

ORIGINAL ARTICLE **OPEN ACCESS**

Multiagency Collaborations to Support Well-Being Amongst Care-Experienced Children and Young People in School and During Transition to Further Education College: Stakeholder Perspectives on Facilitators, Challenges and Innovations

Sarah MacDonald¹  | Gillian Hewitt¹ | Siôn Jones²  | Alyson Rees³ | Rachel Brown¹ | Rebecca Anthony¹ | Rhianon Evans¹

¹DECIPHer, School of Social Sciences, Cardiff University, Cardiff, UK | ²School of Social Sciences, Cardiff University, Cardiff, UK | ³CASCADE, School of Social Sciences, Cardiff University, Cardiff, UK

Correspondence: Sarah MacDonald (sarahmacd76@outlook.com)

Received: 15 January 2025 | **Revised:** 10 September 2025 | **Accepted:** 1 December 2025

Keywords: care experience | complex systems | further education colleges | multiagency working | schools | well-being

ABSTRACT

Multiagency collaboration to address care-experienced children and young people's mental well-being has been advocated as a way of attending to complex needs while avoiding fragmented support. Key sectors with a statutory role include education, mental health and social care, and there is increasing interest at a UK and global scale about stakeholder experiences of multiagency collaboration and how sectors work together when young people transition into further education settings. This paper considers interview reports from secondary schools, FE colleges, social care and mental health teams, drawing on a complex systems framework as a lens into organisational and agent-level interactions. Findings highlight mutual professional respect and a focus on shared outcomes as key facilitators for multiagency working. Challenges related to the flow of information between organisations and knowledge gaps around understanding childhood trauma. The findings also report boundary-spanning roles, which overcome some of the identified challenges. Policy and practice implications include the following: prioritising close-working between sectors; harnessing collaborations around a core set of goals, with schools as a focal point; and further developing innovative boundary-spanning roles. Research implications include exploring multiagency dynamics in other contexts and understanding how carers interact with education, mental health and social care subsystems.

1 | Introduction

The growing prioritisation of children and young people's mental health and well-being has been recognised by public health and social care policy-makers across the UK and at a global scale (Mokdad et al. 2016; Scottish Government 2017; Solmi et al. 2022; UK Government 2017; Welsh Parliament Health and Social Care Committee 2022; World Health Organisation 2021). Comprising life satisfaction, happiness and day-to-day

functioning, well-being includes looking beyond mental illness to consider what helps children and young people to flourish, thrive and develop fulfilled lives (Chaves 2021; Lavy 2020; Nisar et al. 2024; Proctor et al. 2011).

In response to increasing concerns about children and young people's well-being, there have been a wide range of recommendations and strategies at global and local levels, with calls to: develop more effective leadership for mental health; implement

This is an open access article under the terms of the [Creative Commons Attribution](https://creativecommons.org/licenses/by/4.0/) License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited.

© 2026 The Author(s). *Child & Family Social Work* published by John Wiley & Sons Ltd.

strategies for prevention as well as treatment; and forge closer collaborations between mental health and social care (Scottish Government 2017; UK Government 2017; Welsh Parliament Health and Social Care Committee 2022; World Health Organisation 2021). International models to address youth well-being have included extending the responsibilities of school nurses, implementing a package of support focussed around their role (Cook et al. 2023; Kemp 2025).

Within UK policy contexts there have been calls to ensure support is co-ordinated between all relevant support agencies (Department of Health and NHS England 2015; National Assembly for Wales Children Young People and Education Committee 2018; Scottish Government 2017). This includes agreement about a focus on professional services working together in an attempt to create a 'whole system' approach and co-ordinated planning around the individual (Department of Health and NHS England 2015, 57). Such an approach has been advocated in order to: avoid organisational fragmentation; prevent children from falling through gaps in provision; develop a shared understanding of how to best support increasingly complex mental health needs; and preclude children having to repeat their experiences to more people than necessary (Cooper et al. 2016; MacAlister 2022; Welsh Parliament Health and Social Care Committee 2022).

Developing collaborative action has included encouraging educational contexts to nurture positive, trusting relationships between learners, staff and carers, as part of a whole school approach (WSA) (Scottish Government 2021; UK Government 2017; Welsh Government 2021). This builds on the importance of developing social and emotional learning beyond the classroom, integrating this approach into daily practices and school cultures (Bonell et al. 2018; Goldberg et al. 2019). For example, the framework for embedding a WSA in Wales suggests schools' senior leadership teams should 'support every member of staff, including non-teaching staff, to work with learners in a nurturing way, treating learners with respect' (Welsh Government 2021, 35).

Guidance for the WSA advocates a multiagency approach to provision as a fundamental principal to meet the wide range of learner needs, drawing on support across education, health and other sectors (Scottish Government 2021; UK Government 2017; Welsh Government 2021). Such approaches have encompassed a critical role for mental health teams and in Wales this has led to the CAMHS (Child and Adolescent Mental Health Services) In-Reach to Schools programme. This was introduced by Welsh Government as a pilot programme in 2017, in response to increasing concerns about worsening well-being in schools, alongside recognition that services like Specialist CAMHS face challenges to meet increasing demand. CAMHS In-Reach is now rolled out across the whole of Wales and focuses on improving school staff confidence and skills with supporting learner well-being, alongside supporting staff well-being directly (Coffey 2025; Holtom et al. 2021). Although the CAMHS In-Reach service is specific to Wales, other approaches to embedding mental health services for children and young people have been developed across the UK, such as the introduction of neighbourhood multidisciplinary teams in England (NHS England 2025), and international models

include strengthening school-based mental health policies and structures in the US (Kemp 2025).

The case for multiagency collaboration is more pressing for care-experienced populations where children and young people are in, or have previously been in foster care, residential care or kinship care. Although there has been an extended policy drive to bolster multiagency support for children in care (Taylor-Collins and Peixoto Gomes 2021), there is renewed focus on achieving effective collaborations, given the more acute mental health and well-being needs of this group compared with peers not in care, with an estimated 50% of children in care meeting criteria for a mental health disorder (Dubois-Comtois et al. 2021; Engler et al. 2022; McKenna et al. 2025; Seker et al. 2022). The key sectors with a statutory duty in this space include schools, alongside mental health teams (Specialist CAMHS and CAMHS In-Reach), as well as local authority social care teams, which have responsibility for children's well-being and developmental needs, alongside arrangements for their care (Welsh Government 2018).

School-based support specifically for care-experienced learners is beginning to be addressed across the UK with improved collaborations with social care through a virtual school headteacher (VSH) within local authorities. The VSH is designated with overarching responsibility for their education, thus providing an additional layer of support, with a remit to include mental health and relationships (Drew and Banerjee 2019; Dunne and Burley 2024; McIver and Bettencourt 2024). Evaluation findings indicate that the VSH has a crucial role for integrating social care and education, especially connecting frameworks and processes across the two settings, although there are ongoing concerns about levels of funding and the need for a common system to share data across UK authorities (Dunne and Burley 2024; McIver and Bettencourt 2024).

Despite the increasing importance attributed to multiagency collaborations, the various elements of collaborative working remain underexplored with calls for the evidence base to be furthered theoretically and empirically in this area (Colvin et al. 2021; Jörns-Presentati and Groen 2023; McLean 2012). With regards to multiagency collaborations for school-based well-being support for care-experienced children and young people, there are three specific evidence gaps.

Firstly, multiagency working has tended to focus on health and social care integration (Pearson and Watson 2018), but there is limited research looking at how the education sector can be brought into this, adding another sectoral layer with different priorities, perspectives and ways of working (De La Fosse et al. 2023). Secondly, there are further evidence gaps when considering support for young people when they move beyond secondary schools into further education (FE) colleges. In the UK, FE colleges mainly include 16–19 year olds and deliver academic and vocational qualifications. This transition period has been highlighted as a time when support structures tend to fragment, and even less is known about how agencies work together (Furey and Harris-Evans 2021; Mendes et al. 2014). Finally, there are gaps in understanding about how stakeholder groups experience multiagency collaboration, including a need for more qualitative insights from a range of

different perspectives and a more advanced understanding of outcomes for service users (Cooper et al. 2016; Jörns-Presentati and Groen 2023).

Research progressing understandings of organisational networks and multiagency collaborations has started to draw on complex systems as a framework for understanding processes, outcomes and experiences (Colvin and Miller 2020; Hewitt et al. 2024). This study draws on complex adaptive systems (CAS) theory, which originated within artificial and natural systems, but has also been more recently applied to social systems (Keshavarz et al. 2010; Koh and Askill-Williams 2022). The notion of complexity relates to the various interacting elements creating ‘a dynamic network of diverse agents, constantly acting and reacting to other agents’ behaviour (Murphy et al. 2021, 51). Public health research increasingly adopts a complex systems perspective in order to understand settings such as schools and hospitals and analyse patterns of behaviour, social networks and wider systems of which they are a part (Hawe et al. 2009; Moore et al. 2019; Rutter et al. 2017; MacDonald et al. 2021).

This paper adopts a complex systems perspective to explore the perspectives of different agents about how elements of the system respond to well-being needs, and this approach had a number of implications for how the study was conceptualised and planned. Rather than focussing on the school as a discrete system, the study conceptualised school-based support within a wider system of well-being support, examining the interactions between schools and other subsystems, specifically FE colleges, social care teams and mental health teams. Research methods were also aligned with a complex systems approach in order to ensure a wide range of stakeholders were recruited from across relevant subsystems. Finally, a systems approach was embedded within the analysis, with themes relating to dynamics, relationships and interactions amongst different system elements and subsystems, which may have previously been overlooked (Evans et al. 2022; Hawe et al. 2009).

There are a number of advantages of such an approach for the exploration of collaborations related to supporting the mental well-being of care-experienced children and young people. Firstly, such an approach encourages a focus on organisations and subsystems, as a way of exploring system innovations to bring about change (Kislov et al. 2021). A further advantage of adopting a systems approach is the way it considers the role and experiences of key agents, recognising the active role they can play in interacting with other system elements, taking account of diversity in backgrounds and experiences and understanding what collaborations mean for them (Kislov et al. 2021). The role of agents (such as school staff, social workers, colleges staff and mental health staff) is central to complex systems theory and previous research has highlighted the pivotal role of network spanners—key agents who operate within the system to broker knowledge exchange between stakeholders (Hawe and Ghali 2008; Murphy et al. 2021). A final advantage of adopting a complex systems lens is that it addresses the dearth of understanding as to how the educational subsystems might work with health and social care subsystems to implement evidence-based approaches, particularly at key educational transition points (Evans et al. 2025). Consideration of the broader care system in this way, has the ability to identify changes across different

subsystems and assess how this impacts on delivery and receipt of well-being support (MacDonald et al. 2024).

The findings presented here are based on a mixed methods study undertaken in Wales, UK, to explore stakeholder experiences of multiagency collaboration to support well-being amongst care-experienced children and young people. The WiSC (Wellbeing in Schools and Colleges) study, aimed to understand children and young people, parent and carer, as well as education, social care and mental health practitioner experiences of delivering and receiving well-being support for care-experienced children and young people in secondary schools, and as they transition to FE colleges. Rather than focussing on mental disorders and support for children and young people who already have a mental health diagnosis, instead, the focus was on how children and young people are supported with day-to-day coping strategies, which prevents escalation to more severe mental health needs.

This paper presents qualitative findings on professionals’ experiences of supporting the well-being of care-experienced individuals, particularly in regard to interprofessional working across subsystems.

It considers the following: the facilitators of multiagency collaboration; the challenges associated with this way of working; and innovations to facilitate joint working between different stakeholders, including understanding how these innovations are functioning and identify what other supports may be required.

2 | Methodology

A mixed qualitative method study was conducted to explore well-being needs amongst children and young people with care experiences, and how support is delivered and received across Wales. Further details on study-wide methods are provided in an associated paper (MacDonald et al. 2025). This paper draws on interviews with stakeholders across education, social care and mental health teams across Wales, and the following sections provide an overview of sampling and recruitment within each setting.

2.1 | Sampling and Recruitment

In total, four local authority areas across Wales were selected to reflect variation in geography, socio-economic profile and care-experienced population. One secondary school in each local authority was selected using stratified random sampling based on Free School Meal entitlement, language medium of the school and presence of a sixth form. Schools with a sixth form include the option to stay in school after compulsory education ends at 16 and this criterion covered the range of post-16 pathways.

Contact teachers at each school were briefed on the inclusion criteria and distributed information sheets to teaching and pastoral staff members. Within each school, we recruited a member of the senior leadership team and up to four members of teaching staff, pastoral staff and the governing body, to ensure that the perspectives of school staff with different levels of seniority, and both practice and management roles, were captured.

TABLE 1 | Participants in schools, FE colleges, social care teams and mental health teams.

Local authority	Schools	FE colleges	Social care teams	Mental health teams
A	4 – pastoral, SLT, teaching			
B	2 – pastoral, SLT			
C	4 – pastoral, teaching	6 – pastoral, SLT	3 – team managers 5 – social workers, support workers	1 – CAMHS In-Reach team
D	5 – pastoral, SLT, governor	3 – pastoral, SLT		2 – CAMHS In-Reach team 2 – CAMHS specialist team
Total	15	9	8	5

Abbreviation: SLT, senior leadership team.

Two of the four local authorities were then selected to reflect urban and rural geographies, and within each, the FE college was invited to participate. In Wales, there are currently 13 FE colleges with several covering wide geographical areas, based on a headquarters and satellite campus model, offering a range of post-16 noncompulsory education courses (Estyn 2021). In each college, a manager was provided with information sheets for recruiting pastoral and teaching staff, and the aim was to sample a senior leader and two to three pastoral staff in each college to ensure that the perspectives of staff in management and practice roles were captured.

In the same local authorities, social care teams and CAMHS mental health teams involved in delivery of well-being provision in secondary schools and FE colleges were also recruited. The social care teams in one local authority withdrew after recruitment owing to other commitments. Each team was initially approached by email and recruited following a meeting with study researchers. For social care, the focus was on recruiting team managers and social workers in child services and fostering carer social work. For CAMHS mental health teams, CAMHS team managers and support workers were recruited from specialist teams and CAMHS In-Reach. Total participants recruited are summarised in Table 1.

2.2 | Data Collection

In schools, one-to-one online staff interviews were conducted, and in colleges, online group interviews were conducted with managers and pastoral staff. Online group interviews were also held with social care teams and online individual interviews with CAMHS staff. The mix of individual and group interviews resulted from offering flexibility to participants to ensure that they were comfortable with taking part. Group interviews provided a means of gathering a range of perspectives from individuals within a group set-up, where the interactions were mainly between individuals and the researcher, rather than between individuals (Frey and Fontana 1991; Gibbs 2012).

Interviews were audio-recorded and professionally transcribed. Two school staff interviews were conducted in the medium

of Welsh and translated into English for analysis. A Welsh-speaking member of the research team checked that there were no discrepancies between the translated and original version of the transcript (Temple and Young 2004).

All participants were provided with information sheets and asked to sign consent forms before interviews and focus groups took place. The study was approved by the Cardiff University School of Social Sciences Research Ethics Committee (REF:301). All fieldwork took place during 2023 and 2024.

2.3 | Qualitative Data Analysis

Qualitative analysis was guided by framework analysis (Ritchie and Spencer 1994; Gale et al. 2013; Parkinson et al. 2016). An a priori framework was devised based on the research questions and topic guides. Two researchers (SM and GH) undertook the analysis and independently applied the framework to a subset of transcripts, including different participants and settings. Following discussion and refinements, the framework was applied to all remaining data. Charting and mapping, as well as interpretation, were undertaken with regular review and input from the wider research team. For this paper, the analysis focused on the elements of the framework that related to multiagency collaborations including questions about the following: who participants collaborate with and in what contexts; the enablers and challenges of collaborations; outcomes and impacts for children and young people and practitioners; and suggestions for future improvements to practice. The analysis was led by a complex systems lens in order to make sense of dynamics and interactions in the collaborative practices of education, mental health and social care practitioners. Once themes were inductively explored using the framework, they were then iteratively refined in relation to core concepts from complex adaptive systems (Keshavarz et al. 2010; Koh and Askeil-Williams 2022; Murphy et al. 2021). This included ensuring analysis grouped participants according to sub-systems (e.g., schools, colleges) and also included a focus on interactions between agents and organisational factors (e.g., paying attention to what was said about wider contexts, system frustrations and considering consequences of practices for others in the system).

3 | Findings

The findings present five themes in relation to stakeholder experiences of collaborating to support care-experienced children and young people's well-being. The first two themes relate to facilitators of multiagency collaborations: (1) positive system interactions between professionals and (2) building networks and interactions around a unified purpose. The third and fourth themes relate to the challenges of navigating well-being support across education, mental health and social care systems linked to system-wide cultures and ways of working, specifically the following: (3) challenges in sharing information and knowledge across subsystems and (4) differences in subsystem rules, culture and processes. The final theme considers (5) promoting boundary-spanning innovations, which offers potential solutions to some of the challenges identified.

Quotations are included to illustrate the five themes. These are taken from interviews in all the local authority areas, but identifiers are not used to prevent study participants from identifying one another.

3.1 | Positive System Interactions Between Professionals

This theme was reported similarly across schools and at the point of transition to college. It was primarily considered as important by staff in schools, colleges and social care and related to the facilitative role of close-working and deep-rooted connections, and how this provided a firm foundation for providing well-being support to care-experienced individuals. There was a clear sense of not being able to provide all the support required from education alone and there was a need to harness other professional expertise.

Positive collaborations were facilitated by frequent communication, well-established relationships and nominated points of contact in each organisation. Understanding and respecting professional or knowledge boundaries was also identified as a facilitator for joint working, highlighting how network control was distributed rather than centralised. This reflected mutual respect and understanding, which built confidence in each other's area of expertise. As one School Head of Year noted, '... we get trust in them and they get trust in us.'

School staff across all areas spoke about close communications with social workers, with regular interactions about care-experienced learners as a way to facilitate positive collaboration. In one school, staff viewed the relationship in a positive light, describing 'a very good relationship locally with the social services' (School Deputy Head). This sentiment of positive working relationships and mutual respect was echoed across another school, reflecting long-standing relationships between the same personnel, which included daily communications in some cases:

... we have got really good people to go to, to help us, if we need it.

(School Head of Year)

Professional respect was reciprocated and social workers also recognised that in some situations schools would have more extensive knowledge of children and their families, as they may have known them over longer time periods, often had more intensive day-to-day contact and possibly had connections with extended family members:

And they really know the families well. Some of the schools, they've seen generations and generations of this same family and they know the families really well. They're very supportive of our kinship carers, I would say, a lot of the schools, most of them really.

(Social Care Team Manager)

Mutual respect for different professional expertise was also echoed between other stakeholder groups including relationships between colleges and mental health teams. In one college, the student support manager expressed appreciation for receiving direct feedback from a mental health team who had supported them with students, reflecting recognition of different organisational challenges and emphasising the importance and meaning attached to individual relationships:

So, I understand that we're a large organisation, they're a large organisation. But we did have somebody coming into us who wanted to tell us specifically. And they [mental health team worker] actually came into college, to tell us specifically about two young people, which I thought was really nice.

(College Student Support Manager)

3.2 | Building Networks and Interactions Around a Unified Purpose

This theme relates to another facilitator for multiagency working, mainly within school settings, and was considered important by school, social care and mental health staff. It relates to co-ordinated support in response to a shared problem, with participants discussing the pandemic as an emergent event that they unified around. Within this, they also highlighted schools as a hub for clarity and co-ordination in relation to supporting care-experienced learners. All stakeholders perceived an increased necessity for a range of support structures following the impact of the COVID pandemic, with young people's needs becoming more diverse and complex, and a commensurate need for a wider range of organisational support:

So, it [Covid] really has changed things. So, I've definitely seen a change in the complexities for the young people, about that, more multi-agency working, as well, when we are with the young people ... So, we're trying to meet the needs of the ever-changing worlds and needs of young people.

(Specialist CAMHS Practitioner)

Within this increasing need for organisations to work together, schools featured at the core of multiagency working,

in recognition of the close bond between schools and children, with schools fulfilling something of a 'parenting role' for those in care:

School, really, is the parent, isn't it, at that time? So, it's good at bringing services together through the school, so that everybody's getting the same message, everybody's hearing the same thing.

(CAMHS In-Reach Practitioner)

Overall, joint working helped to broker individualised support to address well-being needs—enabling a tailored response for specific needs at pivotal times. Working with outside agencies provided access to a wider range of expertise than schools could offer in-house and enabled them to:

... give the right sort of response to things and put the right sort of provision in place.

(School Governor)

In addition to harnessing tailored support for learners, multi-agency working also galvanised schools' understanding of lived experiences of being in care and being a carer, and one clear example of this was where a social care team described educational practitioners (teachers and head teachers) being represented on foster care panels. This had the dual benefit of forging stronger interactions between education and social care systems (thus providing opportunities for change and adaptation), and also provided a direct lens into the realities of fostering, placements and the processes involved (thus raising awareness throughout the whole system):

In terms of relationship-building, we have education reps who sit on our fostering panels ... from different schools. We have a bit of a rota where different people from schools can sit on our panel ... This is new, we haven't had education reps for a while, but we've got them in now, so they're getting more of an understanding of what foster placements are actually like, the realities of it. It's really good.

(Social Care Team Manager)

3.3 | Challenges in Sharing Information and Knowledge Across Subsystems

As well as identifying facilitators for multiagency working to support well-being, participants across all sectors spoke about the challenges involved in sharing information and knowledge. The first part of this theme relates to college staff experiences of shortcomings in information sharing about care-experienced individuals, which impacted on their preparedness for receiving new students. A further part of this theme relates to a lack of shared understanding of childhood trauma and its impact on care-experienced individuals. It was felt that some schools had a poor understanding of trauma and this affected how they were able to support learners. Together, these subthemes highlight the challenges of the flow

of information and knowledge across subsystems and how this led to frustrations in terms of ensuring learners and students accessed the right support. This theme relates to schools and also college transition and was considered important by college, social care and mental health staff.

Colleges wanted to put in place enhanced support at transition, but sometimes had limited information about care status and needs from schools or local authorities. In these cases, colleges really felt like they were lagging behind in terms of knowing their new cohort of students, and this was even more of a challenge when they worked across multiple local authorities:

... if every local authority could buy in, and just let us know prior to that there's somebody coming our way, at least, it would prepare us, and give the student a little bit of extra support, in readiness for them to come.

(College Safeguarding Lead)

Staff across both colleges in the study, highlighted lack of effective information sharing as a key barrier to identifying care-experienced students and their needs on entry. Support at transition and effective cross-working with schools was dependent on wider relationships and went beyond transition, to include year-round collaborations. There was a reliance on partner organisations (local authorities and schools) understanding and appreciating the processes involved, and the reasons why information was needed by colleges. Where this organisational understanding broke down, colleges could not put in place the necessary support that they wanted, impacting directly on students:

So, you know you've got somebody coming in, that we can prepare for them, that we can invite to the open enrolment, and do some supported transition. And that's about we rely on our partners to share that with us. And if you have a good transition, you're more likely to have a good experience when you come to us, I think.

(College Head of Student Support)

Challenges in system functioning were also reflected in participants' reports about understandings of trauma and the lack of consistent understanding across subsystems. Staff within mental health teams spoke about the variable understandings of trauma amongst schools, which they perceived as a barrier, as it meant some schools did not have an extensive understanding of how early childhood events could impact learners later on. It was felt that some schools:

... don't understand that cohort of learners, how significant it is and their experiences and how it's been impacted.

(CAMHS In-Reach Practitioner)

Similar sentiments resonated amongst social care teams, where they felt schools sometimes fell short in their appreciation of

trauma and its impact on the learner. They felt that trauma was not viewed by schools in the same way as a 'diagnosed condition,' and schools underestimated the impact of trauma on a learner's day-to-day experiences:

Schools don't necessarily appreciate the impact trauma has had on children. Only if they are diagnosed with a condition, maybe, I don't know, any condition would they then say, 'Okay, we need to adapt our way of working. We need to think about this child.' They are not so considering actually attachment to trauma and things like that also have that impact. It would be quite frustrating sometimes. I'm sure for schools it was frustrating as well on the other side.

(Social Worker)

Frustrations for all involved reflect limitations in system-wide understandings of trauma and emphasises the importance of knowledge sharing and related knowledge translation activities, as a key system resource.

3.4 | Differences in Subsystem Rules, Culture and Processes

This theme relates to further challenges for multiagency working, between FE college settings and social care teams, and was considered important by college staff. It concerns different ways of working and cultures within college and social care sectors and one example of this relates to logistical barriers in organising multiagency review meetings for college students.

College staff illustrated the challenges in organising these meetings, which would involve students and college staff, as well as representatives from social care and other organisations. Staff reported struggling with meeting logistics including finding an appropriate time for everyone to get together and dealing with last minute cancellations:

One thing I've noticed actually, when you're trying to pull together these meetings, there are so many people involved sometimes for the young person. And trying to coordinate the time when everybody can attend, and often, the meetings are cancelled very last minute.

(College Assistant Manager Student Support)

College staff participants highlighted how this was an ongoing challenge, with meetings sometimes re-arranged with minimal notice, alongside expectations that staff would be able to attend in amongst their other work responsibilities:

And also, I think there's an expectation ... that we can respond at very short notice to attend these meetings. And that's not always the case.

Sometimes, they're called at quite short notice, I believe, aren't they, [Safeguarding Lead]?

(College Head of Student Support).

Discussions about meeting logistics also highlighted staff's concerns about students' involvement in meetings. College staff encouraged young people to attend these meetings, but they also spoke about the logistical challenges for students and conveyed how the format of meetings (large numbers of people attending) and late cancellation notice, could impact on them:

I think something I've noticed is I really try and encourage the young people to attend these meetings, because really, ultimately, it's their voice that needs to be heard. And you try and persuade them to come, and then the meeting is cancelled. Or, they're entering into these meetings with, sometimes, there's eight people sitting in there. And they're being discussed, obviously, in full detail.

(College, Assistant Manager Student Support)

These challenges for students gave a sense of how there seem to be gaps in understanding about students' day-to-day experiences and potential attendance difficulties. This was further reinforced when college staff described safeguarding concerns about the experience of young people attending meetings. In one example, staff described intervening in meeting arrangements as the student was going to be working at the scheduled time and college staff felt that this would be inappropriate. It would mean they would not have a suitable private space to conduct the meeting and would be without a network of support:

We did actually defer the meeting because the student was going to log in on their Teams, on their phone, in their break from work. And I said, "I don't think that's a really good idea." Because they were going to be completely unsupported, standing in a street behind [place of work], for example. So, I think that's an ongoing challenge, I would have thought.

(College, Assistant Manager Student Support)

As college staff were closely involved in the day-to-day lives of students, they could pre-empt the potential consequences for the student and stepped in to advocate on their behalf. Young people seemed at the periphery of the planning process in these cases, suggesting a need for closer collaboration and increased opportunities to feed back.

3.5 | Promoting Boundary-Spanning Innovations

Within the interview data were examples of innovations to span organisational boundaries as a potential solution for some of the challenges identified above. This theme identifies a number of different spanner roles and illustrates how they were effective in promoting knowledge and information flows and bridging organisational and cultural differences, leading to improved well-being support for learners and students. These innovations

relate to school and college transition, and this theme was considered important by staff in schools, colleges, social care and mental health teams.

One school spoke about the benefits of the VSH approach as an aid to promote multiagency working beyond the school setting. They framed the VSH as integral to school-social care collaborations and commented on how they helped signpost schools to the correct social care contact and assisted with navigating out-of-area placements. In this way, the VSH helped them overcome organisational differences and diversity in professional backgrounds. They removed the need for negotiation on behalf of the school and provided a helpful steer on where to go for specific support:

Their support that they give us as a school and me knowing who I can go to, to get that support if I don't know the answer to questions, has been absolutely amazing.

(School Safeguarding Lead)

The CAMHS In-Reach service was another innovation that contributed to multiagency working, particularly between schools and mental health teams. All case study schools received regular visits from CAMHS In-Reach services, and although their focus is not care-experienced learners, this facilitated overall joint working through: staff training; opportunities for staff supervision; consultations around individual learners where there was a concern; and also sessions for parents and carers on well-being. In-Reach services had helped schools better understand who to go to for external support—again, similar to the VSH, they provided a bridge across organisations and enabled schools to access the appropriate support even when they encountered system blockages, such as waiting lists for specialist CAMHS services:

We know there're no appointments at the moment ... So then it's about us looking and thinking, well do you know what, we do have CAMHS School In-Reach, let's get some advice from them.

(School Wellbeing Lead)

The value of services employing people from different practice backgrounds to enhance cross-practitioner understanding was also described. CAMHS In-Reach practitioners had a range of professional backgrounds, including health, teaching and social work, and this also facilitated joint working by helping to break-down different working cultures:

We've got a range from healthcare to psychology. They've done masters in psychology, to years of well-being, a management role within a college or a school. Yes, they're all different.

(CAMHS In-Reach Practitioner)

One school had more regular contact with specialist CAMHS as nearly all care-experienced learners were being supported by the service. The school valued regular contact, and the role of a CAMHS specialist practitioner for care-experienced children and

young people was highlighted as a key facilitator—they came to the school to work with learners, provided in-person and email support for teachers and provided strategies for carers. Specialist CAMHS practitioners also flagged this as an important role that spanned schools, mental health, social care and home settings.

So, if we have a child that comes in that is looked after, or is in that area, they'll sit in on the assessment to give us what their thoughts are, of the needs of the young person and the family.

(CAMHS Manager)

An additional aspect of the specialist role was that they had a social care background, and within a mental health team, this provided:

... that understanding of the role of social services, and the role of health, and the dynamics within both. This helps them make professional groups understand each other's constraints and pull together.

(CAMHS Practitioner)

Several interviewees described the overarching role of the Young Person's Advisor (YPA), and this was conveyed as another innovation to span different organisations across social care and education sectors. Based in social care teams, YPAs are allocated to care-experienced young people from the age of 16. YPAs have an important role for college students and helped span the transition from school.

... the YPAs will take them to enrol and to meet the wellbeing officers during the summer.

(Social Care Team Leader)

They also seemed tuned into the different types of support students needed when they transitioned to college and one YPA spoke about the clear links between finances and well-being—meaning that it was one less thing for the students to worry about and demonstrated a clear link between social care support and what they would need in college:

They've got funding within the college for things like equipment and that kind of stuff. That all does really help with their general wellbeing because they are not worried about, 'Oh, how am I going to get the boots I need for this course? Who is going to pay for the hairdryer?'

(Young People's Advisor)

Overall, the YPA was an important role given college staff frustrations about information not being passed on, and the findings emphasise the importance of this role in helping ensure that student well-being needs are prioritised between school and college.

4 | Discussion

The present study aimed to understand stakeholder experiences of multiagency collaborations to support well-being

amongst care-experienced children and young people in secondary schools and FE colleges. A complex systems perspective provided a focus for examining interrelations between subsystems and different agents, namely, schools, FE colleges, social care teams and mental health teams. The findings indicated that effective multiagency working was facilitated by frequent communication, long-standing relationships and having a nominated point of contact in each organisation. Different organisational expectations and challenges around the flow of information between subsystems were the main barriers to multiagency working, but system innovations to span organisational differences have potential to overcome some of the identified challenges.

Facilitators for multiagency working centred around recognition of professional expertise and the value of close, well-established relationships. All interviewees acknowledged different sectoral backgrounds, held mutual respect for accumulated experience and valued being part of a wider system where they were able to draw on appropriate support at the time of need. This aligns with complex systems thinking about the importance of shared responsibility across the system, rather than hierarchical, centralised control, which tends to be associated with slowing down adaptation and change (Keshavarz et al. 2010).

All stakeholders also emphasised the value of interpersonal contact and the significance associated with individual relationships. This included the importance attached to follow-up feedback received by a college after a student referral to CAMHS, and the acknowledgement by social care about the merit of close, historic ties between schools and families in their catchments. This confirms previous research findings and the importance of personal interactions with practitioners in cross-agency working (Webber et al. 2013). The value of long-standing relationships between different personnel also came through in the data, which highlights the urgency of addressing wider UK and international system issues around staff stability, retention and workload demands across health, social care and education (Long et al. 2023; Oxley et al. 2024; Ravalier et al. 2020; WHO 2022).

One of the main challenges to multiagency working related to limited system mechanisms for information sharing, particularly around the needs of care-experienced students on entry to college. Information sharing has previously been identified as a barrier to joint working in UK and global child welfare contexts and is regarded as an important factor in Serious Case Reviews (Brandon et al. 2020; Coates 2017). A further challenge related to the need for system-wide shared understandings of childhood trauma, suggesting gaps in knowledge translation across subsystems, and without this sort of knowledge exchange, there was limited scope for system improvement (Koh and Askeff-Williams 2022). Challenges and frustrations also surfaced in relation to arranging care review meetings in college, underpinned by different organisational perspectives and ways of working. This challenge was associated with direct implications for young people (particularly the multiple demands of negotiating college, paid-work commitments and care-related meetings), and adds to the emerging evidence on what multiagency working means from different perspectives (Cooper et al. 2016; Jörns-Presentati and Groen 2023).

The final set of study findings considered spanner roles as system innovations to overcome the challenges to multiagency working. The international evidence base draws on boundary-spanning innovations within education, health and social care as a process, which can be both formally established as part of multiagency activities, and also seen to more organically emerge in order to support relationships and processes (Keshavarz et al. 2010; Pearson and Watson 2018). The spanner roles reported in this study were formally implemented as part of existing structures, but their contribution to multiagency working, and perceived value amongst stakeholders, emerged as they became more integrated into different networks. This endorses broader findings from the complex systems literature about the value of pivotal brokers rather than a dense network of sectoral relationships (Hawe and Ghali 2008; Murphy et al. 2021).

VSHs and CAMHS In-Reach connected and spanned education, social care and mental health—providing a physical link into other sectors, enabling more streamlined and focussed connections compared with what could be achieved through individual-based connections. These embedded linkages encouraged agent interactions between different sectors and also enabled information flows—two key drivers of continuous system change and adaptation (Keshavarz et al. 2010; Murphy et al. 2021).

Previous international research has advocated the value of co-location roles (Bonciani et al. 2018; Lalani and Marshall 2022), but the innovations presented in the findings here suggest going beyond that to embed people with a variety of professional backgrounds, within different services. Additionally, the PA role provided a much-needed innovation spanning social care and education, but their key asset was the way they bridged school and post-16 experiences. In this way, they provided umbrella support at a time when other support was becoming more fragmented. The importance attached to this role confirms earlier findings from UK-based studies about the value of having a key worker as a ‘dedicated person who acts as a link between the family and the range of services and agencies that they interact with’ (Taylor-Collins and Peixoto Gomes 2021, 2) and is akin to the role of school nurses becoming more established within international models of school-based mental health support (Kemp 2025). We can begin to see how these boundary spanning roles were in pivotal network positions with potential to address some of the challenges reported in the findings. Their system-wide vantage point had potential to do the following: flag colleges’ information needs at Local Authority levels; identify gaps around understanding trauma within schools; and recognise pressure points for students involved in care review meetings. In this way we can appreciate the value of spanner roles to develop capacity and create system disruption by improving resource linkage across settings (Murphy et al. 2021).

5 | Study Limitations

The main study limitations relate to the small number of interviewees from within different subsystems. The study included school staff from four local authority areas, but social care staff were limited to one area and a small number of CAMHS staff in two areas. Additionally, although these stakeholder insights are important, the experiences of children and young people,

and also carers are a significant gap. The overall study on well-being needs and support in schools and colleges included these additional stakeholder groups, but numbers recruited were low and interviews did not encompass their direct experiences of multiagency working. Previous research on multiagency collaborations has advocated for wider stakeholder experiences to be harnessed, and this remains an ongoing priority (Cooper et al. 2016; Taylor-Collins and Peixoto Gomes 2021). A further limitation relates to the study's focus on interview data rather than ethnographic, observational data. The data are distanced from day-to-day multiagency working and do not allow us to understand interactions with system structures in situ.

6 | Implications

There are a number of implications for policy and practice relating to improving multiagency working for care-experienced children and young people. Given the study was conducted in the UK, many of these have direct relevance to this context, but we have also highlighted general recommendations that could be considered internationally.

Firstly, in terms of implications for facilitating multiagency working, the findings signal the importance of cross-sector positive relationships and respect, values which should be central to future multiagency collaborations. Focussing multiagency support around a shared purpose also came through as a key facilitator, with the example of the COVID pandemic revealing how subsystems can pull together. The way in which schools featured as a core hub for well-being support for care-experienced children and young people, reinforces the important role for the education sector, which should continue to be central in future developments. This includes social care driven initiatives such as the Corporate Parenting Charter and joint working amongst all public bodies (Welsh Government 2023), as well as local and global education-based mental health improvement (Kemp 2025; Welsh Government 2021). The complex systems literature emphasises the importance of distributed network control, and although the findings here align with that, there was also value attached to the role of schools as a focal point for all sectors, with control and responsibility remaining shared (Keshavarz et al. 2010; Murphy et al. 2021).

A second implication also relates to facilitating multiagency working, particularly around the time of transition to FE college—a period when support is more fractious and complex. There is scope to consider how school-based innovations (such as the VSH and CAMHS In-Reach) could be extended to support the transition period, building on their merits in connecting education, social care and mental health (Dunne and Burley 2024; Holtom et al. 2021; McIver and Bettencourt 2024).

Thirdly, there are some practical implications for removing the challenges to multiagency working, including improving how information is shared between organisations. There is emerging international evidence about how to improve information sharing within this space, including ensuring integrated and secure platforms are in place (Quigley et al. 2014), and the evaluations of the VSH across the UK also emphasise how information sharing should be a policy and practice priority (Dunne and

Burley 2024; McIver and Bettencourt 2024). At the same time, information sharing also needs to have children and young people as a central consideration, (Hewitt et al. 2024; Welsh Parliament: Children Young People and Education Committee 2023), including respecting preferences to not share their care status with peers (MacDonald et al. 2025).

A fourth policy and practice implication relates to the development of boundary-spanning innovations. These proved crucial in overcoming challenges in multiagency working, suggesting the need for further investment in 'spanner' roles, and also perhaps further understanding of their potential role in addressing other challenges, such as steering system-wide knowledge translation activities (Murphy et al. 2021). Drawing on international developments, this might include further enhancing the role of school nurses or school-based youth workers whose roles include connecting learners with broad-based support (Cook et al. 2023; Corney et al. 2024).

A final set of implications concern future research priorities and there is a particular need to further understand these multiagency dynamics in other contexts. This includes extended research within the FE college sphere—moving beyond the transition period to consider students' ongoing needs throughout their college careers. Similarly, future research could also explore subsystems related to carers, and their roles, needs and challenges in supporting children and young people through educational settings. An additional research priority relates to recommendations around boundary-spanning roles and the importance of embedding evaluation alongside these policy and practice developments.

7 | Conclusions

Drawing on a complex systems approach enabled an exploration of the interactions between agents, their experiences and different practices between subsystems across education, health and social care (Kislov et al. 2021; Evans et al. 2025). Across secondary schools, FE colleges, mental health teams and social care teams, the priority was to secure the right support at the right time, with outcomes for children and young people prioritised within system interactions. Close-knit, meaningful, cross-sector relationships were held in high regard by agents across all subsystems, and together with shared goals, and mutual respect for different areas of expertise, these principles helped facilitate effective multiagency working.

However, challenges to multiagency working were also reported and these related to limited sharing of information and knowledge alongside different organisational ways of working. Boundary-spanning roles had the potential to overcome these challenges and also further enhance system functioning not only through organisational bridging for education, health and social care, but also through providing a focal point for children and young people, and for potentially supporting carers with their navigation of well-being support. Given the increasingly complex well-being needs associated with care-experienced children and young people, the necessity for multiagency collaboration is becoming more urgent, and this paper adds to the empirical evidence base in terms of how different sectors can become more

innovative in their strategies to work together. Implications for policy and practice focus on advocating key principles of multi-agency working (positive personal relationships and a shared focus), enhancing the support available around transition beyond schools, and building on the headway made by network spanner roles, capitalising on the key positions they hold within the system. At the same time, it will be important to keep in mind broader policy developments, including different UK and international education-based systems, which are emerging as a central focus for addressing well-being needs.

Acknowledgements

We would like to acknowledge the research participants who made this paper possible, as well as members of the Project Advisory Group. This work was funded by a Health and Care Research Wales Social Care grant. This work was also supported by the Centre for Development, Evaluation, Complexity and Implementation in Public Health Improvement (DECIPHer) funded by Welsh Government, through Health and Care Research Wales.

Funding

The study was supported by the Health and Care Research Wales (1851).

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

References

- Bonciani, M., W. Schäfer, S. Barsanti, S. Heinemann, and P. P. Groenewegen. 2018. "The Benefits of Co-Location in Primary Care Practices: The Perspectives of General Practitioners and Patients in 34 Countries." *BMC Health Services Research* 18: 132. <https://doi.org/10.1186/s12913-018-2913-4>.
- Bonell, C., E. Allen, E. Warren, et al. 2018. "Effects of the Learning Together Intervention on Bullying and Aggression in English Secondary Schools (INCLUSIVE): A Cluster Randomised Controlled Trial." *Lancet* 392: 2452–2464. [https://doi.org/10.1016/S0140-6736\(18\)31782-3](https://doi.org/10.1016/S0140-6736(18)31782-3).
- Brandon, M., P. Sidebotham, P. Belderson, et al. 2020. *Complexity and Challenge: A Triennial Analysis of SCRs 2014–2017*. Department for Education Available at: https://ueaeprints.uea.ac.uk/id/eprint/74649/1/TRIENNIAL_SCR_REPORT_2014_to_2017.pdf.
- Chaves, C. 2021. "Wellbeing and Flourishing." In *The Palgrave Handbook of Positive Education*, 273–295. Springer International Publishing.
- Coates, D. 2017. "Working With Families With Parental Mental Health and/or Drug and Alcohol Issues Where There Are Child Protection Concerns: Inter-Agency Collaboration." *Child & Family Social Work* 22, no. S4: 1–10. <https://doi.org/10.1111/cfs.12238>.
- Coffey, M. 2025. *Child and Adolescent Mental Health Service In-Reach to Schools Service: Evaluation Considerations*. Welsh Government GSR report number 53/2025, <https://www.gov.wales/child-and-adolescent-mental-healthservice-reach-schools-service-evaluation-considerations>.
- Colvin, M. L., and S. E. Miller. 2020. "The Role of Complexity Theory and Network Analysis for Examining Child Welfare Service Delivery Systems." *Child & Youth Services* 41, no. 2: 160–183. <https://doi.org/10.1080/0145935X.2019.1707076>.
- Colvin, M. L., H. M. Thompson, and M. E. Cooley. 2021. "The 'Cost' of Collaborating and Other Challenges in Inter-Organizational Child Welfare Practice: A Community-Wide Perspective." *Journal of Public Child Welfare* 15, no. 5: 617–651. <https://doi.org/10.1080/15548732.2020.1778597>.
- Cook, G., J. V. Appleton, S. Bekaert, T. Harrold, J. Taylor, and D. Sammut. 2023. "School Nursing: New Ways of Working With Children and Young People During the Covid-19 Pandemic: A Scoping Review." *Journal of Advanced Nursing* 79: 471–501. <https://doi.org/10.1111/jan.15504>.
- Cooper, M., Y. Evans, and J. Pybis. 2016. "Interagency Collaboration in Children and Young People's Mental Health: A Systematic Review of Outcomes, Facilitating Factors and Inhibiting Factors." *Child: Care, Health and Development* 42, no. 3: 325–342. <https://doi.org/10.1111/cch.12322>.
- Corney, T., J. Gorman, B. Woods, N. Benedict, and A. Law. 2024. "Bridge-Builders' and 'Boundary Spanners': A Qualitative Study of Youth Workers' Perceptions of Their Roles and Practices With Vulnerable Young People in School-Based Settings." *International Journal of Adolescence and Youth* 29, no. 1. <https://doi.org/10.1080/02673843.2024.2387080>.
- De La Fosse, L., S. Parsons, and H. Kovshoff. 2023. "They Are Always in the Top of Our Mind": Designated Teachers' Views on Supporting Care Experienced Children in England." *Children & Society* 37, no. 6: 1897–1914. <https://doi.org/10.1111/chso.12737>.
- Department of Health and NHS England. 2015. *Future in Mind: Promoting, Protecting and Improving Our Children and Young People's Mental Health and Wellbeing*. Department of Health and NHS England.
- Drew, H., and R. Banerjee. 2019. "Supporting the Education and Well-Being of Children Who Are Looked-After: What Is the Role of the Virtual School?" *European Journal of Psychology of Education* 34, no. 1: 101–121. <https://doi.org/10.1007/s10212-018-0374-0>.
- Dubois-Comtois, K., E.-L. Bussi eres, C. Cyr, et al. 2021. "Are Children and Adolescents in Foster Care at Greater Risk of Mental Health Problems Than Their Counterparts? A Meta-Analysis." *Children and Youth Services Review* 127: 106100. <https://doi.org/10.1016/j.childyouth.2021.106100>.
- Dunne, T., and D. Burley. 2024. *Virtual School Model of Integrated Education for Care-Experienced Children: Initial Evidence Gathering From Local Authority Pilots*. Welsh Government Available at: <https://www.gov.wales/sites/default/files/statistics-and-research/2024-01/virtual-school-model-of-integrated-education-for-care-experienced-children-initial-evidence-gathering-from-local-authority-pilots.pdf>.
- Engler, A. D., K. O. Sarpong, B. S. Van Horne, C. S. Greeley, and R. J. Keefe. 2022. "A Systematic Review of Mental Health Disorders of Children in Foster Care." *Trauma, Violence & Abuse* 23, no. 1: 255–264. <https://doi.org/10.1177/1524838020941197>.
- Estyn. 2021. *Post-16 Partnerships: Shared Planning and Provision Between Schools, and Between Schools and Colleges*. Estyn.
- Evans, R., S. Bell, R. Brockman, et al. 2022. "Wellbeing in Secondary Education (WISE) Study to Improve the Mental Health and Wellbeing of Teachers: A Complex System Approach to Understanding Intervention Acceptability." *Prevention Science* 23, no. 6: 922–933. <https://doi.org/10.1007/s11211-022-01351-x>.
- Evans, R., R. Trubey, S. MacDonald, et al. 2025. "What Mental Health and Wellbeing Interventions Work for Which Children and Young People in Care? Systematic Review of Potential Outcome Inequities." *Child and Adolescent Social Work Journal* 42, no. 3: 339–360. <https://doi.org/10.1007/s10560-023-00956-7>.

- Frey, J. H., and A. Fontana. 1991. "The Group Interview in Social Research." *Social Science Journal* 28, no. 2: 175–187. [https://doi.org/10.1016/0362-3319\(91\)90003-M](https://doi.org/10.1016/0362-3319(91)90003-M).
- Furey, R., and J. Harris-Evans. 2021. "Work and Resilience: Care Leavers' Experiences of Navigating Towards Employment and Independence." *Child & Family Social Work* 26, no. 3: 404–414. <https://doi.org/10.1111/cfs.12822>.
- Gale, N., G. Heath, E. Cameron, S. Rashid, and S. Redwood. 2013. "Using the Framework Method for the Analysis of Qualitative Data in Multi-Disciplinary Health Research." *BMC Medical Research Methodology* 13: 117. <http://www.biomedcentral.com/1471-2288/13/117>.
- Gibbs, A. 2012. "Focus Groups and Group Interviews. Research Methods and Methodologies in Education." In *Research Methods and Methodologies in Education*, edited by R. Coe, M. Waring, L. Hedges, and L. Ashley, 240–247. SAGE.
- Goldberg, J. M., M. Sklad, T. R. Elfrink, K. M. G. Schreurs, E. T. Bohlmeijer, and A. M. Clarke. 2019. "Effectiveness of Interventions Adopting a Whole School Approach to Enhancing Social and Emotional Development: A Meta-Analysis." *European Journal of Psychology of Education* 34: 755–782. <https://doi.org/10.1007/s10212-018-0406-9>.
- Hawe, P., and L. Ghali. 2008. "Use of Social Network Analysis to Map the Social Relationships of Staff and Teachers at School." *Health Education Research* 23, no. 1: 62–69. <https://doi.org/10.1093/her/cyl162>.
- Hawe, P., A. Shiell, and T. Riley. 2009. "Theorising Interventions as Events in Systems." *American Journal of Community Psychology* 43: 267–276. <https://doi.org/10.1007/s10464-009-9229-9>.
- Hewitt, G., L. Copeland, S. Murphy, S. Jones, A. Edwards, and R. Evans. 2024. "Understanding School-Based Counselling Services in Complex Systems: Developing a Whole System Approach." *Health Education Journal* 83, no. 6: 609–623. <https://doi.org/10.1177/00178969241263189>.
- Holtom, D., S. Lloyd-Jones, and R. Bowen. 2021. *Evaluation of the Child and Adolescent Mental Health Service (CAMHS) In-Reach Pilot Programme. Final Report*. Welsh Government. <https://www.gov.wales/sites/default/files/statistics-and-research/2021-06/evaluation-of-the-child-and-adolescent-mental-health-service-camhs-in-reach-to-schools-pilot-programme-final-report.pdf>.
- Jörns-Presentati, A., and G. Groen. 2023. "Perceptions of Interprofessional Collaboration at the Intersection of Child Welfare and Child and Adolescent Psychiatry in Germany." *Children and Youth Services Review* 149: 106921. <https://doi.org/10.1016/j.childyouth.2023.106921>.
- Kemp, C. M. 2025. "An Analysis of School-Based Mental Health Models and Policies." *American Journal of Nursing* 125, no. 1: 46–52. <https://doi.org/10.1097/01.NAJ.0001094688.17194.47>.
- Keshavarz, N., D. Nutbeam, L. Rowling, and F. Khavarpour. 2010. "Schools as Social Complex Adaptive Systems: A New Way to Understand the Challenges of Introducing the Health Promoting Schools Concept." *Social Science & Medicine* 70, no. 10: 1467–1474. <https://doi.org/10.1016/j.socscimed.2010.01.034>.
- Kislov, R., G. Harvey, and L. Jones. 2021. "Boundary Organising in Healthcare: Theoretical Perspectives, Empirical Insights and Future Prospects." *Journal of Health Organization and Management* 35, no. 2: 133–140. <https://doi.org/10.1108/JHOM-04-2021-475>.
- Koh, G. A., and H. Askill-Williams. 2022. "Sustainable School-Improvement in Complex Adaptive Systems: A Scoping Review." *Review of Education* 9: 281–314. <https://doi.org/10.1002/rev3.3246>.
- Lalani, M., and M. Marshall. 2022. "Co-Location, an Enabler for Service Integration? Lessons From an Evaluation of Integrated Community Care Teams in East London." *Health & Social Care in the Community* 30: e388–e396. <https://doi.org/10.1111/hsc.13211>.
- Lavy, S. 2020. "A Review of Character Strengths Interventions in Twenty-First-Century Schools: Their Importance and How They Can Be Fostered." *Applied Research in Quality of Life* 15, no. 2: 573–596. <https://doi.org/10.1007/s11482-018-9700-6>.
- Long, J., S. Ohlsen, M. Senek, A. Booth, S. Weich, and E. Wood. 2023. "Realist Synthesis of Factors Affecting Retention of Staff in UK Adult Mental Health Services." *BMJ Open* 13, no. 5: e070953. <https://doi.org/10.1136/bmjopen-2022-070953>.
- MacAlister, J. 2022. *The Independent Review of Children's Social Care: Final Report*. Department for Education. <https://www.gov.uk/government/publications/independent-review-of-childrens-social-care-final-report>.
- MacDonald, S., G. Hewitt, S. Jones, et al. 2025. "Mental Wellbeing Needs and Support for Care-Experienced Children and Young People in Secondary School and During the Transition to Further Education College." *Children & Society* 39, no. 4: 807–824. <https://doi.org/10.1111/chso.12951>.
- MacDonald, S., C. Sampson, L. Biddle, S. Y. Kwak, J. Scourfield, and R. Evans. 2021. "Theorising Health Professionals' Prevention and Management Practices with Children and Young People Experiencing Self-Harm: A Qualitative Hospital-Based Case Study." *Social Health Illn* 43: 201–219. <https://doi.org/10.1111/1467-9566.13211>.
- MacDonald, S., R. Trubey, J. Noyes, et al. 2024. "Mental Health and Wellbeing Interventions for Care-Experienced Children and Young People: Systematic Review and Synthesis of Process Evaluations." *Children and Youth Services Review* 156: 107266. <https://doi.org/10.1016/j.childyouth.2023.107266>.
- McIver, L., and M. Bettencourt. 2024. "Virtual Schools for Care-Experienced Learners in Scotland: Reflections on an Emerging Concept in a New Context." *British Educational Research Journal* 50: 1495–1513. <https://doi.org/10.1002/berj.3988>.
- McKenna, S., D. O'Reilly, E. Ross, and A. Maguire. 2025. "Childhood Contact With Social Services, Self-Harm and Suicidal or Self-Harm Ideation in Young Adulthood: A Population-Wide Record-Linkage Study." *Epidemiology and Psychiatric Sciences* 34: e2. <https://doi.org/10.1017/S204579602400088X>.
- McLean, S. 2012. "Barriers to Collaboration on Behalf of Children With Challenging Behaviours: A Large Qualitative Study of Five Constituent Groups." *Child & Family Social Work* 17, no. 4: 478–486. <https://doi.org/10.1111/j.1365-2206.2011.00805.x>.
- Mendes, P., J. Pinkerton, and E. Munro. 2014. "Young People Transitioning From Out-of-Home Care: An Issue of Social Justice." *Australian Social Work* 67, no. 1: 1–4. <https://doi.org/10.1080/0312407X.2014.867471>.
- Mokdad, A. H., M. H. Forouzanfar, F. Daoud, et al. 2016 Jun 11. "2016. Global Burden of Diseases, Injuries, and Risk Factors for Young People's Health During 1990–2013: A Systematic Analysis for the Global Burden of Disease Study 2013." *Lancet* 387, no. 10036: 2383–2401. [https://doi.org/10.1016/S0140-6736\(16\)00648-6](https://doi.org/10.1016/S0140-6736(16)00648-6).
- Moore, G. F., R. E. Evans, J. Hawkins, et al. 2019. "From Complex Social Interventions to Interventions in Complex Social Systems: Future Directions and Unresolved Questions for Intervention Development and Evaluation." *Evaluation* 25, no. 1: 23–45. <https://doi.org/10.1177/1356389018803219>.
- Murphy, S., H. Littlecott, G. Hewitt, et al. 2021. "A Transdisciplinary Complex Adaptive Systems (T-CAS) Approach to Developing a National School-Based Culture of Prevention for Health Improvement: The School Health Research Network (SHRN) in Wales." *Prevention Science* 22, no. 1: 50–61. <https://doi.org/10.1007/s11121-018-0969-3>.
- National Assembly for Wales Children Young People and Education Committee. 2018. *Mind Over Matter. A Report on the Step Change Needed in Emotional and Mental Health Support for Children and Young People in Wales*. National Assembly for Wales Children Young People

- and Education Committee Available at: <https://senedd.wales/media/4740yh4p/cr-ld11522-e.pdf>.
- NHS England. 2025. *Guidance on Neighbourhood Multidisciplinary Teams for Children and Young People*. NHS England. <https://www.england.nhs.uk/long-read/guidance-on-neighbourhood-multidisciplinary-teams-for-children-and-young-people/>.
- Nisar, A., R. P. Hastings, R. C. Watkins, and S. Williams. 2024. "Mainstream and Special Schools' Use of Well-Being Programmes: A Regional Survey." *British Educational Research Journal* 50, no. 1: 6–31. <https://doi.org/10.1002/berj.3903>.
- Oxley, L., K. Asbury, and L. E. Kim. 2024. "The Impact of Student Conduct Problems on Teacher Wellbeing Following the Onset of the Covid-19 Pandemic: An Interpretative Phenomenological Analysis." *British Educational Research Journal* 50, no. 1: 200–217. <https://doi.org/10.1002/berj.3923>.
- Parkinson, S., V. Eatough, J. Holmes, E. Stapley, and N. Midgley. 2016. "Framework Analysis: A Worked Example of a Study Exploring Young People's Experiences of Depression." *Qualitative Research in Psychology* 13, no. 2: 109–129. <https://doi.org/10.1080/14780887.2015.1119228>.
- Pearson, C., and N. Watson. 2018. "Implementing Health and Social Care Integration in Scotland: Renegotiating New Partnerships in Changing Cultures of Care." *Health & Social Care in the Community* 26, no. 3: e396–e403. <https://doi.org/10.1111/hsc.12537>.
- Proctor, C., E. Tsukayama, A. M. Wood, J. Maltby, J. F. Eades, and P. A. Linley. 2011. "Strengths Gym: The Impact of a Character Strengths-Based Intervention on the Life Satisfaction and Well-Being of Adolescents." *Journal of Positive Psychology* 6, no. 5: 377–388. <https://doi.org/10.1080/17439760.2011.594079>.
- Quigley, L., A. Lacombe-Duncan, S. Adams, C. Moore Hepburn, and E. Cohen. 2014. "A Qualitative Analysis of Information Sharing for Children With Medical Complexity Within and Across Health Care Organizations." *BMC Health Services Research* 14: 283. <https://doi.org/10.1186/1472-6963-14-283>.
- Ravalier, J. M., P. McFadden, C. Boichat, O. Claburn, and J. Moriarty. 2020. "Social Worker Well-Being: A Large Mixed-Methods Study." *British Journal of Social Work* 51, no. 1: 297–317. <https://doi.org/10.1093/bjsw/bcaa078>.
- Ritchie, J., and L. Spencer. 1994. "Qualitative Data Analysis for Applied Policy Research." In *Analyzing Qualitative Data*, edited by A. Bryman and R. Burgess, 173–194. Routledge.
- Rutter, H., N. Savona, K. Glonti, et al. 2017. "The Need for a Complex Systems Model of Evidence for Public Health." *Lancet* 390, no. 10112: 2602–2604. [https://doi.org/10.1016/S0140-6736\(17\)31267-9](https://doi.org/10.1016/S0140-6736(17)31267-9).
- Scottish Government. 2017. *Mental Health Strategy 2017–2027*. Scottish Government. <https://www.gov.scot/publications/mental-health-strategy-2017-2027/>.
- Scottish Government. 2021. *Whole School Approach Framework for Schools to Support Children and Young People's Mental Health and Wellbeing*. Scottish Government. <https://www.gov.scot/publications/whole-school-approach-mental-health-wellbeing/>.
- Seker, S., C. Boonmann, H. Gerger, et al. 2022. "Mental Disorders Among Adults Formerly in Out-of-Home Care: A Systematic Review and Meta-Analysis of Longitudinal Studies." *European Child & Adolescent Psychiatry* 31, no. 12: 1963–1982. <https://doi.org/10.1007/s00787-021-01828-0>.
- Solmi, M., J. Radua, M. Olivola, et al. 2022. "Age at Onset of Mental Disorders Worldwide: Large-Scale Meta-Analysis of 192 Epidemiological Studies." *Molecular Psychiatry* 27, no. 1: 281–295. <https://doi.org/10.1038/s41380-021-01161-7>.
- Taylor-Collins, E., and L. Peixoto Gomes. 2021. *Multi-Agency Working and Outcomes for Children Looked After: Evidence Review*. Wales Centre for Public Policy. <https://www.wcpp.org.uk/publication/multi-agency-working-and-outcomes-for-children-looked-after/>.
- Temple, B., and A. Young. 2004. "Qualitative Research and Translation Dilemmas." *Qualitative Research* 4, no. 2: 161–178. <https://doi.org/10.1177/1468794104044430>.
- UK Government. 2017. *Transforming Children and Young People's Mental Health Provision. A Green Paper*. UK Government. <https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>.
- Webber, M. P., C. McCree, and P. Angeli. 2013. "Inter-Agency Joint Protocols for Safeguarding Children in Social Care and Adult Mental-Health Agencies: A Cross-Sectional Survey of Practitioner Experiences." *Child & Family Social Work* 18, no. 2: 149–158. <https://doi.org/10.1111/j.1365-2206.2011.00816.x>.
- Welsh Government. 2018. *Social Services and Well-Being (Wales) Act 2014. Part 6 Code of Practice (Looked After and Accommodated Children)*. Welsh Government. <https://www.gov.wales/sites/default/files/publications/2019-05/part-6-code-of-practice-looked-after-and-accommodated-children.pdf>.
- Welsh Government. 2021. *Framework on Embedding a Whole-School Approach to Emotional and Mental Wellbeing*. Welsh Government. <https://gov.wales/framework-embedding-whole-school-approach-emotional-and-mental-wellbeing>.
- Welsh Government. 2023. *Corporate Parenting Charter: A Promise From Wales*. Welsh Government Available at: <https://www.gov.wales/sites/default/files/publications/2023-06/corporate-parenting-charter-a-promise-from-wales.pdf>.
- Welsh Parliament Health and Social Care Committee. 2022. *Connecting the Dots: Tackling Mental Health Inequalities in Wales*. Senedd. <https://senedd.wales/committees/health-and-social-care-committee/connecting-the-dots-tackling-mental-health-inequalities-in-wales/>.
- Welsh Parliament: Children Young People and Education Committee. 2023. *If Not Now, Then When? Radical Reform for Care Experienced Children and Young People*. Senedd. <https://senedd.wales/media/10kpi3g/cr-ld15849-e.pdf>.
- World Health Organization. 2021. *Comprehensive Mental Health Action Plan 2013–2030*. World Health Organization. <https://www.who.int/publications/i/item/9789240031029>.
- World Health Organization. 2022. *World Mental Health Report: Transforming Mental Health for All*. World Health Organization. <https://www.who.int/publications/i/item/9789240049338>.