

## Child abuse and neglect

**Consultation on draft guideline – deadline for comments 5pm on Wednesday 19 April 2017** email: [childabuse@nice.org.uk](mailto:childabuse@nice.org.uk)

Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.

We would like to hear your views on the draft recommendations presented in the short version and any comments you may have on the evidence presented in the full version. We would also welcome views on the Equality Impact Assessment.

We would like to hear your views on these questions:

1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why.
2. Would implementation of any of the draft recommendations have significant cost implications?
3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.)

See section 3.9 of [Developing NICE guidance: how to get involved](#) for suggestions of general points to think about when commenting.

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<p><b>Organisation name – Stakeholder or respondent</b> (if you are responding as an individual rather than a registered stakeholder please leave blank):</p>	<p>National Network of Parent Carer Forums (NNPCF)</p>
<p><b>Disclosure</b> Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.</p>	<p>None</p>

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<b>Name of commentator person completing form:</b>		NNPCF Steering Group		
<b>Type</b>		[office use only]		
<b>Comment number</b>	<b>Document</b> (full version, short version or the appendices)	<b>Page number</b> Or <b>'general'</b> for comments on the whole document	<b>Line number</b> Or <b>'general'</b> for comments on the whole document	<b>Comments</b>  Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table.
1	Full and Short	General	General	<ul style="list-style-type: none"> <li>▶ We welcome the further clarification to strengthen the safeguarding arrangements for children and young people. However we are concerned that there is lack of clarification in the current draft Guidelines of how the legal processes in Early Help and Section 17 and 20 of the Childrens Act relate to children with disabilities and their need for social care support to help them live positive lives.</li> <li>▶ Without support from social care such as from short breaks these Children and Young People (CYP) can suffer “harm” from not being able to live a meaningful life like other children as they need more specialist support (so it is NOT harm in a “safeguarding” but in terms of failing to achieve positive outcomes by being unable to live a life like other CYP).</li> <li>▶ The Aiming High for Disabled Children’s framework and the subsequent short breaks legislation recognised that many</li> </ul>

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				<p>disabled children and young people and their families need additional support and services to lead good and fulfilling lives reflecting their needs and disabilities.</p> <ul style="list-style-type: none"> <li>▶ We are very concerned that if necessary caveats are not put into these Guidelines about SEND and factors that can and do arise from SEND, that are also identified as “soft” signs of abuse, they will be ignored/dismissed or forgotten by those referring to the Guidelines. This could lead to wrong claims being made by for example schools and to CYP and families with SEND not getting the support to which they are entitled under the Education, Health and Social Care systems.</li> <li>▶ The role of social care therefore needs to be clarified in these Guidelines in relation to CYP with SEND.</li> <li>▶ We also need to see greater recognition and understanding of the strain that caring 24:7 has on families and that there needs to be greater recognition of this impact, especially as Short Breaks budgets in Local Areas are squeezed.</li> <li>▶ Whilst it's important for professionals to be aware of the "soft" signs, these could be easily confused with the child's disability. We would therefore like <b>separate sections/or a separate section dealing with CYP with SEND providing much more info/detail and guidance and not putting all CYP together.</b> Guidance should be that all professionals working with the C/YP should be familiar with their disability and how this presents itself before coming to a decision. They should all have training in dealing with challenging behaviour. If professionals know the child well, they should only make a judgement if the child's behaviour changes - ie not their normal behaviour.</li> <li>▶ Whilst this deals with safeguarding CYP, should there be mention if parents are being abused by their CYP? What's the guidance to professionals then? This was discussed at a recent event in London #VCB2017</li> <li>▶ A recent Social Care and Innovation Fund</li> </ul>
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				<p>CDC led project looking at social care and children and young people with disabilities recognises that there are particular issues in the system that can affect how social care interacts with Children and Young People with Special Educational Needs and Disabilities (SEND) and their families. The questions the project sought to answer were:</p> <ul style="list-style-type: none"> <li>▶ Why do we not value work with this group of families as we do with others?</li> <li>▶ How do we make effective use of resources so that staff work to their skills and strengths and families get the right intervention at the right level and at the right time?</li> <li>▶ How do we work in true partnership with families while always remembering that the welfare of the child is paramount?</li> <li>▶ How do we ensure that in working with families we build resilience and not dependence?</li> <li>▶ How do we ensure that families have the most positive of lives while always acknowledging the additional resources raising a child with a disability entails?</li> </ul>
2	Full and Short	4 and 5	“Introduction”	<ul style="list-style-type: none"> <li>▶ The context of referrals under Early Help or Section 17 of the Childrens Act implying all referrals to social care could be seen as potential cases of abuse and neglect implies a misunderstanding of how the social care system works for CYP with SEND and their families under the relevant legislation.</li> <li>▶ For example certain specialist services (e.g. hospice care or overnight short breaks) and certain levels of support under the Children in Need legislation require referrals to, assessments by and decisions by social care teams. Local areas are expected to have systems in place that ensures that families know how to access the right levels of social support (e.g. through universal, targeted and specialist services) based on needs of the CYP and</li> </ul>

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				<p>family.</p> <ul style="list-style-type: none"> <li>▶ While we agree with the sentiments in this paragraph, the implication of the use of the words “although not all of these [referrals] resulted in substantiated cases of abuse or neglect” could be seen to imply (wrongly) that all families and children and young people with disabilities who seek help to improve their social (care) outcomes are unsubstantiated cases of abuse and neglect. “Cruelty to children is a criminal offence, and abuse and neglect can have serious adverse health and social consequences for children and young people, which can persist in to adulthood. In the 1-year period from 1 April 2015 to 31 March 2016 there were 621,470 referrals to children’s social care, although not all of these resulted in substantiated cases of abuse or neglect (Characteristics of children in need in England 2015 to 2016 Department for Education). During this period 50,310 children and young people were the subject of a ‘child protection plan’, with the most common reasons cited as neglect (46%) and emotional abuse (35%).”</li> <li>▶ Additionally Section 20 of the Childrens Act applies in cases for CYP with SEND attend 38 or 52 week residential schools when these decisions are not made on safeguarding grounds but to ensure the education of the children. These draft guidelines do not make that distinction clear referring or implying this happens only in relation to safeguarding decisions.</li> </ul>
3	Full and Short	6 - 9 (Full)	“Context” paragraphs	<p>Legislation should also include:</p> <ul style="list-style-type: none"> <li>▶ Care Act 2014</li> <li>▶ Children and Families Act 2014 including SEND provisions and those relating to Education Health and Care Plans</li> <li>▶ Section 17 of the Children Act 1989 - safeguard and promote the welfare of ‘children in need’ in their area, including disabled children, by providing appropriate services to them. These services might include short breaks for parent carers, equipment or adaptations to the home.</li> </ul>

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				<ul style="list-style-type: none"> <li>▶ Section 2 of the Chronically Sick and Disabled Persons Act 1970 - duty to provide services to individual disabled children arises where it is 'necessary' to provide services to the child – a question that can only be answered once there has been a proper section 17 assessment</li> <li>▶ Short Breaks Duty "Breaks for Carers of Disabled Children Regulations 2011"</li> <li>▶ Key principles = integration (between service areas), early intervention, improved outcomes</li> </ul>
4	Full and short	6 - 9 (Full)	"Context" paragraphs	<ul style="list-style-type: none"> <li>▶ The Government provided £800 million between the spending review period of 2011 and 2014 on Short Breaks through the unringfenced Early Intervention Grant.</li> <li>▶ The Government also made a commitment to Short Breaks through the implementation of a new Short Break Duty which came into effect from April 2011.</li> <li>▶ This created a legal duty on local authorities to provide a range of Short Break services including: <ul style="list-style-type: none"> <li>▶ Overnight care in the homes of disabled children or elsewhere</li> <li>▶ Day time care in the homes of disabled children or elsewhere</li> <li>▶ Educational or leisure activities for disabled children outside their homes</li> <li>▶ Services available to assist carers in the evenings, at weekends and during the schools holidays.</li> </ul> </li> </ul>
5	Full and Short	6 - 9 (Full)	"Context" paragraphs	<ul style="list-style-type: none"> <li>▶ Focus on outcomes for Children and Young People (CYP) with SEND in Children and Families Act 2014. Recognising that these outcomes for CYP with SEND have historically been poor these outcomes are: <ul style="list-style-type: none"> <li>▶ Employment - Health - Independent living - Friends, relationships and community participation</li> </ul> </li> <li>▶ All CYP with SEND have social needs like any other CYP</li> <li>▶ Social Care does not mean all CYP with SEND need a social worker</li> </ul>

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				<ul style="list-style-type: none"> <li>▶ EHCs should not say “not known to social services” or “no social needs”</li> <li>▶ Equalities Act and reasonable adjustments (schools etc)</li> <li>▶ Inclusion – understanding universal, targeted and specialist services</li> <li>▶ Paragraph 9.35 of the SEND Code of Practice - where particular services are assessed as being needed, such as those resulting from statutory social care assessments under the Children Act 1989 or adult social care legislation, their provision should be given to the child and family as soon as a need is identified and not wait until the completion of an EHC needs assessment.</li> <li>▶ The SEND Code of Practice states that the Local Offer has two key purposes:             <ul style="list-style-type: none"> <li>▶ To provide clear, comprehensive, accessible and up-to-date information about the available provision and how to access it, and</li> <li>▶ To make provision more responsive to local needs and aspirations by directly involving disabled children and those with SEN and their parents, and disabled young people and those with SEN, and service providers in its development and review. It should not simply be a directory of services and the process of developing the Local Offer is intended to help local authorities and their health partners improve provision.</li> </ul> </li> </ul>
6	Full and Short	6 - 9 (Full)	“Context” paragraphs	<ul style="list-style-type: none"> <li>▶ Local authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the CFA Act).</li> <li>▶ The term ‘partners’ refers to the local authority and its partner commissioning bodies across education, health and social care provision for children and young people with SEN or disabilities, including clinicians’ commissioning arrangements,</li> </ul>

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				<p>and NHS England for specialist health provision.</p> <ul style="list-style-type: none"> <li>▶ Joint commissioning should be informed by a clear assessment of local needs. Health and Wellbeing Boards are required to develop Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies, to support prevention, identification, assessment and early intervention and a joined-up approach.</li> <li>▶ Under section 75 of the National Health Service Act 2006, local authorities and CCGs can pool resources and delegate certain NHS and local authority health-related functions to the other partner(s) if it would lead to an improvement in the way those functions are exercised.</li> <li>▶ Need to understand populations to allow for personalisation</li> </ul>
7	Full and Short	6 - 9 (Full)	"Context" paragraphs	<ul style="list-style-type: none"> <li>▶ Transforming Care and IPC as context</li> <li>▶ Improve services for people with learning disabilities and/or autism, who display behaviour that challenges, including those with a mental health condition. This will drive system-wide change and enable more people to live in the community, with the right support, and close to home.</li> <li>▶ Led jointly by NHS England, the Association of Adult Social Services (ADASS), the Care Quality Commission (CQC), Local Government Association (LGA), Health Education England (HEE) and the Department of Health (DH), the Transforming Care programme focuses on the five key areas of: <ul style="list-style-type: none"> <li>▶ empowering individuals</li> <li>▶ Right care, right place</li> <li>▶ workforce</li> <li>▶ regulation</li> <li>▶ Data</li> </ul> </li> <li>▶ IPC is a new approach to joining up health, social care and other services at the level of the individual. It enables people, carers and families to blend and control the resources available to them across the system in order to 'commission' their own</li> </ul>

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				care through personalised care planning and personal budgets.
8	Full and Short	6 - 9 (Full)	“Context”	<ul style="list-style-type: none"> <li>▶ National Parent/Carer Strategy Review being led by DH</li> <li>▶ Section 97 of the CFA 2014 amends the Children Act 1989 (by adding s17ZD to s17ZF) to require local authorities to assess parent carers on the appearance of need or where an assessment is requested by the parent. This is called a “parent carers needs assessment”</li> <li>▶ Care Act</li> <li>▶ Care Act/CFA not working as they should for parent/carers</li> <li>▶ Right to assessments and support in their own right</li> <li>▶ Needs to be better alignment to EHC and SEND processes</li> <li>▶ Disability Matters – Caring for Parent/Carers Matters – <a href="http://www.disabilitymatters.org.uk">www.disabilitymatters.org.uk</a></li> </ul>
9	Full and short	Pp 15-17 (Full) Pp 9-11 (short)	“Indicators of abuse and neglect”	<ul style="list-style-type: none"> <li>▶ Some of the markers of “behavioural and emotional states” and “emotional responses” are also markers of some developmental disabilities such as autism, learning disability, challenging behaviour.</li> <li>▶ CYP with SEND are also more at risk of being bullied and as the AntiBullying Alliance (ABA) says “Disabled children and children with special educational needs (SEN) are significantly more likely to experience bullying. <a href="#">You can read more research about this here.</a></li> </ul> <p>ABA have been leaders in the field of reducing what we refer to as disablist bullying (by disablist bullying we mean bullying of disabled children and children with SEN) via our All Together programme which has seen great outcomes at reducing bullying. <a href="#">You can read more about this here.</a></p> <p>Through this programme we have created many resources to support school staff, the</p>

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				<p>children's workforce, disabled young people/young people with SEN and parents and carers. All of our resources have been influenced by consultation with young disabled people. Many of the resources have been developed with our programme partners Achievement for All, Contact a Family and the Council for Disabled Children amongst many other charities and individuals.”</p> <p>► The Lenehan report “These are our children” in January 2017 highlights the needs of a group of these CYP with some of the most complex needs. This report states <i>inter alia</i></p> <p>“9. At least 2.5% of the general UK population has a learning disability that means they will need specialist services at some point in their childhood (Emerson &amp; Hatton, 2008). Nearly 40% of this group will experience significant psychiatric disorder, compared with less than 10% of those without a learning disability (Emerson &amp; Hatton, 2007). This seems to be a consequence of innate factors that confer vulnerability, compounded by a range of external factors</p> <p>Factors contributing to mental health problems in this population</p> <ul style="list-style-type: none"> <li>• Communication difficulties</li> <li>• Limited coping strategies and social skills</li> <li>• Coexistent disorders <ul style="list-style-type: none"> <li>* Neurodevelopmental disorder – notably ASD and ADHD</li> <li>* Psychiatric disorder – emotional disorder and psychosis</li> <li>* Physical health problems – epilepsy, immunological difficulties,</li> </ul> </li> </ul>
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				<p>sleep disorders</p> <ul style="list-style-type: none"> <li>• Child abuse (exposure to violence including bullying, abuse and neglect)</li> <li>• Out-of-home care (e.g. fostering, institutional placement)</li> <li>• Socioeconomic deprivation”</li> </ul>
10	Full and short	All	General	<ul style="list-style-type: none"> <li>▶ Locally challenges to understand the needs of families and CYP with SEND include: <ul style="list-style-type: none"> <li>○ Use of and understanding of eligibility criteria for short break and other disability social care services and support</li> <li>○ Short breaks services statement – what does it say and is it resourced?</li> <li>○ Role of different social care teams – early intervention (CAF), child protection – where do children with disabilities fit in?</li> <li>○ Assessments (process not always clear)</li> <li>○ Personalisation, higher levels of need and fairness</li> <li>○ Continuing Care overlap and difficulties with health engagement and buy in</li> <li>○ Universal, targeted and specialist social care support and what is in the Local Offer</li> <li>○ 0-25 coverage (as required by Children and Families Act)</li> <li>○ EHCs and social care within that</li> </ul> </li> </ul>
11	Full and short	All	General	<ul style="list-style-type: none"> <li>▶ The guidance on soft abuse also needs to be aware of the new <b>local area</b> inspections by Ofsted/CQC looking across education, health and care for all CYP with SEND 0-25. Successful implementation of the Children and Families Act 2014 requires joint working across all partner agencies as well as working with children, young people</li> </ul>

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				<p>and their families to identify needs early, meet needs and improve outcomes.</p> <ul style="list-style-type: none"> <li>▶ The inspections will also consider coproduction with parent carers and young people individually and at Forum/strategic level.</li> <li>▶ Ofsted/CQC are focusing on the needs of all children and young people with SEND, those who have an Education, Health and Care plan and those who access support through SEN Support and the Local Offer.</li> <li>▶ Local areas must know whether their provision is <b>improving outcomes</b> for ALL children and young people with SEND or not. They must agree aspirational yet realistic targets for young people and <b>monitor their progress</b> towards achieving them.</li> <li>▶ The fact social care is as much a part of this as are education and health is a measure of the importance of social care as an enabler to improve outcomes for some CYP with SEND and their families not for reasons of safeguarding but because they cannot easily access universal services that CYP without SEND can take for granted.</li> <li>▶ Inspection Reports have also highlighted the need to identify needs early and the delays that can happen when the necessary services are not commissioned and in place to do this (for example diagnostic services, CAHMS or therapies). In these cases family, the young people themselves and those who work with them may not understand some or all of the needs arising from SEND.</li> </ul>
12	Full and Short	5, lines 1 and 2 (short)	Lines 1 and 2 communication needs	<ul style="list-style-type: none"> <li>▶ communication needs, for example by using communication aids or providing an interpreter (<b>ensure the interpreter is not a family member</b>).</li> <li>▶ This part of the Guidelines could be seen as assuming neglect/abuse if child shows 'soft' signs which as we have said above may arise directly from a disability. This, with other parts of guidelines, could be seen as suggesting by implication that all family of disabled children and young</li> </ul>

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				<p>people cannot be trusted. This needs to be tempered more with clearer references needs arising from to disabilities and what developmental needs means. It also needs to more clearly distinguish between issues arising from environmental factors and those arising from disability and not place the two together. We do not want all parent carers to be assumed to be under scrutiny where the CYP disability presents with what these draft Guidelines are calling “soft” signs.</p>
13	Short and Long	Page 8 short	10 and 11	<ul style="list-style-type: none"> <li>▶ 10 1.2.3 “Recognise that children and young people may communicate their abuse 11 or neglect indirectly through their behaviour and appearance (see NICE’s 12 guideline on child maltreatment and recommendations 1.2.12 to 1.2.45 in 13 this guideline).”</li> <li>▶ This endorses the view of a person using these guidelines spots 'soft' signs as listed and assuming child is being abused/neglected. At very least there should be a caveat that these signs could arise out of a diagnosed (or underdiagnosed) SEND</li> </ul>
14	Short and Long	Page 8 short	Line 25 et seq	<ul style="list-style-type: none"> <li>▶ “1.2.7 For disabled children, be aware that their disability may increase the risk of abuse or neglect by their parents, carers or others, and make it harder to recognise. Also remember that disabled children may have many carers.”</li> <li>▶ This suggests a presumption that all all parent carers may abuse or neglect their disabled child. Again, any of those 'soft' signs can appear in the most loving and nurturing of homes and viewing parents/carers in a deficit model is unhelpful to say the least.</li> <li>▶ The focus is also on parent carers and not on wider carers.</li> </ul>
15	Short and Long	Page 9 short	To 1.2.9 and lines 16 and 17	<ul style="list-style-type: none"> <li>▶ “Consider abuse and neglect if a parent, carer, sibling or other adult in a 5 child’s household has 1 or more of the following risk factors: line 9 They are experiencing mental health problems.”</li> <li>▶ Some parent carers do suffer from mental health problems alongside their SEND</li> </ul>

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				<p>child displaying 'soft' signs but this does not mean they are being abused/neglected.</p> <ul style="list-style-type: none"> <li>▶ Lines 16 and 17 “The parent or carer has a mental health or substance misuse problem. There is chronic parental stress.” The same comments apply to this.</li> </ul>
16	Short and Long	Page 9 short	Lines 10 and 11	<ul style="list-style-type: none"> <li>▶ “The risk factors above may be compounded if the parent, carer, sibling or 11 other adult in a child’s household lacks support from family or friends.”</li> <li>▶ Many families of SEND children are isolated and lacking in support. Again, this does not mean CYP is abused or neglected.</li> <li>▶ NNPCF wrote about this in for example its Transition Report It reflects that sometimes communities, friends and families do not understand disability and do not know how to support. Disability Matters aims to support the wider community reduce fears and be more inclusive.</li> <li>▶ Families whose CYP attend special schools and attend on school transport or who attend out of Borough placements are not likely to easily meet other families or have a “school gate experience”</li> </ul>
17	Short and Long	Page 9 -11 Short	Lines 25 to 28	<ul style="list-style-type: none"> <li>▶ “General behavioural and emotional indicators of child abuse and neglect 1.2.12 Consider current abuse and neglect if a child or young person displays, or is reported to display, either of the following that differs from what would be expected for their age and developmental stage (see boxes 1 and 2):” And all of page 10 and most of page 11.</li> <li>▶ There should be very clear reference that all of these soft signs could indicated SEND rather than abuse/neglect. School refusal, self harm, repeated, extreme or sustained emotional responses, disassociation, wearing of inappropriate clothing, personal hygiene. etc etc could all be Autism/Learning Disability/ADHD/Challenging Behaviour and NOT abuse.</li> </ul>

Insert extra rows as needed

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### Checklist for submitting comments

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

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

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

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