

Principles of care for children with complex needs and circumstances

Principles of care framework

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Changes to ways of working, and to the type and availability of services and provision, is necessary to better meet the needs of children with complex needs and circumstances, including those subject to deprivation of liberty orders. These principles of care are intended as a guiding framework to support this change.

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What do we mean by ‘complex needs and circumstances’?

We use the phrase ‘children with complex needs and circumstances’ to refer to children with multiple, overlapping difficulties that are not being met by the services and systems collectively responsible for their care and safety. This includes the many children who are deprived of their liberty due to concerns about their well-being, and who are placed in unregulated settings because there is nowhere else for them to go. These children have multiple emotional and behavioural needs that are often associated with experiences of early and ongoing childhood adversity (such as abuse and neglect, but also poverty and racism) and complex trauma. There may have been repeated failures by children’s services, mental health services and education services to provide them with effective help. The children’s behaviour may cause significant risk to others (e.g. physical aggression) and to themselves (e.g. self-harm), which is very challenging to manage at home and in residential settings. They often have overlapping difficulties with mental health, emotion regulation, neurodevelopmental conditions (e.g. autism and ADHD), risk of exploitation, and missing education.

It is often the combined impact of these multiple, intersecting (and mutually synergistic) needs – rather than the impact or ‘severity’ of any individual risk factor – that increases a child’s vulnerability, and that systems struggle to effectively respond to.

What do children need?

Stable valued, trusted relationships

All children need valued, trusted relationships. Such relationships form the foundations of emotional stability and healthy development. Research shows convincingly that a coherent sense of self is formed in the context of secure, predictable relationships.

Important relationships are not always with family members, or a person a child has lived with – sometimes the person a child trusts is a teacher, a football coach or a family friend. Peers also matter. As do pets.

Professionals need to actively support the continuation of these relationships, especially when a change in a child's circumstances threatens to disrupt them, for example when a placement breaks down.

Professionals should work with children to identify the relationships that are important to them, map them out, and support them to maintain them.

Allocating time for professionals to travel to maintain regular contact with children placed away from home, over and above that required by regulations, is essential. Family members may also need additional financial and/or other practical support to visit children.

What do they have now?

Perpetually disrupted relationships

Placement moves and constant changes in professionals mean that children can experience disruption to valued, trusted relationships. This means that they may not have a consistent group of people to turn to when facing difficulties, to support them in their growth and development, or whose presence in their lives is enriching and anchoring by offering feelings of trust, affection and appreciation. Children are being 'trained into' patterns of attachment that *expect* relationships to be temporary, non-robust, and frequently rejecting.

Limited attention is paid to the relationships that children identify as important to them.

Relationships suffer when children are placed in contexts that reduce their access to trusted, valued relationships (e.g. far away from familiar community).

Holistic assessment, formulation and a tailored plan of intervention and support

Every child should have a holistic, multidimensional, high quality assessment of their mental health, social care, education (including neurodevelopmental and learning), and well-being needs. Assessments should be supported by validated assessment tools.

Any assessment should be followed by the development of an individualised, comprehensive, multidimensional formulation and plan of the interventions and support required to address the child's short, medium, and long-term needs. This should include a focus on the child's educational needs and necessary work to support inclusion in education.

Every child should have a life journey report as the context for the assessment, providing a fully rounded picture of what is known about their lives to date.

The goals and outcomes of the plan should be co-produced with the child – and family where possible. At a minimum, it should be shared with the child and (where safe and appropriate) their family.

The plan should be clear and accessible to all professionals involved in the child's care and development.

The intervention plan should be reviewed at regular intervals by a multidisciplinary team, with clear, achievable, and measurable goals evidencing how the child is being helped across the range of indicators agreed. Where appropriate, the plan should be adapted to ensure goals are met, using a dynamic, rather than static, approach to planning.

All agencies and professionals working with the child have a joint responsibility to deliver the plan.

Minimal and rigid mental health support; a lack of a multidisciplinary formulation and response

Children experience repeat social care assessments but there is often a failure to coordinate these and review them in a timely manner. Although these assessments are meant to address the child's whole world, there is often a failure to fully identify and analyse the drivers and mechanisms that produce a 'complex needs' profile. The lack of expert multidisciplinary input from mental health, well-being, and education professionals is a significant contributory factor to this.

Children have undiagnosed and unmet treatable mental health needs that exacerbate the difficulties they experience every day – but there is variable access to high quality mental health assessments and treatment.

Approaches to caring for children with complex needs are siloed. For instance, they are often referred to a particular mental health 'pathway' to treat a particular diagnosis, rather than receiving care based on a holistic understanding of their needs. How decisions impact a child's educational needs is often not considered.

There is insufficient multi-agency and multidisciplinary coordination, and insufficient understanding across multidisciplinary and multi-professional networks of each other's roles, explanatory frameworks, agency remits and intervention options. Many professionals hold unhelpfully certain (and frequently inaccurate) convictions about what other professionals are doing, could do, or should be doing.

Long-term support that is tailored to the child's needs

All decisions about a child's care should explicitly consider their short, medium, and long-term needs, as outlined in their care plan.

The day-to-day support they receive should include a focus on their strengths, interests, hobbies and hopes for the future, helping them find out what makes them happy. These experiences are important for self-agency, emotional stability and healthy developmental growth.

Services and professionals working with the child should be flexible and dynamic, and able to respond to changing circumstances – for example if the child's living arrangements change. As far as possible, services should be delivered in a way that best meets the needs and preferences of the child.

It should be clearly articulated why restrictions on a child's liberty are required to support the child's immediate needs, and how and when this will be reviewed. A clear exit plan should be drawn up to move towards the restrictions no longer being required, including setting out what additional provision is necessary to achieve this.

Short-term crisis planning

Decisions made about children with complex needs are often short-term crisis interventions.

There is a dominant focus on managing risk rather than supporting healthy development.

Children with complex needs are rarely able to access consistent mental health support and services. Services are not flexible enough to respond to their changing circumstances, including when they are in unstable living situations.

Children are placed in secure accommodation (or unregulated settings) to keep them and others safe, with little attention paid to their other needs.

Highly experienced multidisciplinary teams

Children should be supported by experienced staff who are highly attuned to their needs, and able to support children when they display behaviours that are challenging to caregivers and in times of distress. Professionals must be non-judgemental, curious, and feel equipped to advocate for the young person in their care.

Staff with such skills should be the most highly trained, rewarded and valued in the children's sector. They should also receive professional support and supervision.

A range of professional perspectives helps with understanding a child's needs, so those supporting children on a day-to-day basis, in turn, should be supported and supervised by a wider multidisciplinary team.

Professionals should be experienced and comfortable working on an outreach basis in the places and at times that ensure maximum likelihood of engaging children, and they should be supported to do so.

Low paid, poorly valued, inexperienced staff

Those working with children with complex needs in residential settings are often poorly paid and undervalued.

Some children are being cared for by agency workers who have little experience or training in how to respond to a child when they become emotionally unregulated.

Too often the system works by disincentivising multi-agency work – professionals argue about whose responsibility a child is rather than coming together to address the child's needs.

Some interventions and support are offered at times and in places that discourage or make it hard for children to access them.

Agency and respect

Children should be able to express a view about what happens to them and be listened to – they need some agency in their lives, even when their freedoms are restricted. How the child's voice has been listened to should be explicitly considered in all aspects of assessment, formulation and care planning.

Care plans and the purpose of decisions made about a child's care (including any deprivation of liberty) should be clearly communicated to the child and (if safe to do so) their family, setting out clear expectations and agreements between the child and the professionals working with them. Communication should be adapted according to the child's needs, including any neurodevelopmental needs.

Children should have access to an independent advocate.

Children should be treated with respect – they have often been badly let down by the adults around them. Despite not being responsible for their adversity, they often feel shame and stigma, so there is a need to consciously avoid triggering further shame or stigma.

Where possible and safe, parents and other carers should have a voice in planning with children and the professionals supporting them. These adults might hold knowledge and history about the child that no one else does. Appropriate financial or other support, including legal aid, should be provided to facilitate this.

No say in what happens to them

Children are given limited agency in their day-to-day lives and decisions about their care are poorly communicated to them.

Children have limited opportunity to have a say in their care planning. They rarely appear in court proceedings that determine what happens to them and have limited access to advocacy.

Children in the care system experience stigma and shame – often dealing with the compounding effects of inequality, racism, classism, adultification and stereotyping.

Parents and carers have no access to legal aid or legal advice during DoLs proceedings, so have limited opportunities for involvement.

Nuffield Family Justice Observatory

Nuffield Family Justice Observatory (Nuffield FJO) aims to support the best possible decisions for children by improving the use of data and research evidence in the family justice system in England and Wales. Covering both public and private law, Nuffield FJO provides accessible analysis and research for professionals working in the family courts.

Nuffield FJO was established by the Nuffield Foundation, an independent charitable trust with a mission to advance social well-being. The Foundation funds research that informs social policy, primarily in education, welfare, and justice. It also funds student programmes for young people to develop skills and confidence in quantitative and scientific methods. The Nuffield Foundation is the founder and co-funder of the Ada Lovelace Institute and the Nuffield Council on Bioethics.