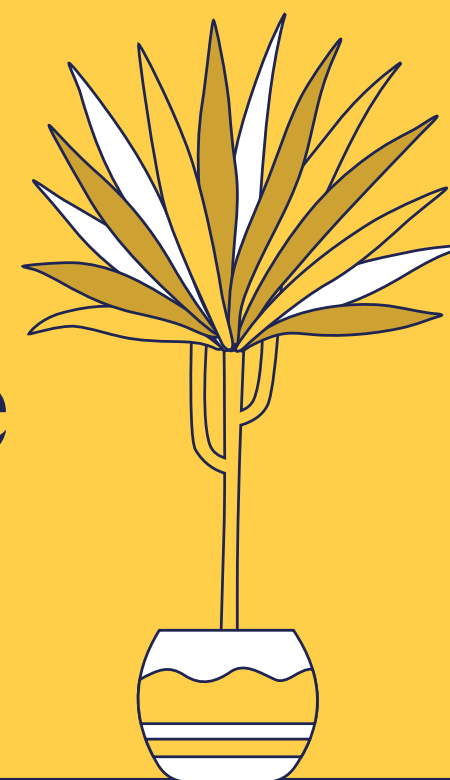




Caring for children in complex situations: Five learning points and a case for change

Findings of the Peer Collaborative



This briefing highlights learning points from a peer collaborative convened by Nuffield Family Justice Observatory. Members of the collaborative have been sharing insights about how children in complex situations are cared for in their regions and helping to develop a case for change.

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Disclaimer

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Background

What is the issue?

The multiple, intersecting needs of children in complex situations are currently not being recognised or responded to adequately by children's social care and mental health services, despite children's long histories with them and the best intentions of the professionals involved. Delayed support can lead to escalation and crisis – and serious concerns about the levels of risk or harm.

Efforts to keep children safe when they have reached this point can include depriving them of their liberty, with a focus on managing immediate, short-term risks rather than providing recovery and opportunities to thrive in the long term. But placement options are limited, and if children are deprived of their liberty under the inherent jurisdiction of the high court, they can be placed in unregulated and often unsuitable secure settings.

This briefing – and the associated Caring for Children in Complex Situations: Towards a New Ecosystem – is for leaders in social care, health, youth justice, family justice, police and education services who know that change is needed, and who recognise that everyone involved needs to be around the table to reimagine a better way of working.

¹ England's two regional care cooperatives (RCCs) cover Greater Manchester (10 local authorities) and the South East (18 local authorities). The ambition is for RCCs to plan, commission and deliver children's care places in fostering, children's homes and secure homes.

² Greater Manchester (RCC), Newcastle (Future Focus) and Gateshead (Trusting Hands), North East London and North Central London, Somerset, the South East (RCC), Warwickshire and Coventry (Positive Directions), and the West Midlands (Intensive Residential Outreach Care – IROC).

What is the Peer Collaborative?

Between August 2024 and September 2025, representatives from Children and Adolescent Mental Health Services (CAMHS), children's social care, regional care cooperatives,¹ NHS England and the Department for Education were brought together to form a peer collaborative, convened by Nuffield Family Justice Observatory.

The members were from seven areas of England where better ways to respond to children in complex situations are being tested.² Eight online meetings took place over the period. The aim was to share learning from the variety of approaches being taken, gather insight to complement the Framework for Integrated Care³ and Principles of Care for Children with Complex Needs and Circumstances,⁴ and build a shared vision for change. The main learning points and case for change are set out in this briefing paper.

The views reported here represent the collective view of members of the Peer Collaborative. They may not represent the views of central government departments and NHS England. The Department for Education and NHS England participated in the group to listen to, and learn from, the group's other members.

³ Rogers, A., Fuggle, P. and Fonagy, P. (n.d.). *The framework for integrated care*. Anna Freud. <https://www.annafreud.org/services/services-for-professionals/the-framework-for-integrated-care-a-catalyst-for-change/>

⁴ Bevington, D., Duschinsky, R., Hiller, R., Holmes, L., McCrory, E., Minnis, H. and Simon, A. (2023). *Principles of care for children with complex needs and circumstances*. Nuffield Family Justice Observatory. <https://www.nuffieldfjo.org.uk/resource/principles-of-care-for-children-with-complex-needs>

**“We absolutely have to
change the system to allow
the child to be at the centre.”**

Peer Collaborative member

Five learning points

#1 The children aren't 'complex' – the services and systems are

We regard children and their needs as 'complex' – but the reality is that services and systems have failed to meet their multiple, intersecting needs.

#2 At crisis points, care is even less effective

As a child's distress increases and a point of crisis is reached, services become less able to respond effectively – and children are less likely to be involved in decisions, listened to or heard.

#3 Services struggle to flex

Professionals are often constrained by service pathways, practice and culture – this can lead to mechanistic responses that prevent children from accessing the tailored care they need.

#4 Short-term decisions to keep children safe can cause long-term harm

A preoccupation with eliminating risk can disconnect children from important relationships and their communities.

#5 The 'system' can make things worse for children, not better

Overwhelmed, stuck and fragmented systems and services can be harmful.

#1

The children aren't 'complex' – the services and systems are. We regard children and their needs as 'complex' – but the reality is that services and systems have failed to meet their multiple, intersecting needs.

Children rarely present with a single ‘problem’ – but their cases are often managed by single agencies, or several agencies working as separate entities

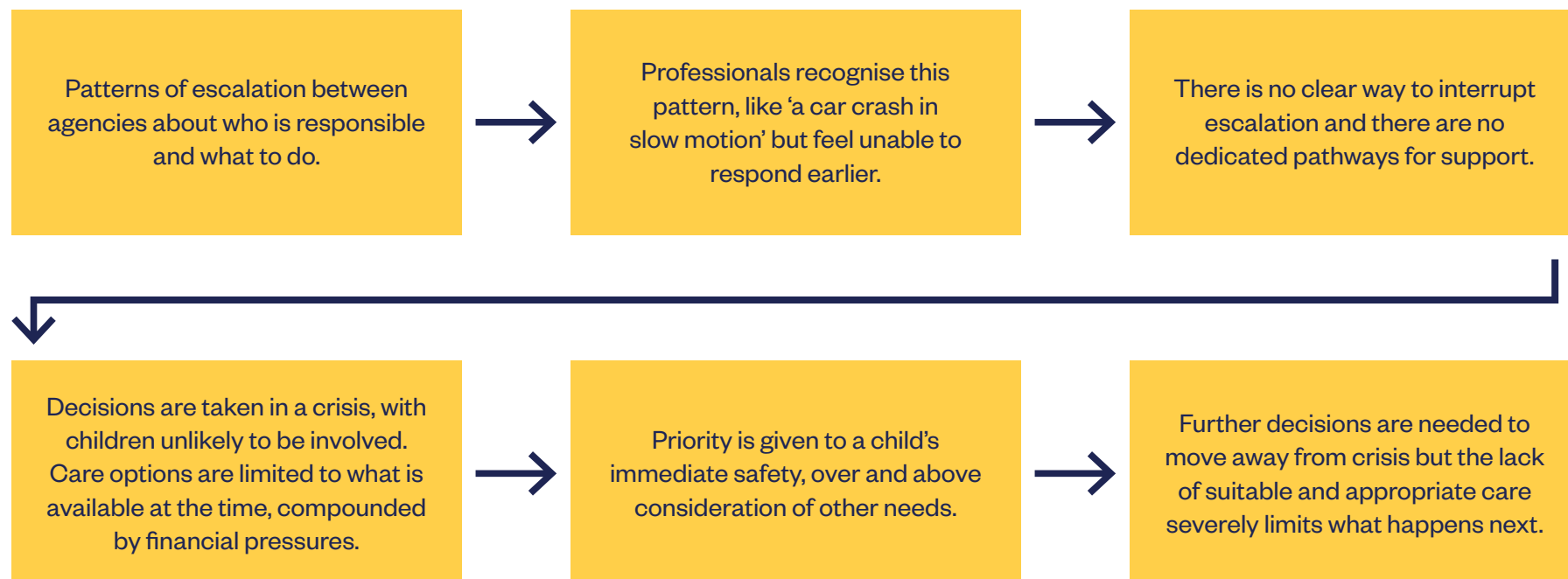
The phrase ‘children in complex situations’ is used to describe children who have multiple and intersecting needs – including mental health problems and behavioural, emotional and educational difficulties. These children have reached adolescence and are likely to be experiencing developmental trauma from past experiences, including abuse and neglect. They have often experienced poverty and discrimination. They may have underlying neurodevelopmental conditions or physical or learning disabilities. They may be at risk of harm from their behaviours or the behaviour of others, including from criminal or sexual exploitation.

The needs of these children are often regarded as ‘complex’ – but the complexity comes from the fact that multiple professionals and services are likely to be involved in their lives. Services are fragmented and, as a result, professionals rarely have the full story or detailed understanding of a child’s individual needs or circumstances. It becomes unclear who has overall responsibility – and children risk falling between the gaps or being placed on pathways managed by single agencies that fail to meet their multiple, overlapping needs.

#2

At crisis points, care is even less effective. As a child's distress increases and a point of crisis is reached, services become less able to respond effectively – and children are less likely to be involved in decisions, listened to or heard.

Children can be caught between the policies, budgets and priorities of numerous services and systems, including education, health, social and justice



Working with children at points of crisis and distress is deeply challenging for professionals

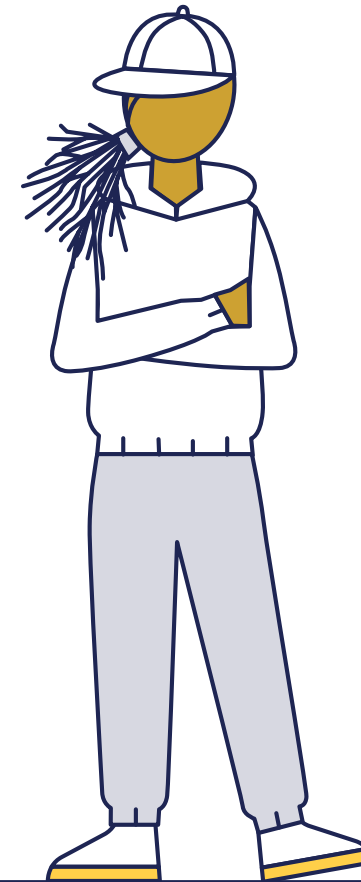
For professionals, trying to help children in complex situations is hard to work through and frequently upsetting. Referrals away from one part of the system and into another offer an understandable sense of control and containment. Despite good intentions, there is a lack of clarity about who is responsible for a child and no shared understanding about what is needed for positive and transformative change in their life.

“The effects of trauma on professionals and organisations is cumulative which can increase risk averse decisions.”

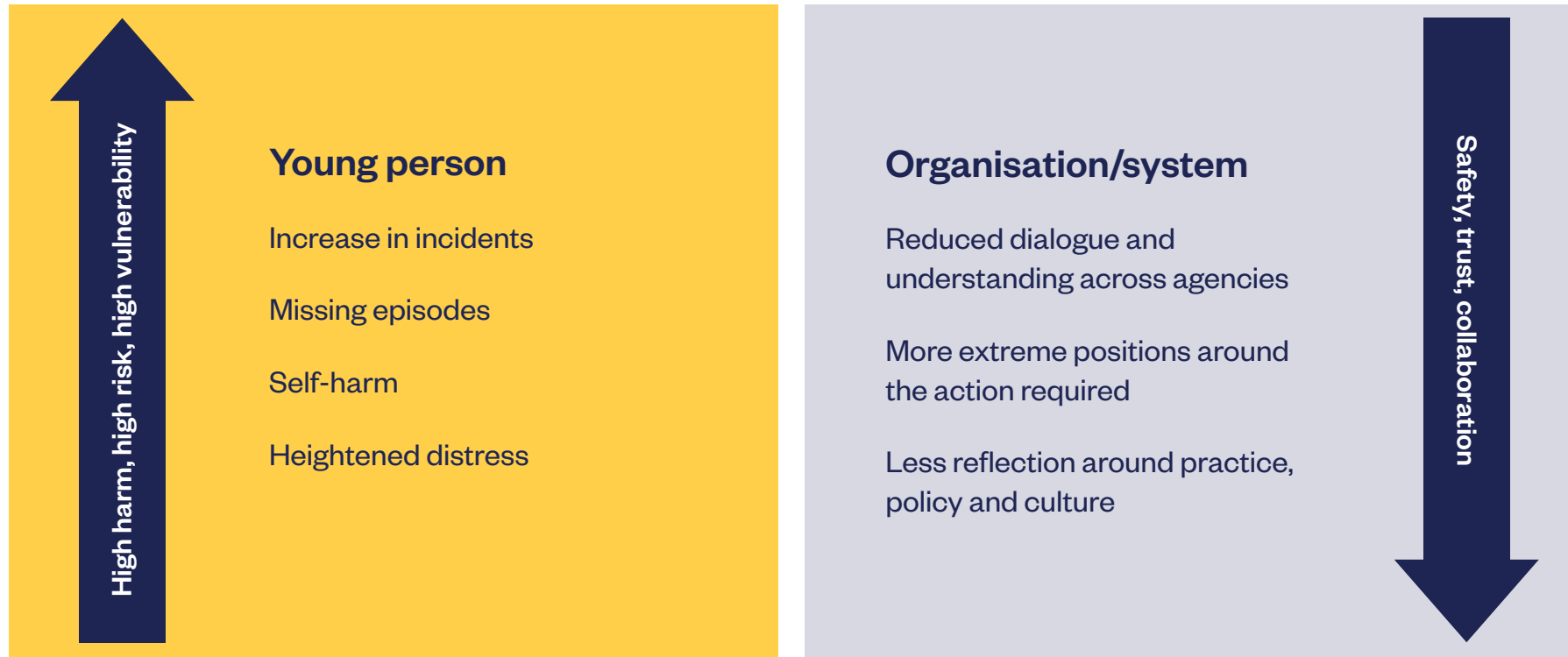
Parallel Process (Bloom 2010)

“The real concern is that this child is going to do some serious harm to themselves or another and carrying that alone is very, very difficult.”

Peer Collaborative member



Safety, trust and collaboration can diminish, making children more vulnerable to harm



Harvey 2021 and 2022

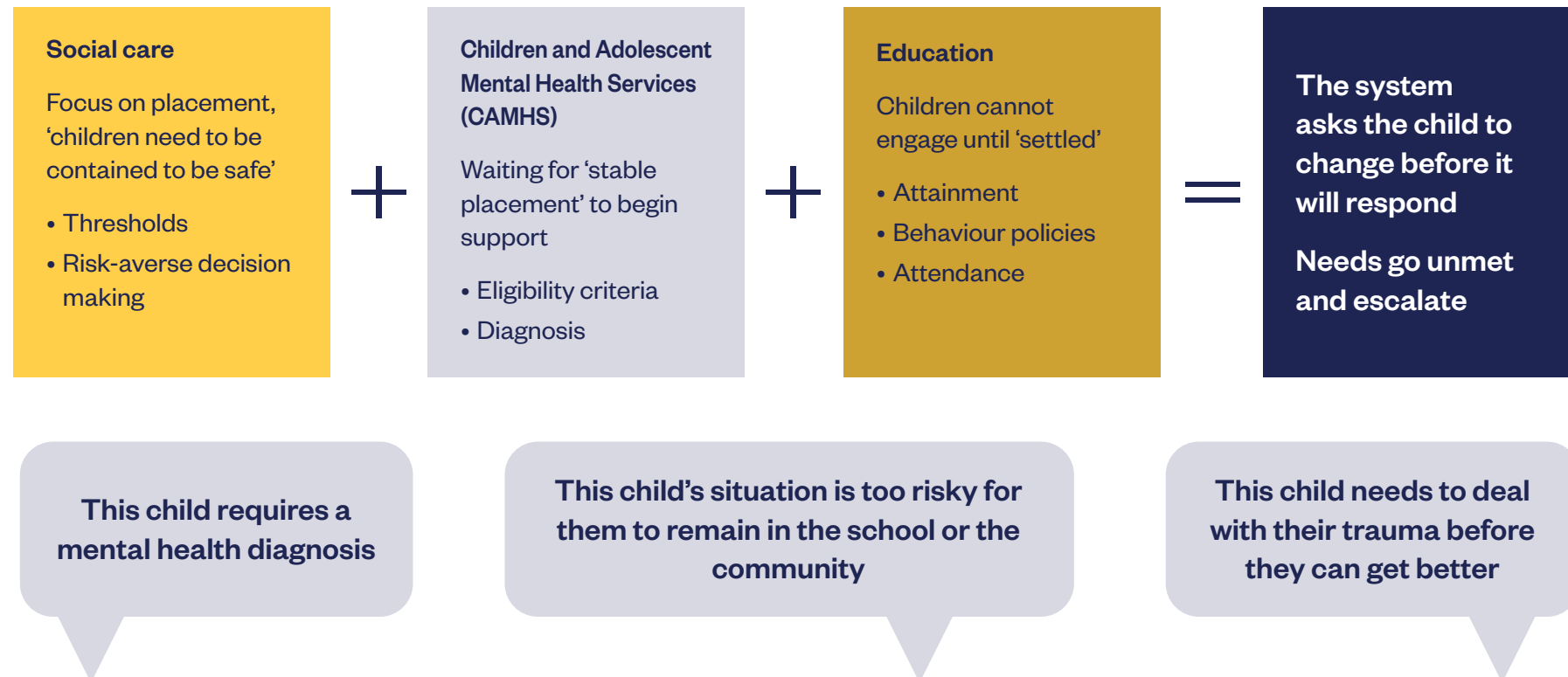
#3

Services struggle to flex. Professionals are often constrained by service pathways, practice and culture – this can lead to mechanistic responses that prevent children from accessing the tailored care they need.

There is limited flexibility to adapt care to a child's needs

Individually, professionals might be working hard to meet a child's needs – but action feels limited, fixed and stuck because they are constrained by standardised pathways, practices and protocols.

Common misconceptions and misunderstandings between professionals inhibit dialogue about action and plans for the future.

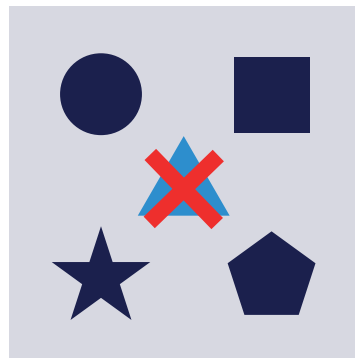


Children's individual 'journeys' and experiences of complex trauma do not fit neatly into a commissioned service box

Children regarded as 'complex' are hard to define as a 'cohort' or group, further hampering any 'business case' for dedicated support. Referrals into a part of the system that should or could provide support are restricted by levels of demand and a high bar for help.



Services are the wrong fit and full



Eligibility and diagnostic criteria are designed to control demand



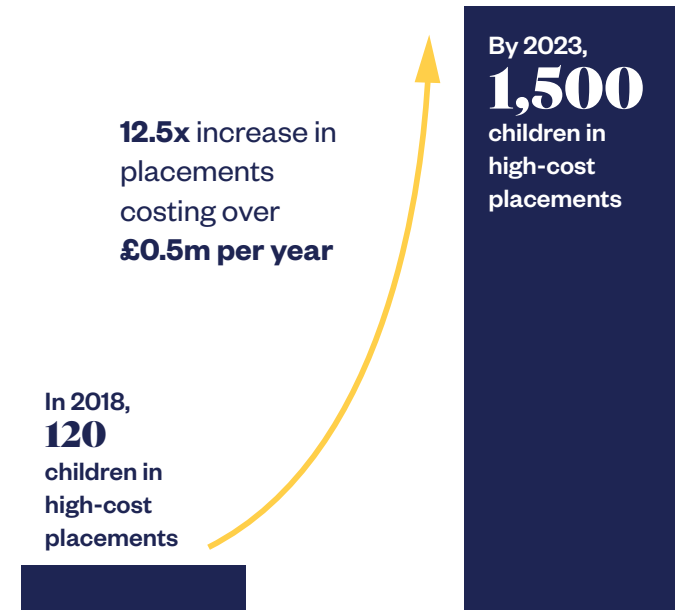
#4

Short-term decisions to keep children safe can cause long-term harm. A preoccupation with eliminating risk can disconnect children from important relationships and their communities.

Removing risk of immediate harm in the short term can expose children to other risks, with consequences in the medium and longer term

When a child has reached a point of crisis and removing the risk of immediate harm has become the priority (whether through a care placement, a deprivation of liberty order or in-patient care), decisions are often driven by what is available at the time, rather than matching care to children's long-term needs or recovery.

Declining budgets and increasing numbers of children in care overall mean placements in foster care and residential care homes are limited, and availability in secure children's homes or in-patient hospitals has decreased. This, coupled with deficits in the quality of care available (even when there is a high cost attached to services), has led to 'no good options' for children.



Source: Local Government Association 2025

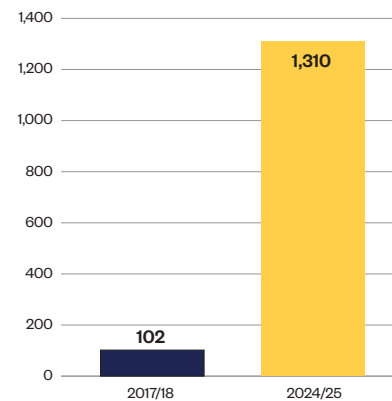
Children in placements represent a tiny fraction of those supported by local authorities but placements account for a disproportionate share of spending. Placements cost an average of £900,000 per year (Local Government Association 2025). In 2023/4, £3.1 billion was spent on children in residential care (National Audit Office 2025).

If children are deprived of their liberty under the inherent jurisdiction of the high court, they can be placed in unregulated and often unsuitable secure settings. The use of deprivation of liberty orders is increasing, and applications vastly outnumber those to place children in registered secure accommodation (Nuffield Family Justice Observatory 2025, 25 September).

Children can end up in placements far away from home, which can expose them to other risks, like severe isolation and fractured relationships with family, friends and their community. It can also mean lost opportunities to learn and do everyday things. Eligibility for some types of support, like for learning disabilities, can be affected if children live away from home. When children are moved far from home to keep them safe, things can feel even riskier or unmanageable for families.

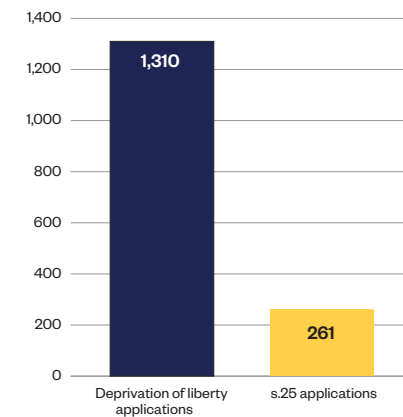
The priority is to eliminate risk (often at any cost) – but there is little evidence that these decisions do more than contain children in the short term or that they benefit them in the long term (Research in Practice and National Children's Bureau 2025; Roe 2023).

Number of deprivation of liberty applications



Source: Cafcass (2025) and Ministry of Justice (2025)

Number of deprivation of liberty and secure accommodation applications 2024/5



Source: Ministry of Justice (2025)

Data note: Ministry of Justice data is taken from quarterly breakdowns from the family court statistics (April to June 2025 and January to March 2025) to calculate financial year (March-April 2024/25) numbers so may not match calendar year numbers. Cafcass data also works on a different calendar (June to May).

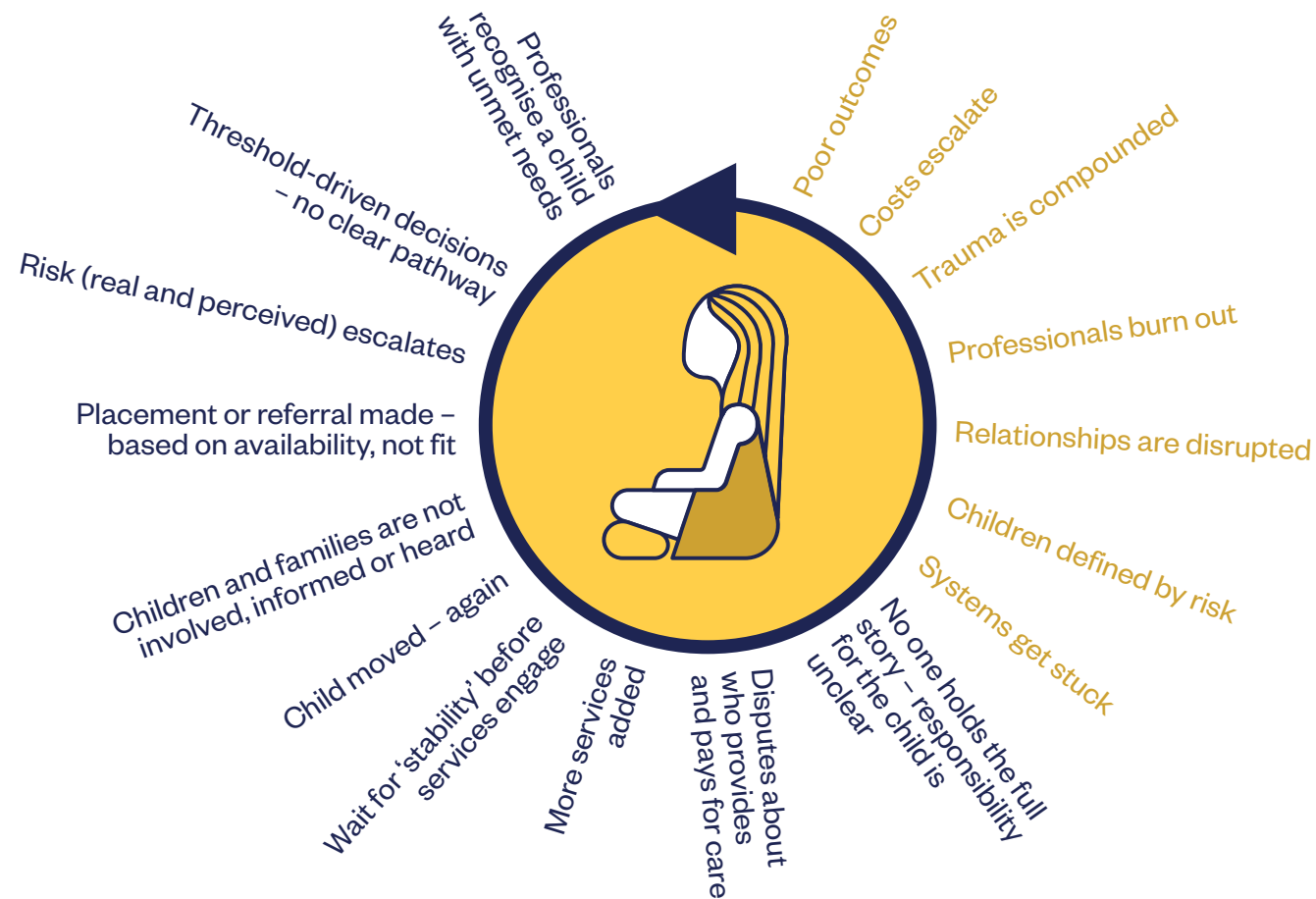
“You placed me miles away from my family and friends to make me better, but you only made me worse.”

Young person, Intensive Residential Outreach Care (IROC) service, West Midlands

#5

The ‘system’ can make things worse for children, not better. Overwhelmed, stuck and fragmented systems and services can be harmful.

The current 'system' results in poor outcomes for children and high costs



“It doesn’t matter what agency we come from, doesn’t matter what budgets we’ve got responsibility for. We absolutely have to change the system to allow the child to be at the centre.”

Peer Collaborative member

Next steps

The vision – a new ecosystem of care

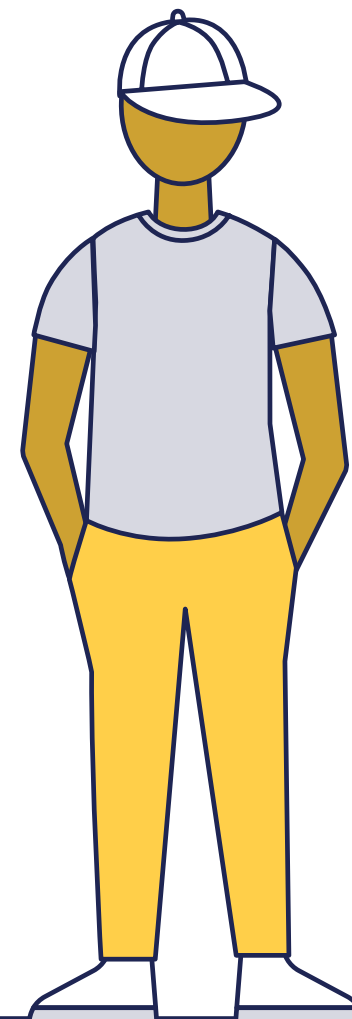
We propose moving towards a new ecosystem of care,⁵ where it is possible for health, children's social care, police, education and other professionals to work together to support children in complex situations. This vision is an opportunity to reset services for children who experience the greatest vulnerabilities in society. It is about imagining new possibilities for how children and families are cared for, with the child at the centre.

Getting there

We need:

- a clear signal from national leaders that services can and should work in a more integrated way
- space for local leaders to work on and reach agreement on new ways of working
- dedicated 'system integrators' – people who are skilled at connecting professionals and organisations
- a national conversation about how risk is held and tolerated.

⁵ The views reported here represent the collective view of members of the Peer Collaborative. They may not represent the views of central government departments and NHS England.



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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.

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