

MY HOME LIFE ENGLAND

CITY ST GEORGE'S, UNIVERSITY OF LONDON

Strengthening the Delivery of Complex Care in Care Settings

REPORT BASED ON INSIGHTS FROM CARE PROVIDERS

2026

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Introduction

Increasing numbers of adults are living with multiple chronic conditions or disabilities that require higher levels of support across health and social care. To meet people's needs, a greater coordination of services is needed that enables person-centred and integrated care approaches (e.g. McGilton et al, 2018). Adult social care providers are an essential element of this integrated approach, with outcomes improving when they are enabled to work in partnership with other parts of the health and social care system (Owen, Kennedy, and Nieman, 2026).

This report considers how care settings - including care homes, domiciliary care/ homecare, supported living, extra care and day opportunity services - can safely and confidently support people whose care needs are considered to be complex, and do so with skill and compassion.

We focus on three core questions:

- What barriers prevent providers from delivering complex care consistently and safely?
- What enablers strengthen confidence, capability and quality?
- What opportunities exist to build a more responsive, resilient and collaborative care and commissioning system?



Data and insights

Insights were drawn from 50 registered managers of homecare services and care homes in the Southeast and East of England.

Each manager participated in a My Home Life England Professional Support and Development Programme (PSDP), and these programmes included workshops that explored the delivery of complex care.



Defining complex care

Complex care is a phrase often used within health and social care, but it is not well defined and so has a range of interpretations. The phrase has a very broad remit – those considered to have 'complex care needs' are a hugely diverse group, with a range of support needs.

It is also a contested phrase, not least by people who draw on care and support (Shannon, 2026). Criticisms include that 'complex' is used to justify actions and can complicate accountability, including between health and social care systems and funding streams. Despite this, the term remains widely used, and continues to form part of conversations between care providers and commissioners.

One definition we draw on for this report is that from NICE:

> *'Adults with complex needs' is not a defined clinical group but encompasses any adult needing a high level of support with many aspects of their daily life who relies on a range of health and social care services. These needs for support may result from illness, disability, broader life circumstances or any combination of these. NICE (2022)*

The care leaders referenced in this report broadly defined two overlapping groups when discussing complex care:

- Firstly: people with complex physical health needs, including those who require PEG feeding (people who cannot safely swallow or eat enough food by mouth and are fed through a tube into the stomach), bariatric care, tracheostomy care, epilepsy and other long term condition management.

- Secondly: people with complex mental health, cognitive and behavioural support needs, including those living with dementia who have distressed behaviours, those with severe mental illness, and/or those who with behaviour that caregivers find challenging.

Changing care expectations over time

The past four decades have seen a huge shift in the level and complexity of care required by people living in care homes. Nowadays, the population moving into care homes is similar to that previously entering nursing homes. In the past, the nursing home population would have also been supported by long-stay hospital wards.

Homecare has also changed. It has moved from providing basic home help services to delivering care at home for people who would otherwise be living in residential or nursing accommodation. Similarly, extra care is both more common and supports people with higher care needs. In this regard, care practitioners have already successfully developed the services and skills to support people living with multiple co-existing co-morbidities, disabilities and impairments.

While it is important to recognise the impact of an ageing population and the growing number of older adults with complex needs, other population health challenges are also recognised by commissioners and providers. These include mental health issues, substance misuse, and homelessness, including among younger adults, with limited care settings that can meet their needs.

Some individuals have very complex needs, and finding suitable care services to support them can be tricky. The challenges that inhibit care services from being able to accommodate these individuals relate to funding, workforce competency, staffing levels and leadership, but also the relationships and support provided to them by wider health and social care teams.

Bringing care services into the conversation

This report can be used as a starting point for conversations across care services, health and commissioning teams – to acknowledge the pressures but to also ask ‘when does it work well?’ and ‘what are the key ingredients of this success?’.

My Home Life England is currently facilitating such discussions, bringing together health, commissioner, care provider and voluntary organisations for a series of workshops and action learning sessions. We want to identify how we can build on existing great practice in supporting people with complex needs, so that care practitioners feel even more able to deliver the quality of life that these individuals deserve, and individuals can be offered a wider range of suitable options.

Barriers identified by care providers

As part of the My Home Life England programmes, care leaders shared their experiences of carrying significant responsibility with limited support, often while managing considerable emotional strain. Several themes emerged:

Fear of being unsupported and alone

A dominant theme was the fear of being left to manage significant risk without adequate system support. Leaders described people arriving with needs that were far more complex than indicated in their assessments. As one participant noted, *"providers worry that the descriptions provided in paperwork do not accurately represent the person being admitted."*

This was echoed in homecare, where workers were sometimes sent on first visits without clear information about medication or equipment, therefore leaving staff unprepared and increasing the risk of unsafe care.

There was acknowledgement that *"you never feel as alone as when you are supporting an individual who is in crisis or who is angry and distressed"* with potential risks to the wellbeing of staff members and/or, in care homes, the other people who live there. We heard stories of how managers would try desperately to get help from external services, but this help didn't materialise.

Similarly, when an individual's needs have increased considerably over time, care leaders spoke of the extensive time taken to get an appointment for a social worker or continuing care nurse to reassess them, or to arrange a relocation to a different care service if their needs required. This delay results in care services becoming very stretched, the culture is put under increased pressure, and care leaders admitted that, on occasions, they had sent individuals to hospital because they couldn't cope.

Inaccurate or rushed assessments

Hospital-based assessments were frequently described as:

- Outdated
- Incomplete
- Overly optimistic
- Designed to expedite discharge

There was some acknowledgement that hospital assessments cannot predict all future needs that might become apparent once an individual leaves hospital. Even so, these perceptions fuel care providers' anxiety and undermined trust.

Additionally, we heard that social workers and health professionals were sometimes over-promising what family members should expect from care services *("Yes, mum can have a bath every day").*

Medication and equipment failures

The care leaders we spoke to reported individuals arriving from hospital without essential (or with incorrect) medication, and without required equipment. A practical suggestion from the workshops was the creation of a fast-track equipment service to prevent unsafe admissions into care services and to support timely, appropriate care.

Workforce fragility and morale



Some care teams were described as fragile and under strain, with the emotional and physical demands of supporting someone with more complex care needs compounded by recruitment and retention challenges. In cases where an individual was 'accepted' into the care service without appropriate support, leading to increased pressure and stress, this reportedly led to feelings of resentment from care teams towards managers, who were seen as responsible.

Unrealistic expectations from family members also added to the pressure felt by care teams. Balancing up the needs of the team versus the individual was challenging, with leaders fearing that too much pressure might lead to a 'mass exodus' of staff.

Safeguarding anxiety and fear of blame

There was recognition that supporting individuals with complex care needs involves a certain level of risk. Challenges occur and sometimes things go wrong. Some leaders felt that safeguarding processes could feel punitive rather than supportive, with one describing a feeling that *"the entire system is against me... trying to demonstrate that care services are at fault."* This discourages care services from feeling able to support individuals deemed to be 'high risk'.

Impact on CQC ratings and business viability

Many care providers are partially or entirely reliant on income from self-funders, particularly in the context of council fees not keeping up with increased costs. As such, a key part of a leader's role is to promote themselves to individuals and their families - potential future clients. Providers worried that, especially in a communal living setting (e.g. care homes, extra care), private funders might be deterred by people who have complex care needs and behaviours, including distressed behaviours, that may impact on others.

There were additional concerns that complex needs could destabilise a provider's CQC rating; eroding staff morale, negatively effecting a provider's reputation, and having a knock-on effect of reduced interest from private funders. These business-related factors can make providers hesitant to accept complex placements without the right support and shared accountability.

Gaps in ongoing training and development

Good care for individuals with complex needs may require specialist training. This training should be of a high standard and regularly delivered as teams change. Some care providers reported that they did not feel able to access good quality training or were reliant on the Integrated Care Board (ICB) to fund or deliver it. One-off training is not appropriate where staff turnover is high or if staff are unable to have regular experience of putting the training into practice - for example if the training is very specialist and only relevant to a few individuals that the care provider is supporting.

What helps care providers

Building professional confidence

Professional confidence is key to many areas of care service leadership, including managers feeling able and willing to lean into the possibility of supporting someone with complex needs.

Managers have described how their professional confidence can be 'chipped away' by ongoing day-to-day pressures, the complexity of the role, and perceived fear of scrutiny and judgement by external agencies. Added to this is an all-too-often negative historical perception of care services by external agencies and other individuals they liaise with.

Given these challenges, managers described what helps them build professional confidence and the difference that it can make. Regular, facilitated peer reflection, like that provided through My Home Life England's programmes, was seen as highly beneficial. The My Home Life England sessions provided a safe and supportive environment to explore challenges, develop new approaches, and test practical tools. They also offered an opportunity to work through issues or simply share the pressures of leadership with trusted peers.

Professional confidence is further nurtured where there is a supportive culture within the wider organisation.

Strengthening team culture and skills

A strong, positive 'can do' team culture supports care organisations to feel more able to work effectively with individuals who have complex needs. Teams need to feel safe to be open about when things have gone wrong, and comfortable receiving constructive feedback about how they can improve their practice in supporting an individual.

Care leaders reported that My Home Life England programmes not only supported them to grow and feel more confident as leaders, but through having the time, space and support to facilitate personal development they also saw positive benefits to their teams, including:

- Higher morale
- Better communication and improved team reflection
- More psychologically safe environments
- Shared responsibility

These cultural shifts are essential for delivering and sustaining complex care, creating a foundation from which skills can be developed. Part of a supportive and positive culture is team members feeling able to be open about things they are unsure of, and knowing that they will be supported. For example, asking for help when they do not fully understand a piece of equipment.

When supporting individuals with complex mental health and/or behaviour that staff find challenging, a positive culture enables staff to better develop skills in:

- Creating calmness in a crisis
- Diffusing situations that are getting out of hand
- Being clear in communication to convey a sense of confidence and clarity
- Being curious, listening carefully and gathering information to better understand what is really going on for an individual
- Having the confidence to know who to call and when
- Having reflective times as a team to learn together
- Opportunities to consider the possible options and alternatives in responding best to an individual

As one workshop participant stated, *"it is critical that all staff members receive appropriate training to respond effectively."*

Enhancing system relationships and support

Confidence in supporting people with complex needs grows when challenges and risks are understood as shared responsibilities with the wider systems. It is critical that care service managers believe that agencies will respond swiftly in times of emergency and communicate promptly and supportively. Managers were often in agreement about which agencies they found good to work with and which they did not.

Good partnership-working is at the heart of good quality care. A recent report by Owen et al (2026) provides examples of when partnerships between the care sector and wider system are working well and the positive outcomes that they deliver.

It is important that relationships across agencies are built upon a recognition that 'we are all trying our best in difficult circumstances', rather than apportioning blame.

Appendix One shares insights from managers in one county who identified exactly what they need from external professionals and how it directly impacts on the quality of care experienced by the individual.

Across the programmes, leaders commonly expressed a strong desire for:

- Adult-to-Adult relationships with health and council colleagues
- Better Multi-Disciplinary Team (MDT) inclusion
- More transparent discharge processes

Homecare agencies identified some specific ways they would like to improve systems, relationships and support, to enable more people with complex care needs to live well at home and reduce (re)admissions to hospital. These were:

- Reliable clinical support
- Clear escalation pathways
- Accurate referral information
- Access to equipment

The right environment

There was recognition that not all care services and care settings have optimal environments for supporting mental health needs. For example, space maybe limited in some care homes, with limited opportunity to support an individual in distress who would benefit from a quiet area outside of their bedroom. Similarly, some people's home environment may pose a challenge to providing good quality care.

The case for investing in complex care capability

The care leaders participating in My Home Life England's PSDP workshops discussed the potential benefits of supporting more complex care capability within the care system. These were drawing from their own experiences of when 'the system' had and had not worked well.

Three main areas were identified:

1. Reduced hospital admissions

Where complex care was well supported, care teams would be more likely to identify deterioration early on, prevent crises and avoid unnecessary hospital admissions. As one participant noted, *"the model of 24-hour care is essential for pre-emptively addressing health issues."*

2. Improved flow and reduced delayed discharge from hospitals

When providers feel confident and supported, they are more willing to accept complex discharges, easing pressure on hospitals.

3. Supporting people to live well and to have more choice about where they live

Having a limited number of care providers, including homecare providers, who can confidently offer appropriate support to people with complex care needs means these individuals have limited choice as to where they can live.

This was particularly emphasised in relation to people who would like to return to their home following hospital discharge or deterioration, but are unable to, recognising that unwanted moves can make people's mental health worse.



Recommendations for system leaders

Based on insights from care leaders, the following are proposed:

1. Develop local infrastructure to support complex care delivery

Care leaders consistently described the need for stronger local support arrangements for people with complex needs. This could include the development of local complex care support hubs that provide rapid access to clinical advice, behavioural support, and timely assistance with medication and equipment-related issues. Improved processes for delegated healthcare tasks would also help providers to respond more confidently and efficiently to changing needs.

2. Improve the quality and transparency of assessment and discharge processes

Care leaders highlighted concerns about assessments that did not fully reflect the complexity of an individual's needs, often creating challenges when care packages were implemented. Greater use of joint assessments or trusted assessors, alongside more realistic descriptions of need and earlier communication from hospitals and health services, would support better planning and safer transitions. Improving the accuracy and transparency of assessments would also help providers make informed decisions about whether they can safely meet people's needs.

3. Invest in workforce and leadership development

Supporting people with complex needs requires a confident and skilled workforce. Care leaders emphasised the importance of funded training opportunities, clear competency frameworks with access to assessors of competence and reflective supervision. Ongoing leadership development programmes, such as My Home Life England's PSDP, were also viewed as valuable in helping managers build the confidence, knowledge and resilience needed to lead increasingly complex services.

4. Strengthen partnership working across health and social care

Many participants described feeling excluded from decision-making despite their detailed knowledge of the people they support. Care providers should be routinely invited to multidisciplinary team meetings, recognised as equal partners, and supported to contribute their expertise. More broadly, system partners should work to improve understanding of the different roles and responsibilities across services, create clearer routes for accessing support and resources, reduce unnecessary bureaucracy, and develop language and processes that are understood consistently across organisations. Building stronger relationships and greater trust between care providers and statutory services is essential for effective partnership working.

5. Promote a culture of shared accountability

Care leaders frequently described experiencing a culture in which responsibility for risk was disproportionately placed on providers. Systems should move towards a more collaborative approach, recognising the expertise of care providers, supporting shared decision-making and risk-sharing, and reducing punitive responses that can become embedded within safeguarding processes and professional relationships. A culture of partnership would encourage openness, learning and more effective problem-solving across organisations.

6. Ensure funding reflects the true complexity of care

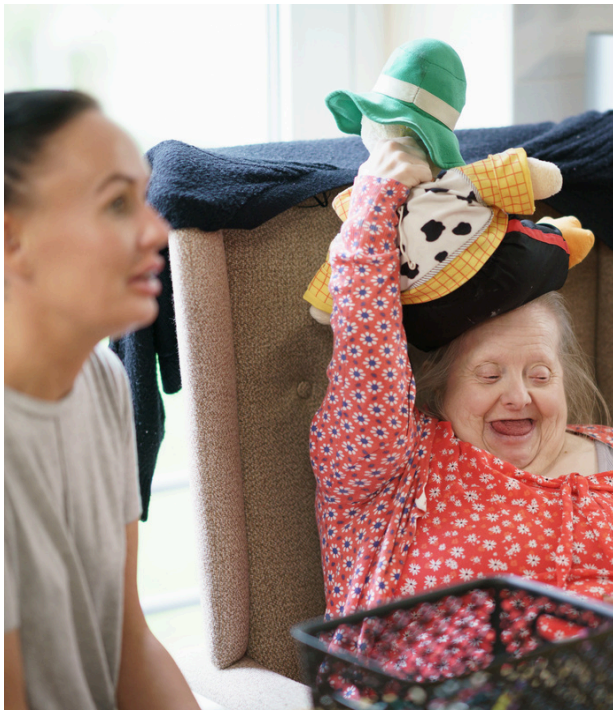
Providers emphasised that funding arrangements often fail to reflect the level of expertise, staffing and infrastructure required to support people with complex needs. Fee structures should recognise the costs associated with ongoing workforce training, particularly where staff turnover necessitates repeat training, as well as additional staffing requirements, specialist skills development and equipment. More appropriate funding and incentive arrangements may also help providers feel more confident in accepting individuals with higher levels of complexity and risk.

Conclusion

The ability of care homes and homecare agencies to deliver complex care safely and confidently is not simply a provider issue, it is a system resilience issue.

The PSDP workshops demonstrate that when leaders are supported, when relationships are strengthened and when the system works collaboratively, care providers can and do deliver exceptional complex care.

Investing in leadership, culture and partnership is not optional — it is essential to the sustainability of the health and social care system.



References

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About My Home Life England

My Home Life England (MHLE) promotes quality of life in adult social care by empowering confident care leaders and creating sustainable care systems. We do this through professional development programmes for care leaders, alongside innovative research and community engagement projects. Based within City St George's, University of London, we are part of the international My Home Life initiative.

MHLE works across all types of care organisations, including care homes, homecare, supported housing, NHS, statutory bodies, community organisations, and has worked with nearly 3,000 care leaders.

The impact of our Professional Support and Development Programmes includes:

- Improved leadership quality and promotion of a positive culture
- Staff retention and increased morale for leaders and teams
- Better engagement with regulators and commissioners
- Improved quality of support for individuals and families
- Reduced NHS pressures

For more information, please visit: **myhomelife.org.uk**

Appendix One: Insights from care leaders in one county about what they need from wider agencies

Care leaders value partnership with the wider system when external professionals:

- Ask what the care team need rather than telling them what the system requires
- Respond quickly when a matter is urgent and leaders can trust they will get a call back
- Go out of their way to find an answer to a question rather than passing the care team another phone number to call, avoiding having to repeat the same details multiple times
- Are patient when they realise that care teams have to prioritise the wellbeing of all service users and are sometimes understaffed
- Acknowledge that care work is complex, things don't always go to plan and sometimes things go wrong. Are 'supportive and curious' about an issue rather than immediately responding with 'panic and blame' when issues arise.
- Appreciate care teams' knowledge, commitment and skills: listening to the team's perspective and expertise to understand the issues and day-to-day challenges (having skin in the game)

This helps care teams to:

- Feel more supported, trusted and valued and less fearful of the wider system
- Feel more able to share problems, and less likely to hide things that are going wrong
- Spend more time on their primary purpose - care!
- Try out new ideas and support individuals to take informed risks without fearing repercussions
- Feel less anxious and therefore able to create a calmer, more positive environment for their teams and for the individuals they are supporting

This helps individuals drawing on care and support to:

- Thrive, feel more supported, less controlled, and benefit from a stronger, more relational environment