



National Practice Guidance for therapeutic support for care experienced children and young people

National Practice Guidance

- [The National Practice Guidance](#) informs the design of existing and developing services and projects working with care experienced children and young people.
- The National Practice Guidance was published alongside the National [Multi Agency Practice Framework](#) for Children's Services



Engagement

- Care-experienced children and young people (CYP)
- Regional Integration Fund (RIF) progress reports
- Supporting Families & NEST Community of Practice
- One-to-one meetings with service providers and academics
- Welsh Government policy colleagues
- National bodies and commissioners (e.g. CIW, Trauma Stress Wales, Social Care Wales)
- Foster carers and adoptive parents
- Academic research and submission




Identified gap in provision

- There is currently a gap in the provision of therapeutic support for care experienced children and young people in response to emotional and behavioural needs resulting from the experience of trauma and/or adverse childhood experiences.
- Whilst some of these children and young people may receive a mental health diagnosis, many will not and may not receive clinical intervention through Child and Adolescent Mental Health Services (CAMHS).
- These care experienced children and young people, either without a mental health diagnosis or waiting for one, who require therapeutic intervention as a result of their needs and experiences are the target group for this service specification.

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Why do we need targeted support?

This group may:

- Show health-harming or anti-social behaviours due to trauma
 - Struggle with unstable relationships and attachments
 - Face learning difficulties and lower educational outcomes
 - Be neurodivergent (diagnosed or not)
 - Be at higher risk of exploitation and abuse
 - Encounter barriers due to disabilities or protected characteristics
 - Be more vulnerable in parenting roles
 - Have experienced domestic or sexual violence
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Care experienced cyp report:

- Not wanting to wait for a diagnosis to get help: support should not be diagnostically dependant.
- Wanting comprehensive, person centred therapy and strengths-based wellbeing support.
- Needing trusted, compassionate, loving, warm adults.
- Services needing to recognise emotions and trauma responses within behaviour.
- Services needing to recognise trauma and results of trauma.
- Neurodiversity needing to be identified early and understood.
- A desire to reduce amount of times that they need to tell their story.

Services/professional report:

- Frustration at a lack of flexibility within their project/commissioned scope.
- Need to work long-term with children and young people.
- Need for effective data sharing and joint working protocols in place between health and social care.
- Need for integrated mental health assessments between health and social care.
- Need for long-term funding to ensure sustainability.

Academics / researchers report:

- Therapeutic support not being delivered in line with NICE guidelines.
- Lack of evidence-based commissioning for evidence-based therapeutic interventions.
- Care experienced children receive different mental health diagnosis to their peers.
- Having a stable placement should not be a pre-requisite for accessing therapeutic interventions. Instead, the interventions should be flexible and allow the child or young person to engage when it is right for them.





Population needs and inclusion criteria

- care-experienced
- have complex mental health and wellbeing needs, including those caused by childhood adversity and trauma (including complex trauma)
- are under the care of a Welsh local authority
- This guidance is based on delivering therapeutic support to care experienced children and young people, including those who have been adopted.
- We have not applied an upper age limit, but expect services to work to age 25 should individual needs demand.


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Approach and values

- Child-led, strengths-based and rights-focused approach.
 - Community and trauma-informed support.
 - Multi-agency teamwork with key partners.
 - Holistic care involving trusted adults.
 - NEST/NYTH framework guides delivery.
 - Inclusive, empowering culture using the social model of disability
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Aims & Objectives

- Deliver joined-up care for care-experienced children.
 - Build skilled, trauma-informed teams.
 - Boost emotional wellbeing and resilience.
 - Minimise story repetition through shared assessments.
 - Provide flexible, timely, and tailored support.
 - Reduce risk and harmful behaviours.
 - Support local transitions and neurodiverse needs.
 - Ensure strong, values-led governance.
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Component Summary

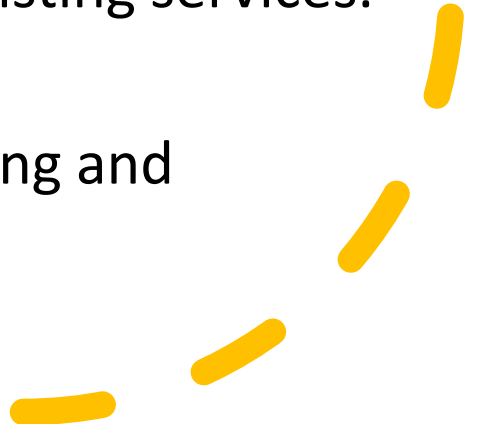
- Offer choice and co-create plans
- Embed and review support in care plans
- Ensure consistent, well-supported staff
- Train caregivers for joined-up care
- Enable data sharing and joint protocols
- Provide flexible, long-term, trauma-informed support
- Prioritise quality, language choice, and smooth transitions
- Offer out-of-hours and transition support



Key Outcomes and Measures

- Better mental health and resilience
 - Fewer risk behaviours and crises
 - More stable, suitable placements
 - Stronger, trusted adult relationships
 - Timely, joined-up support
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- % reporting improved well-being
 - % with trusted adult support
 - Fewer escalations and delays
 - Positive feedback from children and carers
 - Staff training and system coordination

What's Next?

- National Practice Guidance published in April 2025
 - Further engagement to develop 'I' statements with care experienced children and young people.
 - Present guidance to communities of practice and relevant networks.
 - Workshop guidance and support delivery changes with RIF funded services and other existing services.
 - Work with services to create monitoring and evaluation of impact .
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Let's talk ...

- Should this guidance be used as a starter point in the development of new residential children's homes in the traditional sense, what benefits would that bring?
- Alternatively would this guidance be more applicable to the therapeutic residential services for children with complex needs, why do you think either way?
- What additional aspects would the guidance need to cover to ensure it is fit for purpose for residential homes/services?
- What mental health training is currently provided for residential staff, who it is provided by and what it covers?
- Are there enabling factors that would promote its implementation?
- What barriers do you envisage impeding the implementation of a national guidance for residential homes/services?

