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Navigating the Labrinth
Supporting clients with complex Health and psycho-social needs
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Adult Safeguarding Landscape in Supporting Adults with Complex Health & Psychosocial Needs
Considering Opportunities and Challenges for Social Worker Skills and Knowledge

Some comments heard .....

The social workers input made the difference

Not my problem

Not my problem

Need to stick in there

Nobody wants to take Self neglect

That doesn't fit our referral criteria

Don't have the expertise

Need to escalate

Felt the risk was shared

Complexity in health and social care

“The intricate web of multiple, interacting components—such as patient factors, provider interactions, and system-level organizational dynamics—that make care provision and decision-making non-routine, unpredictable, and challenging.”

AI Overview

Complexity in social work

"Complexity refers to the intricate nature of social problems, arising from the interplay of numerous interacting individuals, diverse needs and issues, conflicting institutional logics, and multiple, interdependent levels (e.g., micro, meso, macro)."

AI Overview

Responding to complexity in Adult Safeguarding

not

When does a complicated challenge becomes complex ?

Social Workers Supporting clients with complex health and psycho-social needs in a safeguarding space

- a complicated challenge has many parts and requires expertise to navigate, but outcomes are predictable and can be resolved with established processes/ interventions.

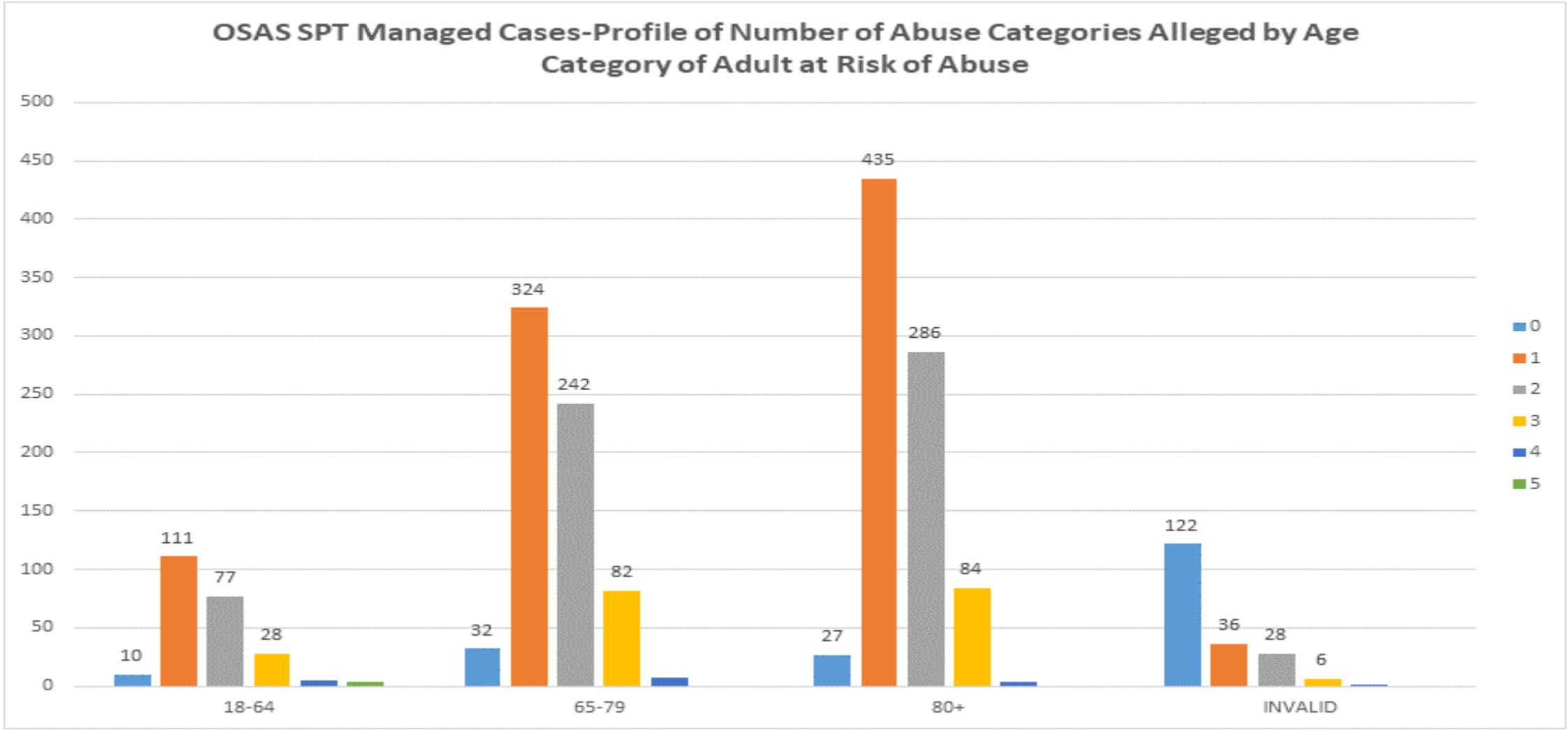
- a complex challenge involves numerous interconnected and interacting parts where outcomes are emergent, unpredictable, and require adaptive strategies to manage uncertainty and interdependencies

When does a complicated challenge becomes complex ?

How do we build person centric adaptive responses to persons whose life's and needs are uncertain, unpredictable and involve inherent risks?

(whilst at same time navigating agency demands /duties , client rights, professional boundaries, legal constraints , referral thresholds , lack of resources …….

Community referrals to Safeguarding Teams with multiple types of alleged abuse



Complex health/ social care needs with added risk of harm

Typical context

- Persons with intellectual disabilities with significant social / healthcare needs
- Persons with Severe and Enduring Mental Illness
- Persons with ABI.
- Older Persons with high degree of frailty/medical co-morbidity/ additional health needs

And

- Living arrangements that challenge - Housing /homeless , carer stress, family conflict, isolation
- Care arrangements that challenge – DTOC , Service refusal or services disrupted/ withdrawn
- Behaviours / personality that challenge –

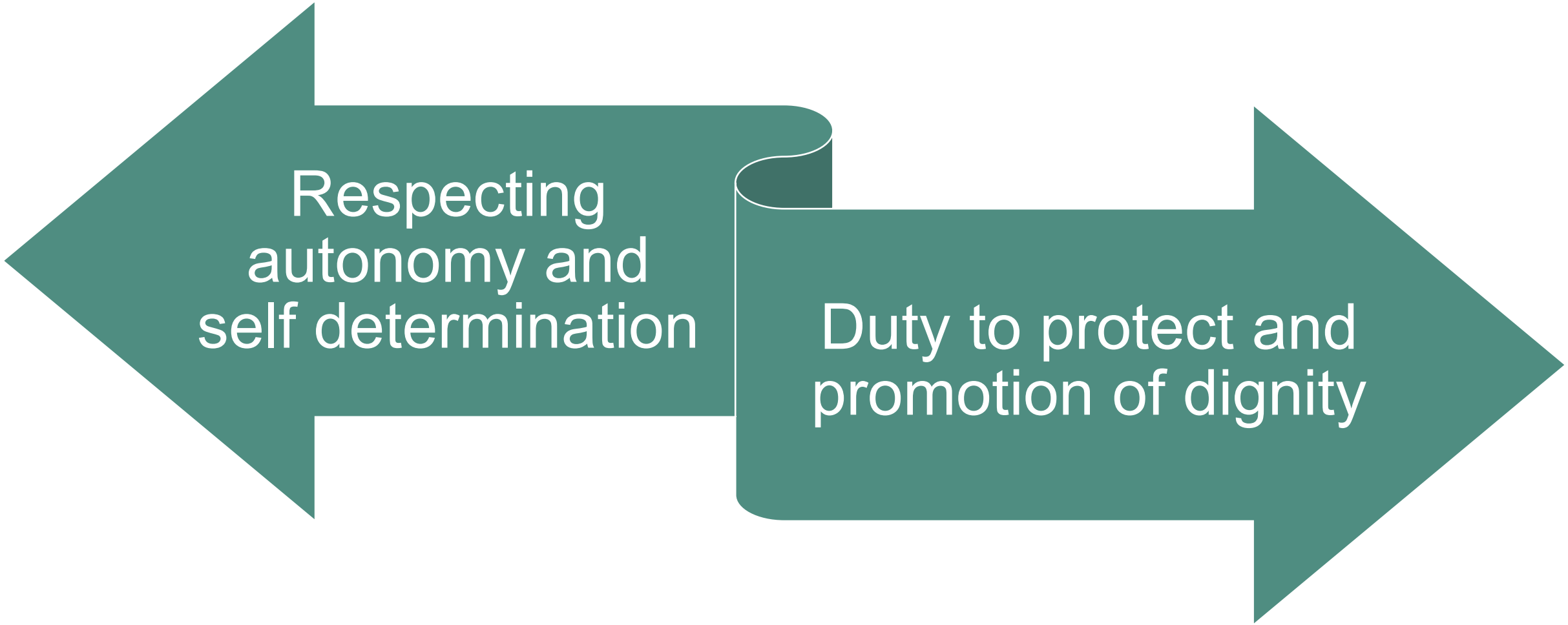
deemed non cooperative/ anti social/ declines addiction supports

And

- Risk of harm / violence from others or by self
- Coercion/ undue influence with barriers to entry or provision of health care

And risk of disagreement and tension within and between services

Ethical balance and dilemma in response to persons with complex needs



My right to be awkward or missing the signs of harm?

Getting the balance in competing imperatives in social work approach

Respect for autonomy

when client refuses services or carer refuses access does not always entail no further action, closure and can entail respectful challenge to presenting information and context

Duty to protect

does not mean exclusion of the person wishes in a risk management approach

Complex issues – Complex responses ?

What good is it making someone safer if it merely makes them miserable?”

MM (2007)

Appraisal and analysis of manageable risks to balance the wishes , interests and happiness of the person at risk of abuse or harm

Pratice and skills focus

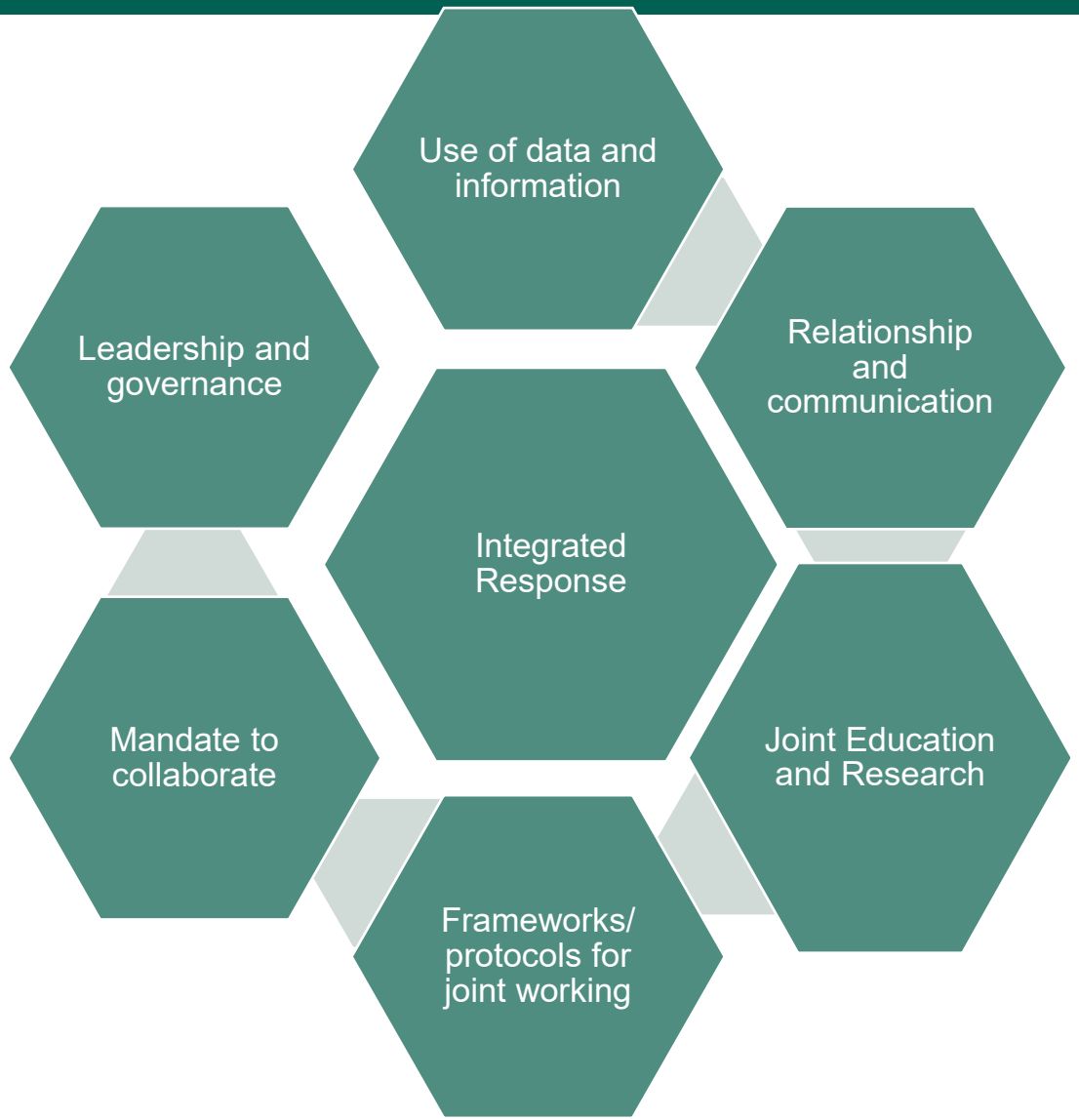
- Questioning and challenging assumptions about service user refusal/ Non engagement taken at face value
- Building communication support and advocacy
- Utilising practice supervision , team discussions and mentoring
- Adequate consideration of capacity and executive functioning as well as legal literacy
- Applying principles of ADMA/ human rights into practice
- Persistence and professional curiosity/ “nosiness”

Margaret Flynn (2021) Thacker, Penhale (2019)

- Strength and nature of risk evaluation– biopsychosocial risk assessment
- Understanding of family dynamics and lived experience – potential for undue influence/ coercion
- Space for reflective learning , own values, critical thinking and anti –oppressive practice.

Houston (2020) Dominelli (2002)

A shared risk - Enablers to agency support and inter agency collaboration



Barriers to agency support and inter agency collaboration- shared risk

- Lack of resources/ investment
- Lack of leadership support, mandate and governance
- Competing threshold / referral criteria
- Silo culture
- Adequacy of communication at all levels
- Varying levels of legal literacy

Progressing an integrated response

Learning from collaboration initiatives and responses

- Inter agency and MDT Complex case management teams (CCMT)
- AGS and Adult mental Health on Community Access Support Team (CAST) Pilot
- Collaboration between safeguarding Team with Domestic Abuse Coordinator Teams (DACT)
- Research findings to build models of practice

Adult Safeguarding – contested space

- Reform and expectation
- Agency assurance on safety and oversight
- Fatigue and maintaining motivation in a time of cost containment
- Primary legislation – Potential increased legal powers of intervention and mandatory reporting
- Future of strengths based approaches -How to make safeguarding more personal and outcome based
- Trauma and Risk management/ mitigation informed …..
- Digitalisation as a positive…..
- Maintaining space for reflective learning and critical thinking

Challenge to practice - Adult Safeguarding landscape

Vital role of social workers in advancing safeguarding culture

Practice and policy areas

- Navigating response to self-neglect and complex cases.
- Dialogue on shared understanding of consent and duty to protect
- Lets talk about how to progress an integrated response rather than silo approaches