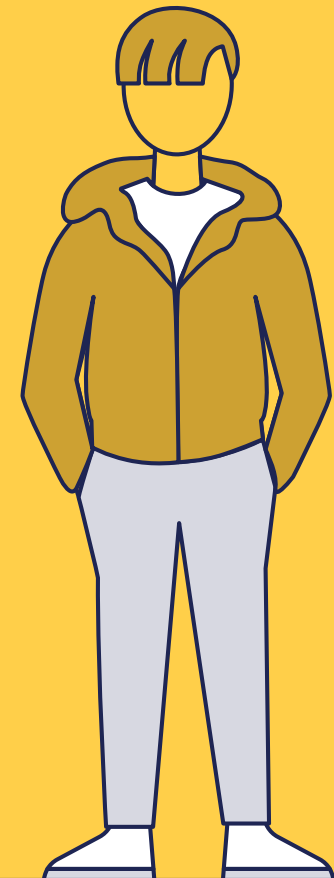




# **Caring for children in complex situations: Towards a new ecosystem**



**This briefing sets out a vision for a new ecosystem of care for children in complex situations and at risk of being deprived of their liberty. It is based on the learning points and case for change developed by members of a peer collaborative convened by Nuffield Family Justice Observatory.**

#### **Recommended citation**

Nuffield Family Justice Observatory. (2025). *Caring for children in complex situations: Towards a new ecosystem*. Briefing. <https://www.nuffieldfjo.org.uk/resource/caring-for-children-in-complex-situations-towards-a-new-ecosystem>

#### **Linked publication**

Nuffield Family Justice Observatory. (2025). *Caring for children in complex situations: Five learning points and a case for change*. Briefing. <https://www.nuffieldfjo.org.uk/resource/caring-for-children-in-complex-situations-five-learning-points-and-a-case-for-change>

#### **Disclaimer**

Nuffield FJO has funded this project, but the views expressed are those of the authors and not necessarily those of Nuffield FJO or the Foundation.

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# Background

## What is the issue?

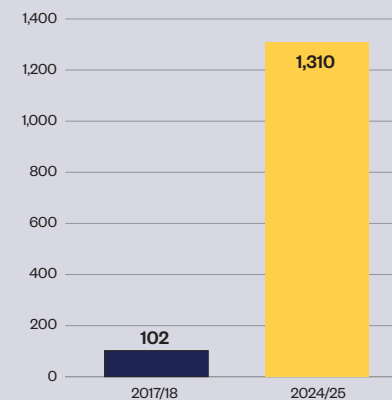
The phrase ‘children in complex situations’ is used to describe children who have multiple and intersecting needs – including mental health problems and behavioural, emotional and educational difficulties. These children have reached adolescence and are likely to be experiencing developmental trauma 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 and harm from their behaviours or the behaviour of others, including from criminal or sexual exploitation. Their relationships and connections with family, friends and their communities are likely to be fractured.

Their needs 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. Most of these children are already in care and will have experienced high levels of instability and frequent moves – creating more barriers to accessing services that could help them.

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

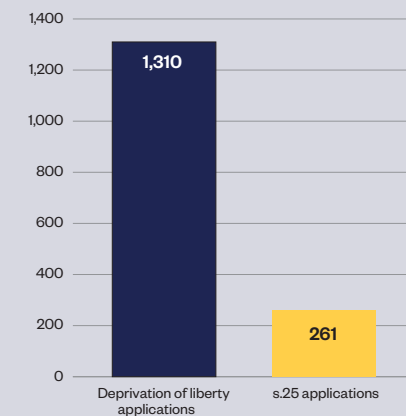
options are limited, and if children are deprived of their liberty under the inherent jurisdiction of the high court, they can be placed in unregulated and often unsuitable secure settings. The use of deprivation of liberty orders is increasing, and applications vastly outnumber those to place children in registered secure accommodation.

**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)

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-May).

## What have we been working on?

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

The members were from seven areas of England where better ways to respond to children in complex situations are being tested.<sup>2</sup> Participants shared their learning from the variety of approaches being taken, gathered insight to complement the Framework for Integrated Care<sup>3</sup> and Principles of Care for Children with Complex Needs and Circumstances,<sup>4</sup> and helped develop a shared vision for change, outlined in:

*Caring for children in complex situations: Five learning points and a case for change.* Briefing. <https://www.nuffieldfjo.org.uk/resource/caring-for-children-in-complex-situations-five-learning-points-and-a-case-for-change>

## About this briefing

Building on the five learning points and case for change, this briefing sets out potential next steps towards a new ecosystem of care. The vision is for health, children's social care, police, education and other professionals to work together to support children in complex situations.

*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.*

<sup>1</sup> 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.

<sup>2</sup> 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).

## Five learning points from the Peer Collaborative

### #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 gaining access to 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

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

November 2025

For further information: [contactfjo@nuffieldfoundation.org](mailto:contactfjo@nuffieldfoundation.org)

<sup>3</sup> 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/>

<sup>4</sup> 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

# Key points

The vision for a new ecosystem of care 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.

In order to achieve the vision, we need:

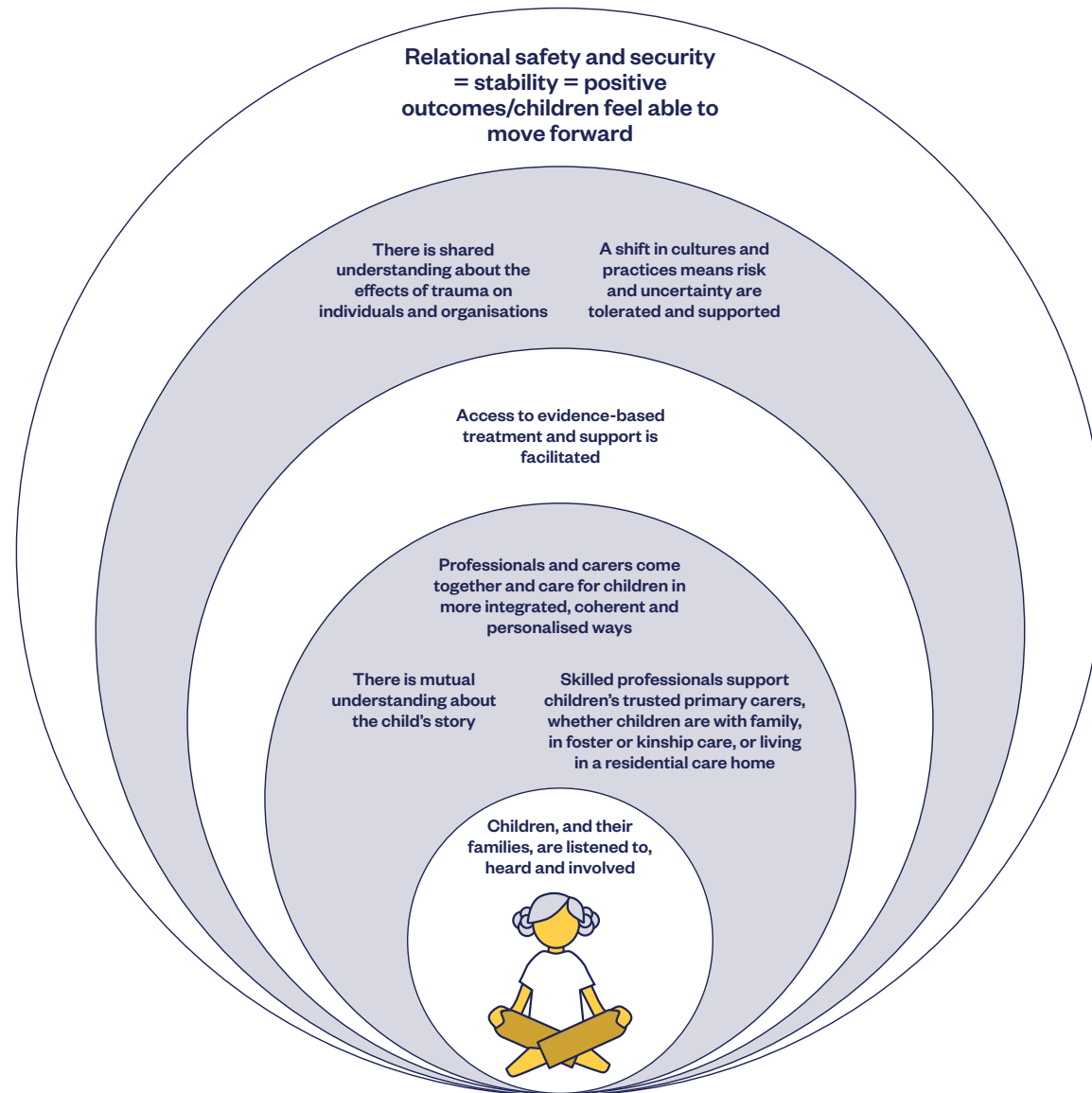
- a clear signal from national leaders that services can and should work in a more integrated way
- space for local leaders to work on and reach agreement on new ways of working
- dedicated 'system integrators' – people who are skilled at connecting professionals and organisations
- a national conversation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

**A new ecosystem, with the child at the centre, is about imagining new possibilities for how children and families are cared for.**



# What would a new ecosystem of care look like?

3



# How would we get there?

# A clear signal from national leaders that services can and should work in a more integrated way

There is an urgent need to improve cross-sector working between children's services and mental health, and to increase community-based therapeutic provision.<sup>6</sup>

The Framework for Integrated Care<sup>7</sup> underlines the need to build capacity in local systems to integrate health and social care. The regional care cooperatives have created opportunities for local authorities and integrated care boards, health commissioners and providers to come together, and examples of residential care provision with integrated services and teams exist (including community-based alternatives to inpatient/Tier 4 care), which are being developed and implemented across the peer collaborative areas.

Leaders at a national level need to send a clear signal to the system about how integrated working should be the norm so that systems can better serve children and young people.

<sup>6</sup> 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>

Professionals across children's social care, education, health, police and youth justice need to see that the Department for Education, Department of Health and Social Care, and Ministry of Justice actively support a joined-up approach. The children fall under the remit of all these government departments – they might be children in care, children on remand, children going missing or children on Tier 4 mental health wards. **Their needs can only be met by working together across systems and this needs to be mirrored by a joined-up approach across government.**

Some members of the Peer Collaborative have asked government for a 'concordat' that sets out an approach. Professionals are looking for a joined-up statement of ambition about the way services should work together to better support children.

This vision should evolve learning and evidence on how integration reduces costs and improves outcomes for children.

<sup>7</sup> 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/>

# Space for local leaders to work on and reach agreement on new ways of working

Services are 'stuck' in a way of working without headroom to think about how to do things differently.

The value of having space to slow down and design a new approach is already evident through the work of the Peer Collaborative – there are opportunities to build on this, and on the emerging work of the regional care cooperatives.<sup>8</sup>

Whether based on regional structures, at an integrated care board level, or within a local authority, leaders need to spend time resetting their systems together.

A relatively small investment of funding to build capacity would pay dividends, enabling this work to happen alongside national commitment to a shared ambition for change.

## An online community of practice

An online community of practice convened by the UK Trauma Council, an Anna Freud project, will build on the work of the Peer Collaborative, providing a space for shared learning between mental health, health, social care, education and broader sectors involved in the care of children and young people in complex situations. Resources and events aimed at developing and sharing evidence-driven insights and examples of good practice and collaboration around the UK can be accessed at:

<https://uktraumacouncil.org/>

<sup>8</sup> 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.

# Dedicated ‘system integrators’ – people who are skilled at connecting professionals and organisations

Change will not happen without a catalyst.

System integrators – who may be from the voluntary sector or a statutory organisation – can help by acting as ‘honest brokers’ between professionals known to the child. They can help professionals remain sighted on a child’s story, developing a shared understanding of their needs and a shared plan for action.

They have the time and permission to help services connect with each other to ultimately work much more efficiently and effectively.

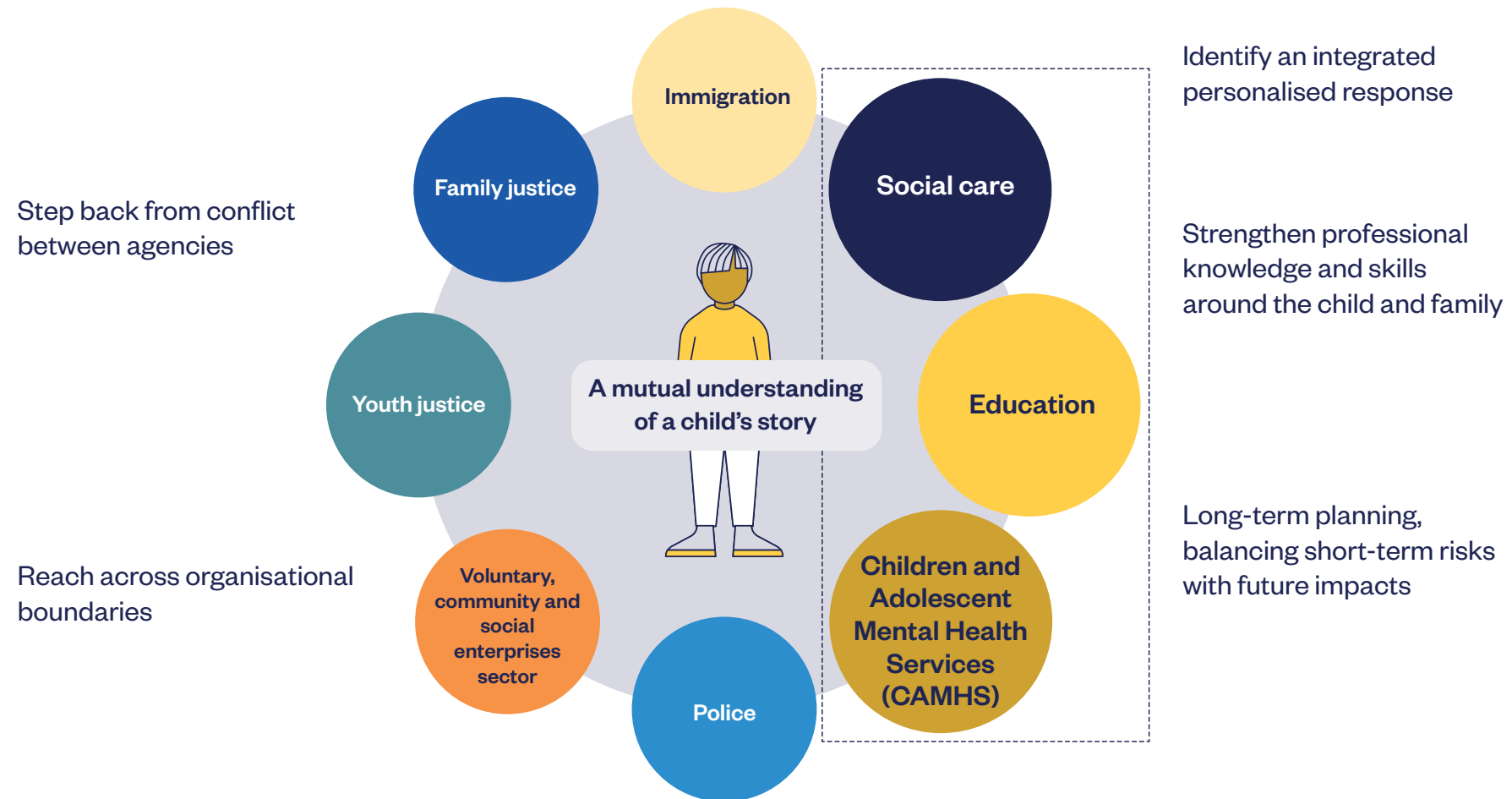
In Newcastle and Gateshead, dedicated multidisciplinary teams act as ‘honest brokers’ between professionals who are supporting children with complex trauma.

Future Focus and Trusting Hands work with Newcastle City Council and Gateshead Council to provide a specialist service for children who have experienced significant trauma, specifically in residential, foster homes and the Youth Justice Service.

Through NHS England funding via the Framework for Integrated Care, a team of mental health practitioners employed through Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust work collaboratively across children’s social care services to support the coordination, integration and delivery of trauma-informed care.

# System integrators

8



# A national conversation about how risk is held and tolerated

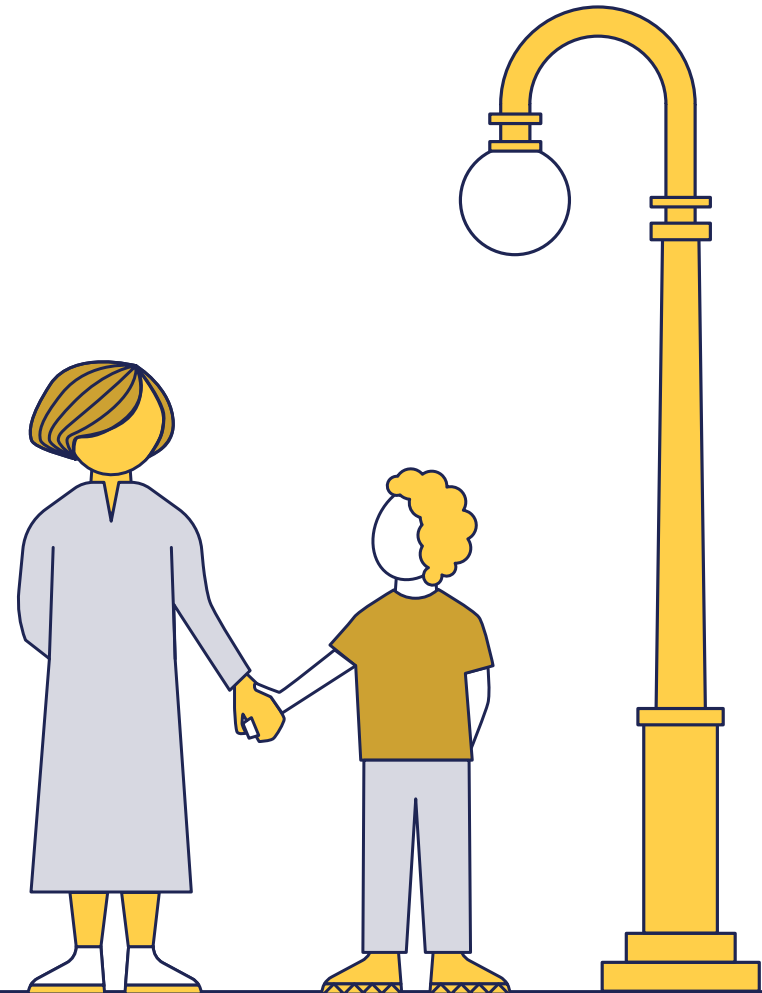
There is a risk-averse culture in our services that is driving the use of deprivation of liberty orders as a response to children's distress.

This culture is driven both by an understandable anxiety about children coming to harm AND a regulatory environment that is believed by professionals to demand the 'elimination of risk'.

We need to move towards trauma-responsive cultures that support the management of high levels of uncertainty and vulnerability.

We also need to recognise that the risk of a child coming to harm needs to be balanced against the risk of depriving a child of a 'normal life'.

A national conversation is required that includes government, Ofsted, Care Quality Commission and health and social care leaders.



**This approach is not about encouraging more meetings or implementing a single model or structural solution: it is an opportunity to reset services for children who experience the greatest vulnerabilities in society.**



# Next steps

## Priorities for national government

Prioritise reducing the number of children in complex situations as part of reforms to rebalance the system away from crisis intervention and towards earlier help and support.

Send a clear signal about how integrated working should be the norm so that systems can better serve children and young people.

Commit to a national resourcing plan to fund local authorities and health partners to deliver an ecosystem of care using pooled funding. This should both catalyse innovation and enable existing programmes to deliver better outcomes for children.



### Primary goal

Promote relational safety and security



### Non-negotiable

System integrators



### Enablers

Dedicated and integrated resource  
Build trauma-responsive organisations

## The priority for system leaders – in government, Ofsted, Care Quality Commission

Work in partnership with local leaders and providers across health and social care to evolve trauma-responsive regulatory policy and practice so that organisations are supported to promote relational safety and security for children in complex situations.



### Primary goal

Promote relational safety and security



### Enablers

Build trauma-responsive organisations



Balance short-term safety with long-term risks



Co-produce new ways of working

## The priority for service and practice leaders

Health, children's social care, police and education leaders should take joint responsibility for children in complex situations and work towards creating an ecosystem of care.



### Primary goal

Promote relational safety and security



### Enablers

Reach across boundaries



Co-produce new ways of working



Mutual understanding of children's stories and needs

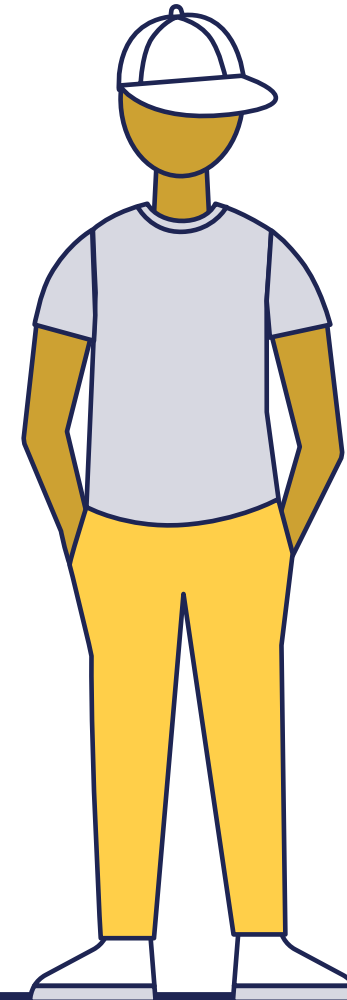
The views reported here represent the collective view of members of the Peer Collaborative. They may not represent the views of central government departments and NHS England.

### Questions for evolving systems

- How can we take joint responsibility and agree a way forward?
- Do we need to recognise and unpick differences between agencies?  
What models can help us navigate disintegration?
- Who can help navigate complexity and broker integration? How can we create capacity to do this?
- How can we co-produce new ways of working (pathways and practices)?

### Questions for evolving practice

- Are we prioritising organisational needs over the child?
- Is there a shared understanding of this child? What can be done to create this?
- Will managing short-term risks create risks to the child in the future?
- Are children and families informed and involved? Are their voices shaping practice?
- What is the long-term plan?



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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.

For further information or to get involved, please get in touch:  
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