



Assessing and supporting people with multiple and complex needs

Guidance for positive practice

Version control	V2
Last reviewed	December 2021
Next review due	December 2022

Contents

CTRL + click to follow link

Assessing and supporting people with multiple and complex needs	1
Guidance for positive practice	1
Introduction	1
Purpose of the guidance	1
Identifying Multiple and Complex Needs	2
Assessing and supporting individuals.....	3
Person-centred approach	3
Professional curiosity	4
Exploring trauma and adverse experiences	4
Exploring non-engagement.....	4
Risk assessments	5
Mental capacity assessments	5
Team around the person.....	8
Summary	9
Acknowledgments	9

Introduction

This guidance was developed with partners of the East Sussex Safeguarding Adults Board (SAB) following a recommendation from the [Adult C Safeguarding Adults Review](#) (SAR) published in December 2020. It is designed to provide guidance to professionals in identifying, assessing, and supporting people with multiple and complex needs (MCN).

The focus of this guidance is on outlining positive practice pending national guidelines (April 2022 from the Department of Health and Social Care and NICE) and should be read in conjunction with the [Sussex Safeguarding Adults Policy and Procedures](#) and the [Sussex Information Sharing Guide and Protocol](#).

This guidance does not replace single agency assessment, care planning and risk management arrangements. Instead, it should be used to inform and complement these and support agencies' assessments.

This guidance should be viewed and applied in the context of the general provisions of the [Care Act 2014](#) which are intended to promote and secure health and wellbeing.

Purpose of the guidance

The purpose of this guidance is to help people with MCN, and the professionals who work with them, to focus on the impact multiple needs have on a person's ability to achieve positive outcomes.

It also recognises that professionals are often managing behaviours which require a commitment to a longer term, solution-based approach which depend on building trust and rapport with the person.

It is acknowledged that professionals across different organisations may have a greater or lesser role in each of the seven areas of practice highlighted in this guidance. For example, building trust and rapport and exploring trauma and adverse life experiences indicates therapeutic interventions, whilst assessment of need points towards adult social care. Professional judgement should be used to identify and involve agencies that can respond to aspects of complex need that are beyond your organisational remit.

The guidance aims to inform positive practice to facilitate the following:

- The adult's involvement and engagement.
- Identification and holistic assessment of need and risk.
- Timely information sharing around need and risk.

- Development of shared risk management plans.
- Shared decision making and responsibility.
- Improved outcomes for the adult.

Identifying Multiple and Complex Needs

The following definition of MCN is agreed by partners of the East Sussex SAB and it should be used where appropriate, to assess and identify if a person has MCN as part of their needs for care and support:

MCN is defined for the purposes of this guidance as experiencing a combination of primary disadvantages or needs that exist at the same time and which relate to four out of the following five areas:

- Being a victim of violence and abuse, such as having been raped or sexually assaulted, suffering violence, or subjected to coercive control by any perpetrator.
- Poor mental health is defined as struggling to cope due to the nature and degree to which mental health difficulties are having a detrimental effect on a person's wellbeing and functioning. Mental illness may also appear to be present whether or not it has been diagnosed. Self-neglect, mental capacity issues and hoarding may also be present. This definition also includes poor mental health due to trauma that continues to impact on an individual. This can include trauma that may be the result of changes of child residence arrangements.
- Homelessness - a broad definition is adopted, including not having a settled place to stay, such as sofa-surfing (staying with family or friends because the person affected has no home of their own), staying in temporary or refuge accommodation, rough sleeping or street homelessness.
- Drug and / or alcohol dependency - a broad definition is adopted, including not only regular use of illegal street drugs but also over the counter and prescribed medications, 'harmful' drinking of alcohol and dependence on cannabis.
- Offending behaviour - having contact with the criminal justice system, including being in contact with the police, probation and or community safety services.

The definition is not exhaustive and professional judgement should be used to identify those who are struggling to cope, and who may need support and safeguarding interventions.

The intensity and frequency of needs and the level of risk because of those needs are factors to consider. Some individuals may have fewer areas of need, but the intensity and severity is high with a high level of risk. Others may experience more areas of need with lower levels of risk.

Assessing and supporting individuals

The evidence-base for best practice when assessing and supporting at risk individuals with MCN has been built from research and SAR findings. It comprises seven building blocks:

- Person-centred approach.
- Professional curiosity.
- Exploring the impact of trauma and adverse experiences.
- Exploring non-engagement.
- Risk assessments.
- Mental capacity assessments.
- Team around the person.

Person-centred approach

A person-centred approach is embedded in the legal framework that accompanies the Care Act 2014. The [Care and Support Statutory Guidance](#) further emphasises the principle of involvement. This means putting the person at the heart of the assessment process to understand their needs, desired outcomes and wellbeing, and to deliver better care and support:

- Individuals should be provided with questions in advance, in an accessible format, to help them prepare.
- To promote engagement and involvement, consideration should be given to any preferences an individual may have regarding the location, timing and format of an assessment.
- A strengths-based approach and taking time to get to know and trust each other are important elements. The person should retain ownership of goals and the progress needed to achieve them.
- Care and support assessments must be balanced and consider all needs equally. Assessment should focus on identifying and understanding an individual's needs. It should not start from a position of what services are available and/or normally provided.

Professional curiosity

Assessments should be characterised by professional curiosity rather than taking situations at face value and without exploration what a person says. Professional curiosity about people's experiences helps to understand the ongoing impact of trauma and adverse experiences. This gives a better insight into how they come to be the person they are now.

Exploring trauma and adverse experiences

Assessments should include details of a person's life experiences, the impact of significant events and their longer-lasting effects. If the person's story is not considered, this could result in tackling symptoms rather than addressing underlying causes.

The basis for change is a relationship with the person, which expresses professional curiosity about their experiences and what has led them to where they are now. The relationship should identify and build on the person's strengths, goals and aspirations to keep them safe and promote their choices.

- It is not inevitable, but trauma is both a possible cause and can be the outcome of multiple and complex needs.
- Professional curiosity is an important approach in identifying the cause of behaviours that may appear dysfunctional.
- A psychologically informed approach recognises the extent and effect of trauma, and responds sensitively to it. This is possible when safe and respectful relationships are established. There needs to be trust and transparency, careful use of language, compassion and empathy, a willingness to connect emotionally and a readiness to learn from those with lived experience.

Exploring non-engagement

Issues of social justice and oppression may make it more difficult for people with MCN to access support in relation to traumatic experiences, mental distress and substance misuse. Coercion and control from a third party may also impact on a person's ability to access care and support.

- Practitioners must question why a person did not engage by asking what they can do to encourage engagement.
- Where an individual may have substantial difficulty in maintaining their involvement, an advocate must be appointed to provide representation and support during assessment, care planning and reviews.

Risk assessments

Effective safeguarding depends on robust risk assessment which explores both the likelihood of different risks arising and their potential significance. Different narratives can obstruct risk assessment:

- One narrative is the assumption of “lifestyle choice”. For example, with individuals who are alcohol-dependent, it is easy to view them as choosing their lifestyle, but the reality is likely to be more complex.
- Another is the assumption that an individual can protect themselves. These narratives can lead practitioners to under-estimate risk.
- The neglect of an individual’s strengths and resilience can lead to an over-estimation of risk.

The aim of a robust risk assessment is to build a relationship with a person that can support respectful challenge and dialogue about how to mitigate (rather than remove all) risk and agree objectives relating to wellbeing and autonomy.

Where the duty to undertake a safeguarding enquiry is not met, the local authority must still consider and record how any identified risk will be mitigated. This could be by referral to another agency and/or convening a multi-agency risk management meeting to agree a plan.

There may be occasions where all options have been explored within current threshold criteria and it is still not possible to reduce the level of risk. If after consultation with existing multi-agency functions (for example safeguarding adult, MARAC, MAPPA etc) professionals may want to consider referring the individual to the Multi-agency Risk Management (MARM) group to help identify strategic and operational actions to manage and mitigate risk.

Mental capacity assessments

When working with people with MCN, some of whom will be using alcohol and/or other drugs, an accurate interpretation and application of the principles of the [Mental Capacity Act \(MCA\) 2005](#) is essential.

- The presumption of capacity should not be read as meaning that there is no need to investigate capacity. An apparently unwise decision may be reason to doubt capacity and to complete an assessment.
- Reliance must not be placed solely on what a person says. Adverse experiences, trauma and prolonged substance misuse use can result in frontal lobe brain damage, which can affect an individual’s behaviour. This could be a reason to undertake a mental capacity assessment. Assessing

the person's ability to put a decision into effect (executive functioning) is therefore essential.

- It may be difficult to assess capacity in people with executive dysfunction. Structured assessments of capacity may need to be supplemented by observation of the person's functioning and decision-making ability to provide the assessor with a complete picture.

Executive capacity is relevant where the individual has addictive or compulsive behaviours. This highlights the importance of considering the individual's ability to make a decision (decisional capacity) in addition to their ability to put a decision into effect (executive capacity):

- An individual may be driven by compulsions that are too strong for them to ignore. Their actions may contradict their stated intention, for example to control their alcohol use. In other words, they are unable to carry out decisions that they have made.
- The compulsion associated with an addictive behaviour can impair an individual's ability to understand and weigh up the relevant information for the purposes of completing a mental capacity assessment. Assessing the capacity of dependent alcohol drinkers or substance users is complex and it should involve multi-agency discussion and advice from legal services.

Some adults may have fluctuating capacity. It may occur because of their lifestyle or behaviour, and lead to making an unwise decision, for example:

- An adult may decline treatment for an overdose when under the influence of alcohol.
- An adult may prioritise a substance over a serious health need.
- An adult experiencing very high levels of distress and making unwise decisions such as those made by someone with emotionally unstable personality disorder.

This fluctuation can take place over days or weeks, or over the course of a day. Consideration should be given to undertaking the mental capacity assessment at a time when the adult is at their highest level of functioning.

If an adult is subject to coercion and control or undue influence by another person this may impair their judgement and could impact on their ability to make decisions about their safety. Supporting people who are subject to coercion is often complex and challenging.

If this is the case, professionals need to:

- Work with the person, to explore options that may be available to keep them safe.
- If the situation cannot be resolved in other ways, professionals may need to seek legal advice regarding whether to apply to the High Court for orders under the inherent jurisdiction.
- If an adult refuses intervention to support them with a safeguarding concern, or requests that information about them is not shared with other safeguarding partners, in general, their wishes should be respected. However, there are circumstances where professionals can reasonably override such a decision, including when:
 - The adult lacks the mental capacity to make that decision – this must be properly assessed and recorded in line with the MCA.
 - Emergency or life-threatening situations may warrant the sharing of relevant information with the emergency services without consent.
 - Other people are, or may be, at risk, including children.
 - Sharing the information could prevent a serious crime.
 - A serious crime has been committed.
 - The risk is unreasonably high and duty of care to the individual or others must be considered.
 - Staff in a position of trust are implicated.
 - There is a court order or other legal authority for taking action without consent.
- In such circumstances, it is important to keep a record of the decision-making process. Professionals should seek advice from managers in line with their organisations' policy before overriding the adult's decision, except in emergency situations.
- Managers should make decisions based on whether there is an overriding reason which makes it necessary to take action without consent. They should decide whether doing so is proportionate because there is no less intrusive way of ensuring safety. Legal advice should be sought where appropriate.
- If the decision is to take action without the adult's consent, then unless it is unsafe to do so, the adult should be informed that this is being done and the reasons why. If there are any other adults or children at risk seek advice from the Safeguarding Lead for your organisation.

The [East Sussex Mental Capacity Multi-Agency Policy and Procedures](#) provides further guidance on the understanding and application of the MCA.

Team around the person

To improve people's mental and physical wellbeing requires whole system partnership working across mental health and substance misuse providers, outreach homelessness teams, councils, adult social care, police, homelessness support workers, primary care and secondary health care.

Collaboration between practitioners and their services is essential to ensure prompt assessment and provision of care and support. Individuals with MCN will require a range of expertise to holistically assess and support their needs. In this context, it is important to remember that the duty to cooperate is contained in the Care Act 2014. When several services are involved, it is important to appoint a keyworker, to support people to access and engage with services, and to coordinate provision of support and assistance.

It is important to consider who may be best to work creatively and proactively with an adult who does not wish to engage. They may be able to build a relationship of trust that may enable the person to accept support. For example, the adult may have already established a positive working relationship with another professional, such as a worker from a voluntary agency, care agency or health service. It is important that organisations have mechanisms in place for supporting these workers to undertake this role, and to escalate any concerns where necessary.

In situations involving an adult who is self-neglecting, a lead agency should be identified to coordinate a multi-agency response. The local authority will be the lead agency if a safeguarding enquiry under Section 42 of the Care Act is undertaken. However, the local authority may request another agency to lead and coordinate the enquiry if the agency is better placed to do so. This could be because:

- The agency is already involved with the adult.
- The agency has a duty of care towards the adult because of their needs.
- The agency holds significant information relating to the adult.
- The adult has shown a likelihood to engage best with this agency in the past.
- The adult's care and support needs relate predominantly to the service provided by the agency.

Summary

MCN are intricate and potentially, ever changing, within a person's presentation. Reflection and consideration of this within practice is vital. Communication, the use of judgement and practice expertise underpins how professionals should work with people. By starting and enabling conversations about MCN it is hoped that there will continue to be robust and supportive assessments, interventions and meaningful change for all individuals experiencing MCN.

Acknowledgments

The guidance and information within this framework were adapted by the East Sussex SAB from the following sources:

[Supporting People with Multiple Needs Annual Report of the National Evaluation 2016](#), Fulfilling Lives

[Adult Safeguarding and Homelessness - A briefing on Positive Practice](#), Michael Preston-Shoot, Local Government (LGA) and the Association of Directors of Adult Social Services (ADASS), March 2020

[Using Strengths Based Approaches with People Experience Multiple and Complex Needs](#), Theodora Soulantika, Fulfilling Lives South East Partnership, June 2021

[Adult Safeguarding and Homelessness: Experience Informed Practice](#), Michael Preston-Shoot, LGA, August 2021