

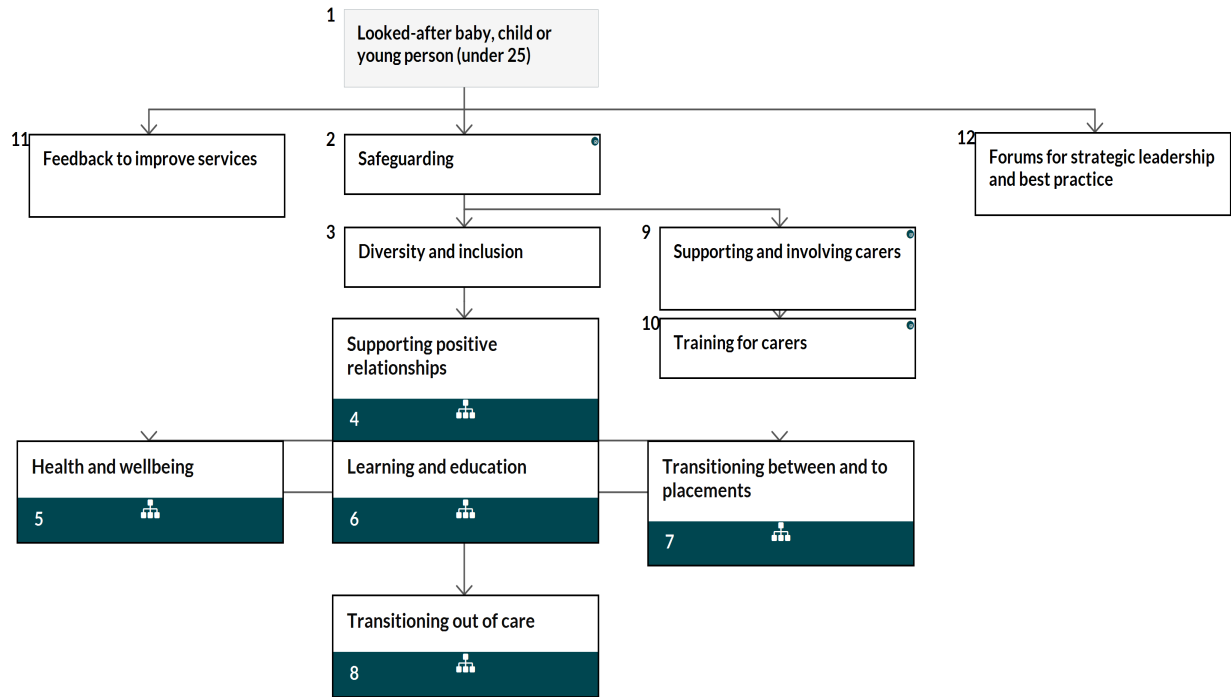
Looked-after babies, children and young people overview

NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/looked-after-babies-children-and-young-people>
NICE Pathway last updated: 20 October 2021

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Looked-after baby, child or young person (under 25)

No additional information

2 Safeguarding

Local authorities should facilitate a multidisciplinary approach to safeguarding looked-after children and young people, recognising that, like other children, looked-after children may need a full safeguarding response despite already being in care. This approach should:

- include all relevant agencies in meetings to address safeguarding concerns
- facilitate the sharing of data between agencies
- seek the views of looked-after children and young people and their carers, to ensure that responses to safeguarding risks are effective and acceptable, for example, by coordinating safeguarding responses for siblings in care.

Hold safeguarding meetings to bring together practitioners from multiple agencies involved in the care and support of looked-after children and young people such as: social care; fostering, residential and connected care; education and the virtual school; healthcare; voluntary agencies; housing services; emergency services; policing; and immigration.

Local authorities should seek specialist support to address safeguarding risks outside the home (contextual safeguarding), exploitation and children missing from care. This practitioner should lead and facilitate safeguarding meetings and build clear lines of accountability. The practitioner could be, for example, a missing person's coordinator or another trauma-informed specialist with knowledge of exploitation and safeguarding issues in the looked-after population.

Assess the safeguarding risk of a looked-after child or young person using data shared across agencies. This could include data on vulnerabilities:

- at the individual level (such as those captured by risk-assessment tools)
- at the group level (red flags specific to subpopulations such as young girls, trafficked children and unaccompanied asylum seeking-children)
- at the community level (gathered from community-level health and mental health data, area deprivation indexes, number of county lines operating in a single area and area-specific missing person reports).

Use training and review meetings to ensure that practitioners and carers working directly with looked-after children and young people are:

- able to recognise critical moments for looked-after people: that is, times when they may be more open to change and receiving help
- aware of the early signs of, and risk factors for, gang involvement, exploitation and going missing
- familiar with how to report concerns.

Promote positive relationships (including broader relationships such as those with carers, siblings and practitioners) as the main way to prevent exploitation and children going missing from care (see [ensuring positive relationships in the care network](#)).

Provide tailored support for the child or young person to prevent exploitation, by addressing issues specific to young girls and boys, trafficked children, and unaccompanied asylum-seeking children (for example, addressing issues of self-esteem, domestic violence, negative relationships and previous exploitation).

Review the case files of looked-after children and young people who have been the subject of safeguarding meetings, to help the safeguarding partnership learn and develop future safeguarding responses (or to inform best practice).

See the NICE guideline to find out [why we made these recommendations and how they might affect practice](#).

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

2. Collaborative working between services and professionals

3 Diversity and inclusion

Be aware that many looked-after children and young people are from groups that may face additional disadvantage. Ensure that their needs are met and that they do not face further marginalisation. These groups include those from black, Asian, and other minority ethnic groups, Gypsy, Roma and Traveller communities, and those from different religious backgrounds, as well as other groups such as refugees and unaccompanied asylum-seeking children, disabled people with complex needs, autistic children and young people, children and young people with a learning disability or neurodevelopmental disability, lower socioeconomic groups and people who identify as LGBTQ+.

See the NICE guideline to find out [why we made this recommendation and how it might affect practice](#).

4 Supporting positive relationships

See [Looked-after babies, children and young people / Supporting positive relationships: looked-after babies, children and young people](#)

5 Health and wellbeing

See [Looked-after babies, children and young people / Health and wellbeing: looked-after babies, children and young people](#)

6 Learning and education

See [Looked-after babies, children and young people / Learning and education: looked-after children and young people](#)

7 Transitioning between and to placements

See [Looked-after babies, children and young people / Transitioning between and to placements: looked-after children and young people](#)

8 Transitioning out of care

See [Looked-after babies, children and young people / Transitioning out of care: looked-after children and young people](#)

9 Supporting and involving carers

These recommendations cover support for primary carers, including foster carers, connected carers, key workers in residential care and birth parents (when the looked-after child or young person is placed with the birth parent).

Involve and value the carer's input in decision-making in the broader care team, and keep the carers fully informed about a looked-after child or young person's care plan.

Provide out-of-hours support services for carers to help resolve urgent problems, for example through social workers working 'on call', emergency duty teams or out-of-hours service, voluntary or independent agency helplines, or carer peer support associations.

Ensure that carers log any help sought outside of usual operational hours as part of their routine and urgent reports.

Facilitate peer support for carers at accessible times and places, including online if people may find it difficult to attend a physical meeting.

As part of the care plan, think about the need for planned respite care (or 'support care') for carers.

Ensure that respite (or support) care is used in the looked-after child or young person's best interests and explain this to the looked-after child or young person. For example, make use of short breaks that are fun for the child or young person, such as staying with relatives or extended carer family.

Use a respite (or support care) carer who the child or young person is familiar with if possible, and take into account the skills or training needed to meet the looked-after child or young person's assessed need.

Keep carers fully informed and updated about the support services available to carers and looked-after children and young people in their local authority.

Inform the looked-after child or young person's carers about any interventions used to support the looked-after child or young person, including the purpose of these interventions.

For further guidance on support for adult carers, follow [the NICE Pathway on supporting adult carers](#).

See the NICE guideline to find out [why we made these recommendations and how they might affect practice](#).

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

2. Collaborative working between services and professionals

3. Stability and quality of placements

10 Training for carers

Plan training for carers so that it is delivered before it is needed. Think about the need for multiagency involvement in training programmes and ensure that the organisations involved agree the source of funding between them.

Supervising social workers should work with carers to assess the needs of the looked-after child or young person, to inform and tailor training and development needs for the carers.

Provide a schedule of mandatory training for carers, excluding birth parents. Ensure that this training covers:

- Therapeutic, trauma-informed parenting (covering attachment-informed, highly supportive and responsive relational care).
- Safeguarding procedures'.
- How to communicate effectively and sensitively (for example, using de-escalation techniques).
- Life story work to promote a positive self-identity, which has a consistent, child-focused, and planned approach (see [life story work for identity and wellbeing](#)).
- How to be an educational advocate (this part of the training should be delivered by practitioners from the virtual school).
- Identifying problems with, and supporting, good oral health, diet, and personal hygiene (particularly among those coming into care).
- Encouraging positive relationships and sexual identity (covering issues such as consent, encouraging healthy intimate relationships, 'coming out' and transitioning).
- Self-care for carers, preventing burn-out, and coping with placements ending.
- The importance of health assessments, supporting attendance and issues of consent for medical treatment.
- Record keeping and sharing the information in the record with the looked-after child or young person in a constructive and positive way, considering the need for confidentiality, and the impact the record may have on the looked-after child or young person.

Training can be delivered in person (for example, at home or in community group settings) or virtually.

Provide targeted support and training for birth parents if reunification is a possibility or if the child is to remain in placement with the birth parent. This should be provided through transition

planning with family support teams.

Think about providing tailored training for carers if there are specific needs related to race, ethnicity, and culture. This could include, for example, understanding and respecting cultural and religious identity (including dietary preferences), and understanding specific hair and skin care needs.

Provide tailored training for carers if there are specific needs relating to special educational needs, long-term health conditions, and disabilities, for example sensory and communication needs. Training could be provided through specialist healthcare teams and voluntary organisations.

Based on the individual needs and developmental age of the looked-after child or young person, consider more intensive training methods for carers to support the delivery of therapeutic, trauma-informed caregiving. These methods should use video feedback, coaching and observation, roleplay, and follow-up booster sessions and be delivered by trained facilitators.

Ensure that trauma-informed training covers:

- understanding behaviour as a form of communication and as a response to trauma
- understanding, recognising and processing triggers for trauma responses
- understanding attachment [See page 10] and loss.

Ensure that trainers for carers are trauma-informed and have a good understanding of attachment issues and therapeutic approaches.

Ensure that new permanent or long-term carers are trained and prepared so that there is continuity of care and support, including therapeutic support if needed, between placements.

See the NICE guideline to find out [why we made these recommendations and how they might affect practice](#).

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

1. Warm, nurturing care

11 Feedback to improve services

Encourage children and young people in care and care leavers to give feedback about their care placement and the services they receive. This could be done, for example, through children in care councils, care leaver forums and surveys.

When seeking feedback, specifically seek out the views of children and young people who are looked-after out of area.

Include feedback in decision making to improve services.

See the NICE guideline to find out [why we made these recommendations and how they might affect practice](#).

12 Forums for strategic leadership and best practice

Use forums to help communication and bring together expertise and leadership from all agencies providing care for looked-after children and young people, as well as representatives of looked-after children and young people and their carers, and care leavers.

Use forums for looked-after children and young people to highlight examples of exemplary practice, review recent research, align and improve tools used for health and risk assessments, educate practitioners, understand one another's roles and responsibilities (and identify important gaps in provision of services), standardise language (for example, job titles and the names of risk-assessment tools and procedures), and agree a partnership approach to practice.

See the NICE guideline to find out [why we made these recommendations and how they might affect practice](#).

Attachment

A deep and long-lasting emotional bond between 2 people. For example, it includes the child seeking to be close to their caregiver when they feel upset or threatened, with the caregiver responding sensitively and appropriately to their needs. Attachment disorder is a recognised mental disorder that affects a very small minority of children experiencing attachment problems. Insecure attachment patterns and disorganised attachment are more common and are indicators of possible dysfunction in a child's attachment system that can lead to poor outcomes.

Glossary

carers

(the primary carer of the looked-after child or young person – that is, the adult who has primary responsibility for the day-to-day care of the looked-after child or young person)

connected carers

(relatives, friends or other people who have a pre-existing relationship with the looked-after child or young person: if a child or young person cannot live with their parents, connected carers can become their approved foster carers; the child formally remains a looked-after child or young person)

contextual safeguarding

(seeks to recognise the risks to the child or young person that occur outside the home and respond to these to keep them safe; the risks can include violence and abuse from, for example, the person's neighbourhood or school, or social media)

foster carers

(foster carers work alongside a team of practitioners to provide looked-after children and young people with full-time care in the foster carer's home: foster care may be a temporary arrangement, with children and young people moving on to a permanent placement or returning to their own birth families; children and young people may also live in long-term foster care placements if a return home is not possible)

life story work

(a social work intervention that aims to help children and young people in care begin to understand and accept their personal history and future; life story books are often used to give a visual aid and reminder of important events or feelings)

practitioners

(a paid professional providing direct care for looked-after children and young people; practitioners may include social workers, independent review officers, educational professionals, healthcare professionals and therapists)

unaccompanied asylum-seeking children

(children and young people who have left their country of origin without the care or protection of their parents or carers and are seeking asylum in the UK)

virtual school

(the virtual school champions progress and educational attainment of looked-after children and young people in the local authority: the virtual school is not 'attended' but provides coordination of educational services for looked-after children and young people at a strategic and operational level; looked-after children and young people within the local authority remain the responsibility of the school at which they are enrolled)

Sources

[Looked-after children and young people](#) (2010 updated 2021) NICE guideline NG205

Your responsibility**Guidelines**

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual

needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.