

Attention deficit hyperactivity disorder (standard update) **NICE** National Institute for Health and Care Excellence

Consultation on draft scope – deadline for comments **5pm on 5 February 2016**
 email: ADHDstandardUpdate@nice.org.uk

Please note:		Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly or arrive after the deadline. Developing NICE guidance: how to get involved has a list of possible areas for comment on the draft scope.	
Stakeholder organisation (if you are responding as an individual rather than a registered stakeholder please state name here):		CoramBAAF Adoption and Fostering Academy 41 Brunswick Square, London WC1N 1AZ Phone: 020 7520 0300 Company registration number: 9697712 www.corambaaf.org.uk	
Name of commentator (if you are responding as an individual rather than a registered stakeholder please leave blank):		Florence Merredew Health Group Development Officer DD: 020 7520 7532 Florence.merredew@corambaaf.org.uk	
Comment No.	Page number or ' general ' for comments on the whole document	Line number or ' general ' for comments on the whole document	Comments Insert each comment in a new row. Do not paste other tables into this table, as your comments could get lost – type directly into this table.
1	General	General	This response is being submitted on behalf of the CoramBAAF Health Group, which is also a special interest group of the Royal College of Paediatrics and Child Health (RCPCH). The Health Group was formed to support health professionals working with children in the care system, through training, the provision of practice guidance and lobbying to promote the health of these children. With over 500 members UK-wide, an elected Health Group Advisory Committee with representation from community paediatricians working as medical advisers for looked after children and adoption panels, specialist nurses for looked after children, psychologists and psychiatrists, the Health Group has considerable expertise and a wide sphere of influence. Our area of concern is the particularly vulnerable group comprised of looked after and adopted children and young people.

2	4	93	We welcome the inclusion of identification of people who may have ADHD in the guidance. Relative to the general paediatric population looked after and adopted children have a considerably higher prevalence of ADHD. These children have a high burden of health inequalities which predispose them to ADHD and discussion of the risk factors for ADHD will assist health and social care practitioners to recognise individual children. It will be helpful for the guidance to explicitly state that looked after children are at high risk of developing ADHD.
3	5	120	As above, the guidance should state that looked after and adopted children are at high risk of developing ADHD.
4	5	126-130	The health inequalities including trauma and loss which predispose looked after children and young people to ADHD often also make it more difficult to work with them to provide information, interventions and support. Additionally their experiences in the care system such as changes of placement, school and friendship groups can add to the difficulties. These factors should be explicitly recognised and addressed for both the children and their carers when considering information and support needs, and methods of delivery.
5	6	164-166	The factors noted above should be considered and addressed when considering treatment adherence for looked after children. They should also be considered and addressed for looked after young people at the time of transition to adult services. It is well recognised that at this time when all young people need additional support, in reality support for those leaving care frequently diminishes leading to serious adverse outcomes. A significant group will leave the shelter of foster care for independent living and thus lose their source of daily support in managing ADHD. Many of them do not meet the thresholds for access to adult mental health services.
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Checklist for submitting comments

- Use this form and submit it as a Word document (not a PDF).
- Include page and line number (not section number) of the text each comment is about.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or

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the person could be identified.

- Spell out any abbreviations you use
- For copyright reasons, do not include attachments such as research articles, letters or leaflets. We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments.

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