associated with the development of attachment problems including biological, environmental and process risk factors will be included in this guideline.
111	NHS Sheffield CCG	2	General 4.3 4.4	With mental health interventions when children are in care it is much more intertwined with social care practice and the court system. Children need to feel safe and settled enough to explore their emotional world in order to access direct therapy.	Thank you. We agree and hope to build on this in this guideline.
112	NHS Sheffield CCG	3	General 4.3 4.4	The biggest difficulties we have in interventions is due to the quality of foster carers. We have been trying to influence the recruitment (from how they publicise what fostering is) to how they assess the attachment of potential carers to the training and support carers are	Thank you for your comment. Please see the revised draft review questions for the review we will be undertaking to assess what procedural and arrangement features increase or decrease the

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				given.	potential of developing attachment disorders.
113	NHS Sheffield CCG	4	Genera 4.3 4.4	Next is the issue of matching carers to children's, mix of other children in placement, sex of carers (some LAC who have been sexually abused cannot cope with a male carer at first). Also issue of siblings together or apart due to trauma bonds and or levels of need.	Thank you for your comment. Please see the revised draft review questions for the review we will be undertaking to assess what procedural and arrangement features increase or decrease the potential of developing attachment disorders.
114	NHS Sheffield CCG	5	General 4.3 4.4	Finally is the issue of contact with birth family and care proceedings. While the family is still being assessed it is very difficult to help the LAC as the lack of stability has a huge impact on mental state. Sometimes the amount of contact asked for is highly traumatising.	Thank you for your comment. Please see the revised draft review questions for the review we will be undertaking to assess what procedural and arrangement features increase or decrease the potential of developing attachment disorders.
	Parents Early Education Partnership	1	3.2 b	It is important to intervene preventatively before birth as it is possible to identify parents at risk of poor reflective function which predicts quality of attachment.	Thank you for your comment. It is beyond the remit of the scope to cover children who are not within the care system or at proven high risk category. As much as we agree it is important to improve mother/ infant interaction as early as possible, the Antenatal and postnatal mental health guideline should go some way to providing further guidance.
	Parents Early Education Partnership	2	3.2 e.iv	PEEP's 'Nurturing Parents Programme' (written by Jane Barlow and colleagues) supports parental reflective function (mentalisation) in the perinatal period	Thank you for your reference. Psychological and psychosocial interventions to improve mother and child relationship will be reviewed. Professor Jane Barlow, as Deputy Chair of the Guideline Development Group, will be able to advise it on a wide range of interventions.
	Parents Early Education Partnership	3	4.1.1 a	The age range should be conception to 18. The foetal environment has a lasting effect on children's development after birth AND it is an ideal time to intervene to support parent's behaviour after birth in relation to reflective function. It is known that mothers who think realistically about their baby as an intentional being with feelings before birth are more likely to do so after birth.	Thank you for your comment. The Antenatal and postnatal mental health guideline is currently being updated and will review interventions to improve mother/ infant interactions.
	Parents Early	5	4.1.1	We support that the scope should include children at 'high risk' of	Thank you for your support. The guideline

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	Education Partnership		a 4.1.2	being looked after – but note that it would be more useful to broaden the definition of those considered 'at risk' to include those with identified needs or risk factors which would suggest that without preventative intervention, they would be likely to be looked after. Prevention is better than cure – and early intervention is crucial in relation to attachment – the problem is intergenerational.	development group will consider biological factors associated with the development of attachment problems.
	Parents Early Education Partnership	6	4.3.1 a	We support this – but including in the antenatal period	Thank you for your comment. It is beyond the remit of the scope to cover the antenatal period.
	Parents Early Education Partnership	7	4.5.1	We strongly support an emphasis on prediction and prevention. This is only possible if (a) children are considered from conception and (b) if children at high risk are included.	Thank you for agreeing with us that this is an important focus of the guideline.
	Parents Early Education Partnership	8	4.6	The scope for the economic aspect should include the wider costs of the status quo, and benefits of prevention and interventions, to the wider public purse including the criminal justice system.	Thank you for your comment. If suitable cost data is identified we will consider wider costs (cost-savings) in the economic analysis including those relevant to the criminal justice system.
148	Public Health England	1	3.1	Is there any further information on older children and attachment? Very focused on early years as expected but would be interesting to see if there is more information on 5-11 and older age groups	Thank you for your comment. The evidence for children and young people who are at high risk of being looked after, are in care and are adopted from care up to the age of 18 will be reviewed. Where evidence is lacking the guideline development group- with their wide range of experience will advise on the overall review of the guideline.
149	Public Health England	2	3.2	No mention of current practice that might prevent children going into care or support families that may be on the edge of children being put into care. Recognise this might be slightly outside the brief but is worth mentioning	Thank you for your comment. Children on the edge of care/ those at risk of care features in 3.2 b. These will be reviewed by the guideline development group and the evidence will be presented in the full guideline.
150	Public Health England	3	3.2	Would it be worth this section being split by age of the child as the practice/interventions will differ.	Thank you for your comment. This section highlights the current practice but you do raise a valid point which will be considered when we review the evidence.

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151	Public Health England	4	4.1.1	I would support including looking at those at 'high risk of being looked after' as so many children come in and out of care the opportunities for prevention of going into care is also important	Thank you for your support. Please see the revised scope for its inclusion.
152	Public Health England	5	4.1.1 b	The issue is social disadvantage and focusing on black and ethnic minority groups in this statement might be stigmatising.	Thank you for your comment. All evidence relating to children adopted from care, looked after children in the care system and those at high risk of being looked after will be reviewed, regardless of gender, race or social background. However, where certain groups may be more vulnerable than others, NICE would like to ensure that the guideline development group takes them into consideration.
153	Public Health England	6	4.1.2 a	Include at risk of being looked after	Thank you for your comment. Children at high risk of being looked after will be covered in this guideline. Please see the amended scope for their inclusion
154	Public Health England	7	4.2 b	Include at risk of being looked after	Thank you for your comment. Please see the revised scope for the inclusion of children who are at risk of being looked after.
155	Public Health England	8	4.3.1 a	Agree include	Thank you
156	Public Health England	9	4.3.1 b	Would it be better to have this point divided into 2 ie effects of poor attachment and interventions that can help modify poor attachment (including preventing the infant, child, young person going into care) Or take out modified by intervention and put in 4.3.1e confusinf at present	Thank you we agree that these statements were unclear. This section has been redrafted.
157	Public Health England	10	4.3.1 C	Important to include views from children & young people	Thank you for your comment. Children and young people's experiences of interventions and care processes will be reviewed.
158	Public Health England	11	4.3.1 e	See comment above. Needs to be clearer the interventions will be linked to the outcomes for the child/young person/family	Thank you for your comment. We have clarified that we will investigate how effective the interventions are at improving not only attachment problems but

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					improving cognitive, educational, behavioural and social functioning, developmental status and quality of life
159	Public Health England	12	4.4 a	Not sure what this outcome is? Is it identification of these issues?	Disorganised attachment and/or attachment disorders will be measured as an outcome. The number of children with disorganised attachment will help us assess how successful an intervention is at preventing or treating it. Disorganised attachment and/or attachment disorders will be measured as a dichotomous outcome, ie. present or not, and/or as a continuous outcome i.e. degree of symptoms on a scale, depending on the tool used.
160	Public Health England	13	4.5.2 a	Include a	Thank you for your comment. We have decided to include children at risk.
161	Public Health England	14	4.5.3	Include those at high risk	Thank you for your comment. Children at high risk has been included, please see the revised scope.
162	Public Health England	15	4.6	It would be helpful if the broadest possible look at the economic impact of getting this wrong for children was included eg family courts, police data etc	Thank you for your comment. If suitable cost data is identified we will consider wider costs (cost-savings) in the economic analysis including those relevant to the criminal justice sector.
163	Public Health England	16	General	Need to be consistent throughout scope as to whether infants are included (in which case parents/family will need to be added especially if including those at high risk of going into care)	Thank you for your comment. Children and young people ranging from 0-18 will be covered in this review.
188	Public Health Wales	1	General	Attachment is a universal developmental process. However this paper limits application to children at risk of entering, within and exiting the Looked After system (including adoption). Attachment is of particular relevance to this population (because their experiences are generally detrimental to the formation of secure attachments)	Thank you for your comment. The Public Health guidance on Looked after Children and Young People will be taken into consideration. Universal prevention methods go far beyond the remit of this guideline.

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				but they are already served by NICE guidance re Looked After Children. I believe this has a strong attachment thread within it. Would it not make more sense for additional guidance to be explicitly linked to that? The limited scope of this document could be perceived as inequitable and lead to restrictive provision of services as many population health gains could be achieved through more universal efforts to foster secure attachments.	
189	Public Health Wales	2	General	Whilst it is laudable to develop NICE guidance around a developmental process such as attachment, this is undermined by repeated reference to 'Attachment Disorders' which are also outdated (if we are currently using DSM-V). Reference to 'Attachment Classification' is only a little better as these are research derived categorisations, in practice presentation is usually mixed and varying with context and stress. The mixing of terminology (and conceptualisation) is confusing; a focus on disorder (or categorisation) could restrict application of guidance to children who have been psychiatirically 'diagnosed' (a common complaint about CAMHS) or categorised using research assessments (which do not generalise well).	Thank you for your comment. The guideline will review identification and assessment of attachment problems and disorders; the different terms will be clearly defined in the full guideline. Where the guideline development group feel it is appropriate to reference the DSM 5 or the ICD 10, they will do so but it is not the role of the guideline group to critique the already established diagnoses.
190	Public Health Wales	3	General	There is no meaningful definition/description of attachment as a developmental process. Integrative and relatively simple definitions or developmental accounts can and have been produced elsewhere.	Thank you for your comment. The guideline development group will define each attachment problem in the full guideline.
191	Public Health Wales	4	General	Inadequate reference to key concepts about the parent –child interaction and carers' ability to understand, manage and therefore help children learn about difficult emotions. Concepts such as attunement, appropriate responsiveness, self reflective functioning, and containment are not sufficiently expounded.	Thank you for your comments. This is just the scope of the guideline and does not reflect the amount of detail which will feature in the full guideline.
192	Public Health Wales	5	General	There could be a much better explanation of how different (but often mixed) experiences of neglect and abuse lead to differential patterns of attachment and outcomes.	Thank you. Neglect is a risk factor which will be taken into consideration. If the evidence allows the different types of neglect to be distinguished, we will address each of these.

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193	Public Health Wales	6	General 3.1 a	Spurious reference to deterministic genetic basis to the detriment of understanding attachment as an interactional developmental process between carers and infants/children with neurobiological consequences. 'Genetically engendered bio-behavioural feedback mechanism' does not do justice to the relevant epigenetic processes.	Thank you for your comment. We have reflected on it, and while the 'genetically engendered bio-behavioural feedback mechanism' is cited as one explanation for understanding attachment, as we make clear in the rest of the section 'Epidemiology and background' there are many other influences, and all of these factors will be considered by the guideline development group.
194	Public Health Wales	7	General 4.4 a	The paper lacks coherence with poor linkage between statements. For example statement 4.4a has no context or meaning as an outcome. This renders the paper hard to read and it does not 'flow'.	Disorganised attachment and/or attachment disorders will be measured as an outcome. The number of children with disorganised attachment will help us assess how successful an intervention is at preventing or treating it. Disorganised attachment and/or attachment disorders will be measured as a dichotomous outcome, i.e. present or not, and/or as a continuous outcome i.e. degree of symptoms on a scale, depending on the tool used. The remaining outcomes have been amended to reflect more quantifiable outcomes that will help assess the effectiveness of various interventions
195	Public Health Wales	8	3.1 l 4.5.1 b c 4.5.2 b c	An implication that institutional rearing (or being LAC/adopted) causes attachment disorders, rather than exacerbates attachment difficulties that have already arisen as a consequence of neglect and abuse, hence the child is not with their birth family. It would be much better to refer to preventing an exacerbation of or treatment of attachment difficulties and vulnerabilities. The concept of promoting resilience would be useful and is not referred to.	Thank you for your comment. Promoting resilience will be considered by the guideline group.

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			d		
196	Public Health Wales	9	3.2 c d e	There is a false distinction between the interventions listed as discrete entities in these paragraphs – all are about 'improving the sensitivity and responsiveness of the caregiver to the child or young person's attachment needs'. It is the target audience that may differ. I do not understand why dyadic treatments are listed separately.	Thank you for your comment. For clarification purposes of current practice the interventions have been separated however this is by no means how they will be reviewed or presented in the full guideline.
197	Public Health Wales	10	3.2 c	The aim of intervention is not 'improving the child…attachment classification' per se, but improving the quality of their interactions, relationships, sense of self worth and emotional regulation; from which flows a range of wellbeing outcomes.	Thank you for your comment. This is a very good point and we will look at improving the quality of children and young people's interactions, relationships etc, in the outcomes. Please see the revised outcomes in section 4.4.
198	Public Health Wales	11	3.2 g	Would be helpful to clarify that attachment security can seemingly manifest as psychiatric 'symptoms' that may be responsive to medication intervention; but this does not directly treat the underlying attachment difficulty (which may improve as a result of better interactions as symptomatology reduces).	Thank you, we agree with you that the medication seems to treat the symptoms rather than the underlying cause. See section 3.2 g
199	Public Health Wales	12	4.3.1 a c	A is a more general statement of c – so why are they separated by b?	Thank you we agree that these statements were unclear. This section has been redrafted.
200	Public Health Wales	13	4.4 c	Why not more specifically include psychiatric symptoms and risk taking behaviour that are often associated with attachment difficulties	Thank you for your comment. We will measure "behavioural, cognitive, educational and social functioning" with the aim of capturing psychiatric symptoms and risk taking behaviour associated with attachment difficulties.
201	Public Health Wales	14	General 3.1 b	Quoted statistics refer to England – what of the devolved nations? and does this imply the guidance only applies in England.	Thank you for your comment. The NICE guidelines are typically for those in England and Wales.
40	Rotherham Doncaster and South Humber NHS	1	General	Our comments regarding this draft scope have already been contributed at the workshop held on 10 September 2013.	Thank you.

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	Foundation Trust				
140	Royal College of General Practitioners	1	4.1.1	The scope should cover those in the community at risk of being looked after. The scope would then include feedback from affected children and young people on procedural factors which help or don't help which could be put right.	Thank you please see section 4.5.1.b for the Research Question which will look at procedural factors that increase or decrease risk of developing attachment problems
141	Royal College of General Practitioners	2	4.1.2 b	Children adopted internationally –become resident in UK so should be covered. If not covered by this then who will monitor them?	Thank you for your comment. Children who are adopted into the country will be reviewed.
142	Royal College of General Practitioners	3	4.1.2 a	Children at risk should definitely be covered by this	Thank you for your comment. Children at high risk of being looked after will be covered in this guideline. Please see the amended scope for their inclusion.
143	Royal College of General Practitioners	4	General	The guidelines cover important aspects in 'care for children with attachment disorders –the implementation of these could be tailored to meet the needs of different groups. The majority of children seem to be at the age when important issues relating to sexuality, identity are becoming more apparent. Therefore support at this point is essential – it should also be culturally sensitive.	Thank you for your comment. Issues relating to the overall implementation of the recommendations are not in the guideline's remit. The guideline will no doubt consider an approach that recognises the needs of the child as broadly as possible, with all their interests and developmental changes and be sensitive to cultural differences. However it will be primarily focused on attachment disorders and their management.
144	Royal College of General Practitioners	5	4.2	? network with social clubs/ activities/ youth clubs ? link with mosques, any area that involves young people	Thank your comment. A range of interventions will be reviewed and the recommendations will apply across a range of settings.
145	Royal College of General Practitioners	6	4.3.1 a	Workers should be socially and culturally sensitive ? recruited from geographic area/ social / cultural similarities, providing role modelling etc will be better placed to obtain and understand child / young persons history and experience(s)	Thank you for your comment. Please see the revised scope for what will be covered, section 4.3.1. The guideline group will give careful consideration to the needs to the child throughout and how to best deliver the interventions.
146	Royal College of General	7	4.4 j	will "global' indicators of quality of life be specific enough to reflect diversity in populations, especially young people??	Thank you for your comment. As pointed out there are limitations associated with global indicators of

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	Practitioners				quality of life (QoL), however these measures of QoL are required to perform cost utility analysis as recommended by the Institute. However, other measures of QoL that may be more sensitive to different populations, i.e. young people, will be collected too.
147	Royal College of General Practitioners	8	4.5.2	Risks associated with these interventions lie in these interventions not being sensitive to diversity and equality. Young people who need to discuss their sexuality for example will require interventions appropriate for this, delivered by individuals experienced and trained in this area. Risks associated with not doing this may lead to further attachment issues.	Thank you for highlighting what some of the risks may be associated with the interventions. We will discuss this with the guideline development group when reviewing the literature.
137	Royal College of Nursing	1	General	The Royal College of Nursing welcomes proposals to develop this guideline. It is timely. The draft scope seems comprehensive.	Thank you.
138	Royal College of Nursing	2	4.11.1 a	Should also include secure settings and custody?	Thank you for your comment. We have replaced 'youth offender institutions' to secure settings.
139	Royal College of Nursing	3	General	We agree with the stakeholder feedback comments already in consideration.	Thank you
108	Royal College of Paediatrics and Child Health	1	General	No comments.	Thank you.
50	Royal College of Psychiatrists	1	1.1	Given the change in emphasis, this should now be "Looked after children's attachment-related therapeutic needs."	In response to a number of comments we have received, we have amended the title to reflect more clearly who we are including.
51	Royal College of Psychiatrists	2	2	Babies and children at risk of being taken into care should be covered by the scope. These are the families where there may be more openness to change and chances of success are high. Furthermore babies at risk of being taken in to care are also those	Thank you for your comment. Please see the revised scope for the inclusion of children on the edge of care and who are adopted. Section 4.1.2 is now clearer and says that children who are adopted from outside of

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				babies at very high risk of sustaining permanent damage in many areas of development as the process of developing an attachment relationship is so closely interwoven with the development of neural pathways and brain tissue. The title of the scope includes children adopted from care but they are later listed as excluded from the scope.	the care system will not be covered.
52	Royal College of Psychiatrists	3	3.1 a	It says attachment patterns are influenced by the care giving environment especially for looked after children. This is incorrect. Attachment patterns are influenced by the environment for all children.	Thank you. We consider the sentence you are referring to makes it clear that attachment pattern, styles and problems are all influenced by the caring environment for all children. It is true that looked after children, those at high risk of being looked after are especially sensitive to that caring environment.
53	Royal College of Psychiatrists	4	3.1 a	The main function of attachment is likely to be the triggering of proximity-seeking behaviour between parent and child in the face of threat, emotional regulation will be secondary to this.	Thank you for your comment, we agree.
54	Royal College of Psychiatrists	5	3.1 a	This paragraph unhelpfully collapses the attachment system (which is thought to be genetic) individual differences in attachment style (probably overwhelmingly environmental) and attachment disorders, which probably have a larger genetic component than attachment style, but which are ill-defined and ill-understood.	Thank you for your comment. We expect these different views will, be discussed by the GDG.
55	Royal College of Psychiatrists	6	3.1 c	Boys may have higher genetic loading for attachment disorders than girls.	Thank you this is duly noted and we will address the impact of genetic factors on attachment
56	Royal College of Psychiatrists	7	3.1 h	There are several methods of classifying attachment, which may also be expressed as a dimension. The "working models" hypothesis is specific to Mary Main's formulation of adult attachment, and alternative explanations of its stability; in particular, there are genetic influences on attachment stability in non-maltreated children.	Thank you this has been noted.
57	Royal College of Psychiatrists	8	3.1 i	Parental reflective function has been found to be a greater predictor of a child's subsequent attachment than the parental attachment status as defined by the AAI. Parental attachment in the AAI is	Thank you for your comment. We will look into this in further detail with the guideline development group.

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				described as autonomous, dismissing, preoccupied or unresolved / disorganised not secure / insecure.	
58	Royal College of Psychiatrists	9	3.1 j	Learning disability and/or autism may also influence the development of secure attachment status.	Thank you for your comment. Disabilities such as learning disabilities and neurodevelopmental disabilities will be reviewed in this guideline.
59	Royal College of Psychiatrists	10	3.1 k	This is a statistical association, and may not always occur.	Thank you for your comment. This is why we have said 'typically develop' insecure attachment.
60	Royal College of Psychiatrists	11	3.1 m	This overstates the effect: a recent meta-analysis found the effect size for disorganised attachment to be around .35 for externalising and .15 for internalising symptoms. These are small effects.	Thank you for your comment. Without the reference we cannot comment on the effect size you are reporting. However, the background literature on the prevalence will be re-written in the final guideline.
61	Royal College of Psychiatrists	12	3.1 m	Paragraph m - parents of children with disorganised attachments are described as being both (psychologically) frightened and (behaviourally) frightening. This is only part of the story. The problem is that the parent is both the source of comfort and fear causing the child an internal conflict as they do not know which attachment behaviour (Strategy) to use - in short they have an internal conflict wanting to flee from their frightening parent yet looking for comfort from them.	Thank you for your comment. Parental relationship issues are complex and will be carefully reviewed by the guideline development group; the definitions for disorganised attachment will be included in the guideline.
62	Royal College of Psychiatrists	13	3.1 o	ICD-10 needs mentioning as well.	Thank you for your comment. The ICD-10 is now mentioned.
63	Royal College of Psychiatrists	14	3.1 p	As these are part of the definition of the disorder(s) this is circular.	Thank you. This has been noted.
64	Royal College of Psychiatrists	15	3.2	This is a broad, heterogeneous group of interventions, without an explicit structure. To avoid problems of over- and under-inclusiveness, I'd suggest the following classification • Interventions which are designed to prevent harm to children e.g., Family Drug and Alcohol Courts. These may include issues related to attachment, but attachment may not be their main focus of benefit.	Thank you for your comment. This has been noted and will be helpful when designing the review protocol.

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				• Interventions which are designed to promote family life e.g., Family Group Conferences. The right to a family life is part of the European Convention on Human Rights, and as such, should be promoted irrespective of attachment issues. • Interventions designed to detect and treat other psychiatric disorders in looked after children, which might detect and treat attachment issues incidentally, but which do not have attachment as a primary focus. Use of the SDQ and detection of ADHD might be an example here. • Interventions designed to measure and change attachment status.	
65	Royal College of Psychiatrists	16	4.1.1 a.i	Children accommodated under Section 20 of the Children Act should not be excluded from this scope. Children with learning disabilities are frequently accommodated under Section 20 and may be in full time care or have 'shared care' with being accommodated up to 50% of the time. It would not be necessary to include those receiving respite care under section 20 who are receiving a low frequency respite care (typically 3 to 4 days per month).	Thank you for your comment. In the consultation version of the scope we made reference to Section 22 of the Children's Act which we believe that section 22 of the Children's Act covers the population the guideline aims to cover. Since consultation the population section of the scope has been redrafted and reference to the Children's Act has been removed. Special consideration will be made for those with learning disabilities. See section 4.1.1.
66	Royal College of Psychiatrists	17	4.1.1 a.iii	The scope should include those at high risk of being accommodated so that interventions that are evidenced based can be clear in the high risk period and interventions can be in place as soon as the problems are recognised.	Thank you for your comment. Please see the revised scope for the inclusion of children who are at high risk of being looked after.
67	Royal College of Psychiatrists	18	4.1.1 b	The collapse of parents of colour with those suffering from alcohol or substance abuse as requiring unspecified "specific attention" runs the risk of associating a group defined by their ethnic status with a group defined by problematic behaviour. It would make sense to divide the groups requiring specific attention to avoid this.	Thank you for your comment. This section of the scope provides a framework for those who will require special attention due to certain vulnerabilities. If the evidence or GDG expert opinion says that specific recommendations need to be made for specific groups, the recommendations will be very clear as to who they relate to.

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68	Royal College of Psychiatrists	19	4.1.2 a	Leaving out those "at high risk" of being looked after runs the risk of missing children who will have periods of care in the future, thus rendering the review insufficiently sensitive to risk and potential remedies.	Thank you for your comment. Children at high risk of being looked after will be covered in this guideline. Please see the amended scope for their inclusion.
69	Royal College of Psychiatrists	20	4.1.2 a	The title of the scope includes children adopted from care but they are included in the groups that will be excluded.	Thank you for your comment. We agree the scope was not very clear. Please see the amended scope, children adopted into the country will be covered in the guideline.
70	Royal College of Psychiatrists	21	4.1.2 b	This, while a small group, may be vital to understand the specific needs and remedies for unaccompanied asylum seekers. Its small size means its inclusion need not be particularly onerous.	Thank you for your comment. It is NICE's stance to ensure that sections of the population which are more vulnerable than others should be given special consideration by the guideline development group.
71	Royal College of Psychiatrists	22	4.2 a	The qualifier "direct" would seem to exclude educational establishments or prisons, which would seem inadvisable. While this is contradicted below, it could easily be lost without loss of sense.	Thank you for your comment. To address the issue you have pointed out we have removed reference to health and social care professionals and the word 'direct'; it now reads 'any setting in which professionals have contact with...'.
72	Royal College of Psychiatrists	23	4.4 a	Main outcome 4.4a is not clear. At the moment it reads as if they are looking for disorganised attachments as an outcome.	Disorganised attachment and/or attachment disorders will be measured as an outcome. The number of children with disorganised attachment will help us assess how successful an intervention is at preventing or treating it.
73	Royal College of Psychiatrists	24	4.4 d	Attachment disorders are phenomenologically independent of other child psychiatric disorders, so checking for them may be outside the scope of the guidance.	Thank you for your comment. We agree, that some of these measures are outside of the scope of the guidance. For this reason we have amended the scope to include "behavioural, cognitive, educational and social functioning" with the aim of capturing psychiatric symptoms and risk taking behaviour associated with attachment difficulties
74	Royal College of	25	4.5.1	The application of these tools for children with moderate/severe	How the recommendations relate to children with

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	Psychiatrists			and profound learning disabilities needs to be clear.	learning disabilities will be considered wherever possible throughout the guideline. As will other children with special needs. (see 4.1.1.b)
75	Royal College of Psychiatrists	26	4.5.1 a	Many of these are likely to have insecure attachment already, and we don't know whether its presence/absence predicts good or bad care outcomes.	The aim of this review question is to find factors that are associated with an increased risk of having attachment problems i.e. children with parents who have substance abuse.
76	Royal College of Psychiatrists	27	4.5.1 c	By the same argument, we need to be looking at worsening and improving as well as causing.	Thank you for your comment. We will look at both factors that increase and decrease the risk of developing attachment problems and disorders.
77	Royal College of Psychiatrists	28	4.5.2 4.5.3 a	The therapeutic interventions for children with disabilities, particularly those with severe learning disabilities and communication problems, needs to be considered specifically in relation to whether they are accessible and applicable for this group of children. Modifications to enable the appropriate interventions to be effective for those with severe communication need to be considered to avoid discrimination for this group. Similar considerations need to be included for children with autism to determine whether the treatment and interventions are accessible and effective for these children.	How the recommendations relate to children with learning disabilities and communication problems will be considered wherever possible throughout the guideline. As will other children with special needs. (see 4.1.1.b)
29	Sing & Grow UK	1	General	Sing & Grow UK CIC support the expert group's recommendation that this guidance should be updated in order to strengthen its recommendations. We would like to draw the expert group's attention to the following areas:	Thank you.
30	Sing & Grow UK	2	General	Guideline title: All children have attachment needs, and we believe the title should reflect this in an inclusive way.	Thank you for your comment. We have amended the title to reflect more clearly who we are including. We agree that all children have attachment needs however the scope of this guideline is limited to children and young people who are adopted from care, in care or at high risk of going into care.

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31	Sing & Grow UK	3	General	Guideline title: Early intervention is key to supporting families to develop positive and secure attachment.	Thank you for your comment. We absolutely agree that early intervention is key to this review.
32	Sing & Grow UK	4	4.1.2 a	We believe that this guidance should be inclusive of all groups of children with attachment problems including those who are not looked after, at a high risk of being looked after or adopted from care. Children and young people from overseas adoptions should also be included in this advice.	Thank you for your comment. If we were to review all children the guideline would lose focus but we are delighted in the support to include children who are at high risk. The review will also include children who are adopted from abroad.
33	Sing & Grow UK	5	4.4 e	Child focused measures of developmental status are important. We know that often with children who have insecure attachment behaviours, regression to earlier development stages is a key part of their emotional and psychological process.	Thank you for agreeing with us that it should be included in the list of outcomes.
34	Sing & Grow UK	6	4.4 F	We believe that a the guidelines should have specific focus on parent/carer-child relationship measures	Thank you for agreeing with us that it should be included in the list of outcomes.
35	Sing & Grow UK	7	3.2 e	We believe that early intervention and evidenced-based music therapy programmes such as Sing & Grow, which has over 12 years of robust data, C4EO validation, and a very positive 2013 service evaluation of our work specifically for families in post adoption situations should be included in the range of psychotherapeutic approaches. Working alongside the parent/carer-child dyad is key to establishing more secure attachment, parental capacity and awareness of how to support secure attachment, and if done in a group setting over a period of 10-12 weekly sessions, allows families to develop social ties and support systems with each other.	Thank you for your comment. This has been noted and we hope to find evidence of its effectiveness. Please feel free to send us any trials/ papers/ reviews that have been conducted so the guideline development group can assess its inclusion.
36	Sing & Grow UK	8	3.2 f	Early intervention and evidenced-based music therapy programmes such as Sing & Grow should be included as a valid treatment plan for children and young people with a range of attachment disorders and other non-specific psychosocial problems. Due to the nature of programmes such as Sing & Grow in which we work alongside parent/carer-child dyads, we can encourage positive psychosocial	Thank you for your comment. Psychosocial interventions aimed at the child, the parents/ caregivers or the family for the prevention and the treatment of attachment problems will be reviewed.

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				behaviours between dyadic partners.	
37	Sing & Grow UK	9	4.4 g h	We believe that measures focusing on relational and parental functioning are key to charting the progress of families in which attachment problems exist. This is the basis of our work and research since 2001.	Thank you for agreeing with us that it should be included in the list of outcomes.
38	Sing & Grow UK	10	4.5.1 d	Sing & Grow use The Observation of Interactions tool © Berthelsen, D. & Nicholson, J. (2006). *Observation of Interactions Scale*. Brisbane, QUT, which was designed for us in 2006. This tool has been validated and used to assess thousands of families who have worked with our programmes in the UK and in Australia since 2006.	Thank you for your comment. We will look into this when designing the review protocol with the guideline development group.
39	Sing & Grow UK	11	4.5.2 c	Research data and evaluations from families (2008 – 2013) suggest that the Sing & Grow Music Therapy programme is an effective early intervention to support families to develop more secure and more resilient attachments. The approach focuses on the parent-child dyad as the vehicle through which the process occurs.	Thank you for your comment. We will look into this when designing the review protocol with the guideline development group.
109	South West Yorkshire Partnership NHS Foundation Trust	1	General	I am keen that guidance in this area is directed at any child who is presenting with these difficulties, irrespective of whether they are in care or not, or imminently faced with going into care. In specialist CAMHS we quite frequently see young people who present with attachment difficulties (or occasionally diagnosable disorders), where due to resources there is no real prospect of different carers being introduced. The 'customers' in these cases are often as much Social Services as the families themselves, due to safeguarding concerns that are not quite at child protection level. There should be a set of agreed standards as there are a vast range of different approaches and perspectives on how to approach these difficult cases, and 'experts', often from USA, being brought in or cited by Social workers who have attended brief course, which can be very undermining when the family are then offered something quite different within a CAMHS service.	Thank you for your comment. It would be far beyond the remit of this guideline to address all children's attachment issues. We have to focus on those within the care system. The review will identify both biological and environmental factors as well as the social care processes which are associated with the development of attachment problems. Furthermore, the group will also review the instruments used to identify and predict different attachment problems and disorders. Recommendations will be made according to the evidence found.

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				I would therefore suggest 2 broad categories: those young people in new care arrangements, and those still in the original care setting (where the care offered may be part of the original cause of the difficulties, making it quite different to the former category). It would also be essential to clarify what these range of attachment difficulties constitute, as the word is often overused and misunderstood in my experience, and can be confusing when talking about specific diagnoses such as Reactive attachment disorder versus 'issues' in attachment patterns perhaps stemming from (for example) maternal postnatal depression resulting in more specific relational difficulties .	
41	Tees, Esk and Wear Valleys NHS Trust	1	3.1 o	The focus of diagnostic nosology is on RAD. It might be useful to describe the various other ways in which attachment related difficulties could manifest- anxiety, depression, autistic behaviours, inattention, disruptive and oppositional behaviours etc. Further it would be important to mention that RAD is a Severe Disorder of Social Functioning, in most occasions a consequence of attachment issues. Learning Disability and learning difficulties consequent to attachment related concerns also need to be highlighted. Other comorbidities might also need emphasising. This would avoid creating the impression that attachment related difficulties lead only to a relatively RAD rather than a wide spectrum of behavioural, emotional and social communication difficulties.	Thank you for your comment. The definitions of the different categorisations of attachment will be carefully considered by the guideline development group.
42	Tees, Esk and Wear Valleys NHS Trust	2	3.1 q	The finding of Attachment Disorders occurring commonly in institutional rearing is due to the fact that most of the research in this area has been on institutionalised children. This would avoid the presumption that it is institutions that are to blame. Attachment related difficulties can occur in poorly planned foster care situations as well.	Thank you for your comment. We will review the factors and experiences which increase and or decrease the risk of attachment related problems
43	Tees, Esk and Wear	3	3.2	Need to highlight that medications might be used to manage	Thank you for your comment. Co-morbidities have

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	Valleys NHS Trust		g	psychiatric comorbidities that are known to co-occur quite frequently with Attachment disorders.	been added to section 3.2g as per your suggestion.
44	Tees, Esk and Wear Valleys NHS Trust	4	4.1.2	It is important to cover and not exclude *Children at high risk of being looked after.*	Thank you for your comment. Children at high risk of being looked after will be covered in this guideline. Please see the amended scope for their inclusion.
45	Tees, Esk and Wear Valleys NHS Trust	5	4.3.1	The identification of familial/genetic and environmental factors would be crucial in identifying children who are at high risk of becoming looked after. This would also be important to plan early interventions as deeply entrenched attachment difficulties can be very restant to interventions.	Thank you for your comment; we agree.
46	Tees, Esk and Wear Valleys NHS Trust	6	4.3.1 c	The narrative of the child/ young person's experience is very important. Anecdotal evidence suggests that this narrative is not given serious consideration on most occasions and this can have the effect of consolidating the pre-existing attachment difficulties. Further the narrative of the child/young person could lead to the opportunity of correcting inadequacies in care proceedings.	Thank you. We've noted this and this will be considered during the development of the guideline.
47	Tees, Esk and Wear Valleys NHS Trust	7	4..5.1 d	One of the main concerns in the development of attachment related difficulties is the inconsistencies in provision of security by primary attachment figures. Those children/young people at risk of being looked after would have experienced this inconsistency. It is not unusual for children in LAC to have a further experience in this inconsistency due to multiple changes in foster care settings. While some of these are unavoidable in order to promote a compatible placement, many are due to budgetary constraints and poor planning. This latter concern could be minimised and the young person could be made to experience greater consistency in placement to combat the attachment difficulties. In situations where such inconsistency and change is unavoidable it would be useful to have an open and transparent discussion with the child/young person regarding the circumstances influencing this change.	Thank you for your comment. We will look into this when designing the review protocol with the guideline development group.

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48	Tees, Esk and Wear Valleys NHS Trust	8	4.5.2 a	The above could be used in preventing and minimising attachment related difficulties. In situations of high risk for attachment related difficulties it would be useful to initiate evidence based psychotherapeutic interventions. It should be borne in mind that these are fairly intensive interventions that are of long durations. If not staffed and budgeted adequately, there is the possibility of change of therapists or termination of therapy which would have the effect of consolidating attachment difficulties via reaffirming the experience of inconsistency in the child/young person.	Thank you for your comment. We will look into this when designing the review protocol with the guideline development group.
49	Tees, Esk and Wear Valleys NHS Trust	9	4.5.3	A constant review for emergence of behavioural, emotional and developmental comorbidity and management of these is important in the larger management plan.	Thank you for your comment. We will look into this when designing the review protocol with the guideline development group.
28	The Fostering Network Wales	1	General	Attachment issues are also relevant for children/young people who have experienced bereavement, one parent away from home (eg in prison, in army) for lengthy periods, step children, children whose parents have divorced, etc. Widening the scope may necessitate considering these groups, too, not just "children on the edge of care" due to child protection issues, generational parenting difficulties, etc.	Thank you for your comment. The guideline will focus on children and young people who, have been adopted, are in the local care system or are at risk of being taken into care. This is where we feel the guideline can add most value within the time and resources available.
205	The Rees Centre for Research in Fostering and Education (University of Oxford)	1	3.1 h k l o	Why are they trying to 'improve' insecure attachment? Disorganised indicates a lack of a coherent response and has been linked to many later difficulties – but insecure attachment is not in itself problematic. A third of the general population have had insecure parental attachments! Also the secure/insecure proportions differ across cultures. The judgement of insecure styles as somehow 'less desirable' than secure attachment is very controversial. Also, attachment 'disorders' are very different to attachment styles and so talking about interventions that are aimed at both is unhelpful (e.g. see attached presentation from Matt Woolgar at the IoP mental	This section is background and is purely descriptive. The scope does not suggest that attachment styles are the same as attachment disorders.

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				health day).	
206	The Rees Centre for Research in Fostering and Education (University of Oxford)	2	4.1.2	Those exclusion criteria (p.9) are very strict. Why wouldn't it include those adopted from abroad (given that evidence suggests they only 'avoid' difficulties if adopted at an early age), or over-18s/adopted children for whom difficulties don't magically stop.	Thank you for your comment. Children adopted from care will be covered in the scope. The scope has been amended to ensure this is clearly reflected.
132	The Stefanou Foundation	1	4.1.1	The guidance currently defines children as age '0-19'. (para 4.1.1, page 8). We strongly recommend changing this definition to 'conception to age 19', to include the ante-natal period as there are opportunities which should not be missed during this period to start supporting parents and unborn babies to form secure attachment	Thank you for your comment. The Antenatal and postnatal mental health guideline is currently being updated and will review interventions to improve mother/ infant interactions.
133	The Stefanou Foundation	2	4.1.1	We support the proposal for the scope to include infants, children and young people 'at high risk of being looked-after' (para 4.1.1, page 9, inset box). This would strengthen the guidance considerably	Thank you. We agree.
134	The Stefanou Foundation	3	4.1.1	The guidance equates infants, children and young people 'at high risk of being looked-after' with those 'who are being considered for care proceedings or are subject to them'.(para 4.1.1, page 9, inset box). This definition seems to miss the opportunity for NICE to comment on earlier intervention and primary prevention, which could prevent highly vulnerable and at-risk infants, children and young people from ever reaching this point of 'being considered for care proceedings'. It would be more useful if NICE could broaden its definition of those 'at high risk of being looked after', to include those with needs and risk factors indicating that, without early intervention and primary prevention, they would be highly likely to become looked after.	Thank you for your comment. By including children on the edge of care we hope to intervene early and potentially prevent being looked after.
135	The Stefanou Foundation	4	4.3.1	We support the proposal to cover the issue of 'Identification of the familial/ parental and environmental factors associated with the development of attachment problems and disorders' (4.3.1, page 10). Indeed, predictive risk analysis would support earlier	Thank you

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				intervention and primary prevention	
136	The Stefanou Foundation	5	4.6	The scope of the 'economic aspects' of the guidance (para 4.6, page 14) commits to covering the NHS and personal social services. But it appears ambivalent about looking at the wider costs avoided to the public purse and society. NICE could inadvertently undermine the case for commissioning early intervention and primary prevention on attachment, if it promoted a narrow NHS-focused cost-benefit analysis. We urge NICE to commit to an economic analysis of attachment interventions, that includes the wider costs avoided to the public purse and the wider social benefits of giving highly vulnerable infants, children and young people the protection that comes from secure attachment.	Thank you for your comment. If suitable cost data is identified we will consider wider costs (cost-savings) in the economic analysis.
115	The Who Cares? Trust	1	1	The Who Cares? Trust welcomes the development of a NICE guideline on attachment and related therapeutic needs of looked-after children and children adopted from care.	Thank you for your support.
116	The Who Cares? Trust	2	4.1.1	We would like to see the age range of the groups that are covered raised to include care leavers up to the age of 25. This will ensure the guidelines cover those care leavers who have just left care and are also at risk of attachment and mental health issues. Young people tell us that when they leave care they feel like they have left behind relationships. Young people often tell us that they feel lonely when they leave care.	Thank you for your comment. Although we appreciate the difficulties of those leaving care, children who leave care is beyond the remit of this guideline, so are young people past the age of 18.
117	The Who Cares? Trust	3	4.1.1 4.1.2	We would like clarity over whether children and young people who are adopted from care are going to be covered by the scope, as they are listed in 4.1.1 and 4.1.2 as groups that will and will not be covered.	Thank you for your comment. Children adopted from care will be covered in the scope. The scope has been amended to ensure this is clearly reflected.
118	The Who Cares? Trust	4	4.3.1 c	We would like to see "the young person's experience of the leaving care process" included as a factor and experience that may increase or decrease the risk of attachment-related problems. The leaving care process is a stressful time for many children and young people. Young people tell us that knowing that they have to leave a	Thank you for your comment. This is a good point and we will consider this with the guideline development group when designing the review protocol on what risk factors increase/decrease a child's risk of developing attachment problems.

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				placement in the future affects how they bond and form relationships with their foster carers or key workers.	
119	The Who Cares? Trust	5	4.5.2 d	We would like to see "children and young people who are leaving care" included. Children and young people who are in the process of leaving care will have different experiences of attachment and will need different support than those who are looked-after but not yet beginning to leave care and those who have left care.	Thank you for your comment. Given the size of the guideline, we have decided to place more emphasis on children who at high risk of developing attachment problems. However, we will look at the risks associated with the arrangement of and processes surrounding the care of children who are leaving care.
25	University of Central Lancashire	1	4.1.2	I think it is really important that a proactive approach is adopted where possible – and therefore yes children 'at high risk' should be included.	Thank you for your comment. Children at high risk of being looked after will be covered in this guideline. Please see the amended scope for their inclusion.
26	University of Central Lancashire	2	4.3.1	Agree – this is crucial to consider - so predictors/awareness of such is generated (both in relation to a) exploring family/environmental factors and c) c) children's experiences	Thank you for your comment; we agree.
27	University of Central Lancashire	3	4.5.1	Agree with this additional point as well in terms of addressing how systems of 'care' can also influence attachment behaviours.	Thank you for agreeing with us. The impact of systems of care will be addressed in the questions on what procedural and features of arrangement are associated with the risk of developing attachment disorder/problems.
20	Whitstone Head Educational Trust	1	4.1.1	In response to the 'Question for stakeholders' - Should the guideline also look at infants, children and young people who are considered to be at high risk of being looked-after (commonly, infants, children or young people who are being considered for care proceedings or are subject to them)? The answer is 'yes', as early identification may: (i) Prevent the need for some infants, children and young people to enter 'looked after care' through early interventions to address attachment issues and keep the families intact. (ii) Reduce the time spent in 'looked after care' by	Thank you for your support for including children at high risk of being looked after. The scope has been revised to ensure their representation in this guideline.

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				addressing attachment issues as part of the purpose of the 'looked after care' pathway, enabling a supported return to the family. (iii) Reduce the significant placement instability issues reflected in multiple placement breakdowns often faced by this population when they enter the 'looked after care' system, by ensuring that placements are appropriately supported from the outset and that infants, children and young people with attachment issues are placed with providers who are able to respond to the challenges of meeting their needs.	
202	Youth Justice Board for England and Wales	1	General	The YJB feels that the scope of the guidance should be widened to incorporate young people (under 18) who are given custodial sentences. A number of these young people have experienced attachment and other issues which should have brought them to the attention of social/children's services (at least 25% of young people on a custodial sentence would already be included through your LAC criteria, and all young people remanded to youth detention accommodation are now considered LAC). As custody rates fall, there remains a contingent of serious and prolific offenders. A recent study (of the Welsh cohort) shows that they almost all have attachment and trauma related issues which should be addressed along side their offending behaviour (information about this study can be provided on request, if helpful).	Thank you for your comment. Children under 18 years who are in a young offenders institute will be covered in this guideline.
203	Youth Justice Board for England and Wales	2	4.2 a.iv	Reference to secure training centres and secure children's homes should be included with young offender institutions: there are three types of secure provision for young offenders under the age of 18.	Thank you for your comment. We have amended the scope to include all secure setting.
204	Youth Justice Board for England and Wales	3	General	The YJB agrees that the scope should include children and young people at high risk of becoming looked after.	Thank you for your comment. Please see the revised scope for its inclusion.

These organisations were approached but did not respond:

Addenbrookes Hospital
Advanced Childcare
Alder Hey Children's NHS Foundation Trust
Association for Dance Movement Psychotherapy UK
Association for Family Therapy and Systemic Practice in the UK
Association for Improvements in the Maternity Services
Association of Anaesthetists of Great Britain and Ireland
Association of Child Psychotherapists, the
Association of Directors of Childrens Services
Barnardo's
Bliss
British Association for Music Therapy
British Association of Art Therapists
British Association of Play Therapists
British Association of Social Workers
British Medical Association
British Medical Journal
British National Formulary
British Nuclear Cardiology Society
British Red Cross
CALM - Crisis, Aggression, Limitation and Management
Care Quality Commission (CQC)
Carers Federation Limited
Centre for Research on Children and Families, University of East Anglia
Childhood Bereavement Network
Childhood First
Children and Young Peoples Mental Health Coalition
Cleft Lip and Palate Association
College of Mental Health Pharmacy
College of Occupational Therapists
Croydon University Hospital
Cumbria Partnership NHS Trust

Department of Health, Social Services and Public Safety - Northern Ireland
Division of Education and Child Psychology
East and North Hertfordshire NHS Trust
Effective Training and Consultancy
Ethical Medicines Industry Group
False Allegations Support Organisation
Family Futures
Family Links
Fostering Network
Health and Care Professions Council
Health Quality Improvement Partnership
Healthcare Improvement Scotland
Healthcare Infection Society
Healthwatch East Sussex
Hertfordshire Partnership NHS Foundation Trust
Herts Valleys Clinical Commissioning Group
Home-Start UK
Humber NHS Foundation Trust
Independent Children's Homes Association
Institute of Health Visiting
International Association for the Study of Attachment
Lancashire Care NHS Foundation Trust
Local Government Association
London Borough of Redbridge Children's Trust
Medicines and Healthcare products Regulatory Agency
Ministry of Defence
National Children's Bureau
National Clinical Guideline Centre
National Collaborating Centre for Cancer
National Collaborating Centre for Mental Health
National Collaborating Centre for Women's and Children's Health
National Deaf Children's Society
National Institute for Health Research Health Technology Assessment Programme

National Patient Safety Agency
National Society for the Prevention of Cruelty to Children
Neonatal & Paediatric Pharmacists Group
Newcastle upon Tyne Hospitals NHS Foundation Trust
NHS Barnsley Clinical Commissioning Group
NHS Connecting for Health
NHS Cumbria Clinical Commissioning Group
NHS Direct
NHS England
NHS England - Greater Manchester
NHS Health at Work
NHS Improvement
NHS Information Centre
NHS Medway Clinical Commissioning Group
NHS Plus
NHS South Cheshire CCG
NHS Wakefield CCG
NHS Warwickshire North CCG
North of England Commissioning Support
North West London Hospitals NHS Trust
Northern Looked After and Adopted Children Forum
Nottingham City Council
Nottinghamshire Healthcare NHS Trust
Oxfordshire Clinical Commissioning Group
Parenting Advice for Foster Carers and Adopters
Parents and Children Together
Pennine Care Foundation Trust
PHE Alcohol and Drugs, Health & Wellbeing Directorate
Play England
Play Therapy UK
Primary Care Child Safeguarding Forum
Public Health Agency
Public Health Wales NHS Trust

Public Health Wales NHS Trust
Royal College of Anaesthetists
Royal College of General Practitioners in Wales
Royal College of Midwives
Royal College of Obstetricians and Gynaecologists
Royal College of Pathologists
Royal College of Physicians
Royal College of Radiologists
Royal College of Surgeons of England
Royal Pharmaceutical Society
Rushcliffe Care Ltd
Scottish Intercollegiate Guidelines Network
Sense
Sheffield Teaching Hospitals NHS Foundation Trust
Social Care Institute for Excellence
St Mungo's
Staffordshire and Stoke on Trent Partnership NHS Trust
Stockport Clinical Commissioning Group
Suffolk County Council
Sussex Partnership NHS Foundation Trust
Tavistock & Portman NHS Foundation Trust
TB Action Group
The Association for Infant Mental Health
The Bowlby Centre
The Consortium for Therapeutic Communities
The Mulberry Bush Organisation
The Patients Association
United Kingdom Council for Psychotherapy
University Hospital Birmingham NHS Foundation Trust
Virgin Care
Voice
WAVE Trust
Welsh Government

Western Sussex Hospitals NHS Trust
Wigan Borough Clinical Commissioning Group
WISH - A voice for women's mental health
XCD Consulting Services T/A BrainTrainUK
York Hospitals NHS Foundation Trust
YoungMinds