1 **NATIONAL INSTITUTE FOR HEALTH AND CARE**
2 **EXCELLENCE**

3
Guideline

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6
Adults with complex needs: social work interventions including assessment, care management and support

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This guideline covers the planning, delivery and review of social work interventions for adults who have complex needs. It promotes ways for social work professionals, other care staff and people with complex needs to work together to make decisions about care and support. It includes recommendations on needs and risk assessments, escalation of need, future planning, individual and family casework and helping people with complex needs to connect with their communities.

Who is it for?

- social workers, their supervisors and managers, and the organisations they work for
- healthcare, social care staff and allied health professionals who support people with complex needs
- social work academics, educators and practice educators
- adults with complex needs (including self-funders), their families or carers, and the public

It may also be relevant for:

- people aged 16 to 18 with complex needs who have completed the transition from children to adult services.

What does it include?

- the recommendations
- recommendations for research
- rationale and impact sections that explain why the committee made the recommendations and how they might affect
- the guideline context.

Information about how the guideline was developed is on the guideline's webpage. This includes the evidence reviews, the scope, details of the committee and any declarations of interest.

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Recommendations

> People have the right to be involved in discussions and make informed decisions about their care, as described in NICE's information on making decisions about your care.
>
> Making decisions using NICE guidelines explains how we use words to show the strength (or certainty) of our recommendations, and has information about prescribing medicines (including off-label use), professional guidelines, standards and laws (including on consent and mental capacity), and safeguarding.

For the purposes of this guideline, adults with complex needs are defined as people aged 18 or over needing a high level of support with many aspects of their daily life, and relying on a range of health and social care services. This may be because of illness, disability, broader life circumstances or a combination of these. Complex needs may be present from birth or develop over the course of a person's life, and may fluctuate. Unless otherwise specified, when a recommendation refers to 'people' or 'the person', this is the adult with complex needs.

1.1 Principles of social work for adults with complex needs

For social workers

1.1.1 Treat people with respect and dignity, recognising and supporting their decisions and choices. In particular:

- show understanding of people's and their family's circumstances, and be non-judgemental
- respect the validity of the person's lived experience
- value their first-hand knowledge of their own needs to inform care planning
- demonstrate professional curiosity
- understand the power imbalance between the person and social workers.

1.1.2 When first contacting someone, and throughout provision of support, the social worker should establish with the person or with their family, carers or people important to them whether there are any advocacy or communication needs, in line with recommendation 1.1.5 in the NICE guideline on people's experience in adult social care services: improving the experience of care and support for people using adult social care services (see also the NICE guideline on advocacy services for adults with health and social care needs).

1.1.3 For any social work activity or process, the social worker should ensure that the person understands:

- the reasons for the activity or process (for example an assessment, or care management and support)
- the aims of the activity or process, and how this relates to them
- the key processes that will be followed, ensuring the person knows these at the planning stage for the process or activity
- what will happen at each new stage in the process (for example, by giving the person information about any upcoming review meetings).

1.1.4 Social workers should provide people with the support they need to be fully and actively involved in discussion and decision making, taking into account:

- whether the person has any familiarity or previous experience with statutory processes and support agencies
- whether the person might be reluctant to ask for help or raise issues because of personal, societal or other factors, such as stigma or mistrust of services
- the person's wishes and needs for culturally-specific support services.

1.1.5 Social workers should ensure that they discuss and actively listen to the person’s:

- history and life story
- family and community networks

- experience of disadvantage, discrimination or abuse
- wishes and aspirations
- past experiences of services.

1.1.6 Social workers should discuss with the person how their experiences may impact on their care needs and preferences, and how any difficulties may be mitigated. In these discussions:

- avoid making assumptions based on limited knowledge about the individual's circumstances
- recognise that some people's prior positive or negative views and experiences of social work may impact on the relationship with the social worker and services.

1.1.7 Social workers should explore with the person:

- their experiences of society and accessing services, and
- the potential impact of intersectionality.

Take these into account when planning care (for example, by liaising with appropriate support organisations).

1.1.8 When planning support, social workers should consider whether reasonable adjustments can be made to protect against or help the person deal with discrimination arising from a person's protected characteristics as defined by the Equality Act 2010, or from other life circumstance and experiences (see box 1).

1 **Box 1 Characteristics, life circumstances or life experiences relating to**
2 **inequalities**

Protected characteristics of the Equality Act 2010

- age
- disability
- gender reassignment
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation.

Life circumstance and experiences that could lead to discrimination or inequalities

- modern slavery
- coercive control
- domestic abuse
- trafficking
- refugee status
- asylum seeking
- being a migrant
- being from a traveller community
- being a prisoner
- being an offender
- homelessness
- poor literacy
- learning difficulties
- autism
- communication impairment
- leaving care
- transitioning from children's to adult care services
- sensory impairment
- learning disability
- substance misuse
- living in rural and isolated areas
- long-term conditions
- English not being a first language
- socio-economic status
- addictions.

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1.1.9 The social worker must inform the person, in accordance with the General Data Protection Regulation and the Data Protection Act 2018, about the extent and content of information sharing across agencies and within multidisciplinary teams, and their rights in relation to this.

For a short explanation of why the committee made these recommendations for social workers see the rationale and impact section on principles of social work for adults with complex needs (for social workers).

Full details of the evidence and the committee's discussion are in:

- evidence review A: needs assessment
- evidence review B: risk assessment
- evidence review C: case work
- evidence review E: integrated working.

For organisations

Box 2 Organisations that employ social workers

What is an "organisation"?
In the context of this guideline, organisations are bodies that employ social workers in a professional capacity. This can include local authority social care departments, health services, the criminal justice system, higher and further education and voluntary and community services.

1.1.10 Organisations (see box 2) should consider making time allowances for social workers in caseloads so they can build relationships with people with complex needs. Recognise that this may take longer with people who may have had negative experiences with services, or people concerned about stigma from being in contact with services.

1.1.11 Organisations should provide continuous professional development for social workers that specifically covers equality and diversity, so they are competent and confident to:

- ask all people they support about their personal and social identity as well as circumstances or experiences that may lead to inequalities or

discrimination (for example, related to characteristics listed in box 1), and
- understand how their personal and social identity as well as circumstances or experiences may affect their lives, care needs and preferences.

1.1.12 Organisations should provide continuous professional development to ensure that social workers have up-to-date relevant legal literacy and sufficient knowledge of, for example:

- the Mental Capacity Act 2005
- the Mental Health Act 2007
- the Human Rights Act 1998
- the Equality Act 2010
- the Care Act 2014
- the Children Act 1989
- relevant current case law
- the inherent jurisdiction of the High Court.

1.1.13 Organisations, commissioners, and social workers should:

- recognise that people with complex needs may experience the impact of intersectionality, resulting in increased inequalities in access to and outcomes of health and social care, and
- take this into account when planning and delivering services so they are accessible and responsive to the whole range of people's needs (for example if a person has multiple health and social care needs this could be addressed by multidisciplinary working between health and social care services – see section 1.7).

1.1.14 Organisations should develop a framework, in line with the Social Work England Professional Standards, to support social workers to contribute to an open and creative learning culture in which they can:

- discuss and share best practice to promote the rights, strength and wellbeing of people, families and communities

- reflect on their own practice and that of their colleagues
- share experiences and learn from each other how to balance the rights of the individual with the risks to self and others.

1.1.15 For other principles of improving people's experience in adult health and social care services, including the principles of care and communication, see the NICE guidelines on people's experience in adult social care services: improving the experience of care and support for people using adult social care services, patient experience in adult NHS services and service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services. For guidance on how to make information accessible, see the NHS Accessible Information Standard.

For a short explanation of why the committee made these recommendations for organisations see the rationale and impact section on principles of social work for adults with complex needs (for organisations).

Full details of the evidence and the committee's discussion are in:

- evidence review B: risk assessment
- evidence review F: casework
- evidence review G: social inclusion.

1.2 Assessment

Needs assessment

Providing information

1.2.1 The social worker should give the person information about their upcoming needs assessment in a form that is in line with their needs and preferences, and is accessible to them. Ensure they have enough notice and time to review documents, and prepare for the assessment.

1.2.2 In line with section 10 of the Care Act 2014, the social worker must inform carers of people with complex needs about their right to a carer's

assessment (for more information see the NICE guideline on supporting adult carers).

1.2.3 The social worker should inform the person being assessed about where and how they can access information about their rights under relevant legislation, for example the Care Act 2014 or the Mental Capacity Act 2005 (for example providing written or oral information or signposting to relevant online resources or agencies).

For a short explanation of why the committee made these recommendations on providing information see the rationale and impact section on assessment – needs assessment (providing information).

Full details of the evidence and the committee's discussion are in evidence review A: needs assessment.

Planning the assessment

1.2.4 The social worker should be aware that a needs assessment can be stressful for the person being assessed, and their families and carers. Ensure that assessment practices are designed to minimise stress whenever possible, including:

- using a flexible approach to tailor the assessment to the person's needs (for example, by amending the order of assessment questions)
- providing help to understand assessment documentation when appropriate (for example, explaining complex concepts in a simple, clear way).

1.2.5 Social workers should consider arranging a preparatory initial contact before the assessment itself if it will help the person with complex needs to participate fully in their assessment (in line with the Care Act 2014 statutory guidance for a proportionate assessment), taking into account:

- the urgency of the person's support need

- whether the person wants a preparatory initial contact, and if so whether they would prefer this as a home visit, virtual contact or a phone call
- whether the person would have substantial difficulty in being involved in the assessment.

1.2.6 The social worker should ask the person about their preferences for the practical arrangements for the assessment, such as:

- the time and place of the assessment
- whether they would like a supported self-assessment or a face-to-face assessment
- whether they would like any carers, family members or other people important to them to be present.

1.2.7 If the person has decision-making capacity and choses supported self-assessment as an option, the social worker should discuss with them the advantages and disadvantages of supported self-assessment compared to face-to-face assessment, taking into account the complexities of their needs.

1.2.8 The social worker should offer people with complex needs individualised support to complete a self-assessment, such as:

- ensuring that they have complete information about what it involves, including the list of areas and questions which it covers
- involving advocacy services
- providing details of who to contact if they want to clarify or discuss any areas of the assessment
- giving reassurance that they can ask for a face-to-face assessment if their preference changes.

> For a short explanation of why the committee made these recommendations on planning the assessment see the rationale and impact section on assessment – needs assessment (planning the assessment).

Full details of the evidence and the committee's discussion are in evidence review A: needs assessment.

Conducting the assessment

1.2.9 In accordance with section 6.44 of the Care and Support Statutory Guidance (2021), social workers must ensure that the information provided by supported self-assessment is an accurate reflection of the person's circumstances by cross referencing it with information from other sources.

1.2.10 The social worker must conduct the needs assessment for adults with complex needs in compliance with statutory guidance (Eligibility outcomes section of the Care Act 2014), and taking account of the following:

- whether the person's needs arise from or are related to a physical or mental impairment or illness
- whether the person would have difficulties in achieving 2 or more of the ten listed outcomes
- whether there is a significant impact on wellbeing.

For a short explanation of why the committee made these recommendations on conducting the assessment see the rationale and impact section on assessment – needs assessment (conducting the assessment).

Full details of the evidence and the committee's discussion are in evidence review A: needs assessment.

Recording and reviewing the assessment

1.2.11 The social worker should give the person a draft copy of their assessment and reviews, and the opportunity to identify any inaccuracies, omissions or differences of perspectives, before the assessment is finalised.

1.2.12 The social worker should acknowledge and record on formal case notes and the care and support plan any differences of opinion about the needs assessment.

1.2.13 The social worker should give people with complex needs, their families and carers and other people important to them information about the complaints procedure, including how to access it and how to lodge a complaint if they wish to about the process or the outcome of the assessment.

1.2.14 If the person chooses a self-assessment, the organisation must provide them with relevant information that they hold about them and their carer's assessment if applicable, taking into account legal requirements related to consent (in line with Section 2 (5) and (6) of the Care and Support (Assessment) Regulations 2014).

For a short explanation of why the committee made these recommendations on recording and reviewing the assessment see the rationale and impact section on needs assessment (recording and reviewing the assessment).

Full details of the evidence and the committee's discussion are in:

- evidence review A: needs assessment
- evidence review B: risk assessment.

Risk assessment

Planning the assessment

1.2.15 Social workers should assess risks as part of a holistic process of assessing the person's strengths, needs and wishes.

1.2.16 The social worker should discuss and record the person's views on involving family, carers, and other people important to them in the risk assessment in the formal case file. Let the person know that it has been recorded and share this information across relevant agencies and with other social workers when appropriate and necessary (in line with the General Data Protection Regulation and the Data Protection Act 2018).

1.2.17 The social worker should consider conducting the risk assessment over several contacts, so that:

- there is an opportunity for rapport to develop between the social worker and person being assessed
- the person's perspective on risks, their strengths, needs and wishes, and their health, environment and support networks are understood.

1.2.18 When planning a risk assessment, take into account the urgency of any situation that may need a risk assessment within a short time-frame (for example, in a single visit; see also section 1.6 on responding to an escalation of need).

For a short explanation of why the committee made these recommendations on planning the risk assessment see the rationale and impact section on risk assessment (planning the assessment).

Full details of the evidence and the committee's discussion are in evidence review B: risk assessment.

Conducting the assessment

1.2.19 The social worker should support the person to engage in advance care planning, including:

- planning to cover their wishes in the event of any future loss of capacity (see section 1.3 of the NICE guideline on decision-making and mental capacity)
- developing a risk management plan.

1.2.20 For people with complex needs social workers should tailor risk assessments to the person's strengths and needs and take into account beneficial and harmful outcomes, and their likelihood of occurring, including:

- risks to the person from their own behaviour (including accidents, self-neglect and suicide or self-harm)
- risks from others (including physical or sexual violence, psychological harm, neglect or exploitation)

- risks of harm to others
- risks of loss of independence or breakdown of caring arrangements.

1.2.21 When assessing mental capacity, social workers must take account of section 1(4) of the Mental Capacity Act 2005, and not assume that the person lacks capacity because they have made a decision that the practitioner perceives as risky or unwise. See also section 1.4 on assessment of mental capacity in the NICE guideline on decision-making and mental capacity.

1.2.22 If a person lacks the mental capacity to make decision related to risks, the social worker must seek and take into consideration their current wishes (and any relevant past wishes expressed at a time when they were believed to have capacity) about any decisions, in line with section 4(6) of the Mental Capacity Act 2005. For further details see the NICE guideline on decision-making and mental capacity.

1.2.23 If person makes a decision that is likely to put them at significant risk, the social worker should consider assessing their capacity to understand, retain and weigh up the relevant information about safety, taking into account previous decisions and choices.

1.2.24 Social workers should use plain language and terminology that is understandable and acceptable to the person. For example, talking about 'safety' or 'being careful', rather than 'risk' or 'self-neglect'.

1.2.25 Once the purpose of the risk assessment has been agreed, consider the use of a structured risk checklist to promote discussion between the person and the social worker about risk.

1.2.26 The risk assessment should:

- include discussion of what has caused previous problems and unplanned escalation of needs
- identify what interventions have worked previously to manage and reduce risks.

1.2.27 When assessing risk, in accordance with Social Work England's Professional Standards social workers should:

- think about how any assumptions or personal bias may have influenced their assessment (for example, assuming that frail people would not want to participate in physical activities)
- be reflective about their own values, and challenge the impact they have on their practice (for example, how they personally feel about tidiness when working with a person who is hoarding).

1.2.28 Social workers should respect people's rights to make decisions that the practitioner perceives as risky or unwise when they have capacity to do so. Do not use such decisions as a reason to refuse care.

1.2.29 If a person with capacity declines an intervention, social workers should continue to work with them to find ways to minimise risks.

1.2.30 If a person has been assessed as lacking capacity, then in accordance with the Principles of the Mental Capacity Act social workers must:

- ascertain the person's best interests
- ensure any restrictions or supervision in their care are proportionate to the risk of harm to the person
- take into account any less restrictive ways of meeting their needs and managing risks and use these where appropriate.

1.2.31 Social workers should avoid over-reliance on risk prediction (such as 'high' or 'low' risk) during assessments and when recording risks, and instead specify strategies on how to respond to factors contributing to increased risk and reduce potential harms.

1.2.32 When deciding whether to share information in circumstances where the person does not give consent, the social worker:

- must balance the rights of the person with complex needs under the Human Rights Act, Article 8 (Rights to Private and Family life) against

the effect on children or individuals at risk if they do not share the information, and

- should record all information sharing decisions, and the reasons for those decisions, in line with the organisation's procedures and requirements.

For a short explanation of why the committee made these recommendations on conducting the assessment see the rationale and impact section on risk assessment (conducting the assessment).

Full details of the evidence and the committee's discussion are in:

- evidence review B: risk assessment
- evidence review C: case management.

Recording and reviewing the assessment

1.2.33 In complex risk management situations involving potential risks of serious harm, the social worker should initiate and participate in a case conference involving all relevant agencies to:

- share information (in line with the General Data Protection Regulation and the Data Protection Act 2018), and
- develop a co-ordinated risk management plan.

1.2.34 The social worker should ensure that relevant information on significant concerns about risks is shared and discussed with all necessary agencies (taking into account the legal requirements under the General Data Protection Regulation and the Data Protection Act 2018).

1.2.35 The social worker should:

- give the person a draft copy of their risk assessment, and the opportunity to identify any inaccuracies, omissions or differences of perspectives, before the risk assessment is finalised

- acknowledge and record any differences of opinion about the assessment of risk in the risk assessment document and formal case notes.

1.2.36 Social workers should review risk assessments:

- at least annually, and
- if needed, in response to an identified change in the person's circumstances.

For a short explanation of why the committee made these recommendations on recording and reviewing the assessment see the rationale and impact section on risk assessment (recording and reviewing the assessment).

Full details of the evidence and the committee's discussion are in:

- evidence review A: needs assessment
- evidence review B: risk assessment.

Organisational support

1.2.37 Organisations should:

- provide de-escalation training to staff to support their safety
- have systems for formally recording incidents of aggression, threats or abuse against staff.

1.2.38 Organisations should support staff when they experience any safety-related incidents, for example by:

- debriefing them
- providing peer support
- providing counselling following serious incidents.

1.2.39 Organisations should provide access to advice for social workers whenever they are working, including outside normal office hours, about immediate concerns related to the risk to the person with complex needs or others.

1.2.40 Organisations should ensure the following are in place:

- training, including multi-agency training, to support staff in assessing risks thoroughly
- supervision structures to support staff and encourage reflective and inclusive practice (for example, a multidisciplinary team discussion about individual situations).

1.2.41 Organisations should have a written strategy promoting a culture that supports staff in helping people with complex needs balance the benefits and harms relating to risk taking. This could include, for example, training and governance systems to support social workers with assessing complex and high-risk situations.

1.2.42 For further principles of decision making in situations where people may lack capacity see the NICE guideline on decision-making and mental capacity.

For a short explanation of why the committee made these recommendations on organisational support see the rationale and impact section on risk assessment (organisational support).

Full details of the evidence and the committee's discussion are in evidence review B: risk assessment.

1.3 Individual or family casework

1.3.1 Social workers should take account of the principles of social work for adults with complex needs (section 0) when conducting individual or family casework.

1.3.2 Social workers should help people with complex needs to identify personal goals and desired outcomes (for example, through task-focused approaches).

1.3.3 Social workers must understand the options available through legal frameworks so they can effectively support the rights of the person and

the rights (and limits of the rights) of family members, including in situations of conflict and challenge. For example:

- Care Act 2014 requirement for advocacy
- Mental Capacity Act 2005 requirements on deprivation of liberty safeguards and liberty protection safeguards
- Human Rights Act 1998
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012.

1.3.4 Organisations should consider training and support for social workers to promote the rights, strength and wellbeing of people and families (in line with Social Work England's Professional Standards) to gain specialised and advanced skills in family interventions (for example, behavioural family interventions, family group conferences and restorative approaches).

For a short explanation of why the committee made these recommendations see the rationale and impact section on individual or family casework.

Full details of the evidence and the committee's discussion are in evidence review F: casework.

1.4 Helping people to connect with local communities and reduce isolation

1.4.1 To help people with complex needs develop social connections, social workers should talk to them about their social networks, strengths (using strengths and asset-based approaches), and preferences for activities and social contact.

1.4.2 Social workers should help people to access a range of groups, social activities and social networks to meet their needs and preferences, looking across the community in addition to what is provided by health and social care services. This could be done by:

- identifying local community groups and networks and resources (for example, social clubs, community gardens, faith and cultural groups, user-led social groups).
- finding out about these resources and whether they may meet the person's needs and preferences
- helping the person make contact with these groups and activities (for example, by arranging IT and digital training, using familiar and accessible places).

1.4.3 Social workers should think creatively about the types of community resources and networks that they can put in place or support people to develop (for example, by active involvement in commissioner discussions and flexible use of personal budgets, including direct payments).

1.4.4 The social worker should check with the person whether any new community connection is meaningful, helpful and enjoyable, and if not support the person to find a more suitable alternative.

1.4.5 Organisations and social workers should keep up to date with information on currently available community assets, and pass this information on to adults with complex needs and their families. For example by:

- creating lists of resources and updating them regularly
- allocating workers to identify resources
- liaising with community groups
- commissioning voluntary organisations to keep up-to-date resource lists.

1.4.6 Organisations should make information available about their services, and other community resources to people with complex needs (for example, disabled people's user-led organisations and other community groups). This information should cover:

- catchment area, and people's right to access services outside of their catchment areas
- eligibility criteria

- referral processes.

For a short explanation of why the committee made these recommendations see the rationale and impact section on helping people to connect with local communities.

Full details of the evidence and the committee's discussion are in:

- evidence review F: casework
- evidence review G: social inclusion.

1.5 Supporting people to plan for the future, including considering changing needs, wishes and capabilities

1.5.1 The social worker should provide information to support the health and wellbeing of carers in their caring role, and on how the carer can help support the person with complex needs. See also the advice on providing information and support to carers in the NICE guideline on supporting adult carers.

1.5.2 Social workers should ensure that care planning meetings take place in the person's preferred location whenever possible and practical.

1.5.3 Social workers should implement a rights-based approach to case management and care planning. This should reflect the following principles:

- promoting people's dignity and wellbeing
- respecting people's right to self determination
- promoting and supporting participation
- taking a holistic approach
- focusing on people's strengths and not solely on their needs.

1.5.4 Social workers should, when appropriate and wanted, include input from key support networks in the person's care plan. This should:

- be in collaboration with the person, and with their consent

- include paid and unpaid support networks (for example, family, carers and other people important to them).

1.5.5 Social workers should respond to the person and their changing circumstances by:

- developing a plan that is flexible and responsive
- reviewing and revising the care plan in response to fluctuating, evolving or rapid changes
- developing and identifying options according to the person's needs, wishes and preferences (for example, by helping people connect with local communities as described in section 1.4)
- ensuring consistency of care by integrating working across the range of health and social care services involved (see section 1.7 on the social worker's role in multidisciplinary teams).

1.5.6 Social workers should ensure that care plans:

- take account of the person's wishes and preferences
- are delivered as agreed
- meet the person's needs
- record any unmet needs.

1.5.7 The social worker should ensure that the person has their work contact details so they can get in touch if their needs or circumstances change. Document this information in the person's care plan.

1.5.8 The social worker should plan the review date of the care plan with the person (a review should happen at least once a year), or conduct an unplanned review as soon as possible if, for example:

- the person's needs escalate or reduce and circumstances change (for example, after transfer from hospital)
- the person, or their carer, a family member, advocate or another person important to them requests it.

1.5.9 Each social worker must (in line with Social Work England's Professional Standards):

- use supervision and feedback to critically reflect on their own practice, including how research and evidence has informed practice
- keep their practice up to date, and record how research, theories and frameworks inform practice and professional judgement
- contribute to an open, creative, learning culture in the workplace to discuss, reflect on and share best practice.

1.5.10 Organisations should consider providing people who receive social work support with a named social worker.

1.5.11 Organisations should provide social workers with regular practice-based supervision and support, ensuring organisational resources are sufficient to allow:

- continuity of named social workers
- adequate time to monitor and review cases
- responsiveness to unexpected change
- the ability to be flexible, when appropriate, to the needs of service users.

For a short explanation of why the committee made these recommendations see the rationale and impact section on supporting people to plan for the future.

Full details of the evidence and the committee's discussion are in

- evidence review C: case management.
- evidence review F: casework

1.6 Responding to an escalation of need, including urgent support

1.6.1 In the event of an unplanned escalation of need, social workers (with consent from the person) should:

- assess the escalated need jointly with colleagues who have the most knowledge about the person's care, wherever practical
- consult on the response to the escalated need with:
  - other involved practitioners and community teams
  - relevant family and social networks.

1.6.2 When responding to an unplanned escalation of needs, social workers should take into account the person's wishes, preferences, social circumstances and cultural background (for example if someone expresses a strong desire to stay at home, even if necessary care may more easily be provided in an institutional setting).

1.6.3 When an unplanned escalation of need occurs, social workers must:

- explore the least restrictive alternatives to address the need
- advocate for interventions that will have the least detrimental impact on the person's rights and living situation.

1.6.4 Social workers should establish whether a person with complex needs has any advance statement of their wishes or crisis planning, and must take these into account when planning care during a crisis. Document in the person's records how this has informed decision making and review the plan after an escalation of need.

1.6.5 When responding to an escalation of need, as well as considering an advance statement if available, the social worker should take into account and document:

- the person's wishes and preferences
- the views of others (for example, family, carers, and other people important to them) concerned for the person's welfare.

1.6.6 Organisations should ensure that social workers have access to prompt support and opportunities to be debriefed during and after their work with someone experiencing a crisis. This should include the opportunity for

social workers to reflect on practice and the potential risk to themselves and the person.

1.6.7 Local authorities should have arrangements in place to provide services that:

- cover 24 hours, so decisions on applications for detention under the Mental Health Act (in line with section 14.35 of the Mental Health Act Code of Practice) can be made at any time
- can responds promptly to a person's escalating need
- communicate any out-of-hours responses to escalating need quickly and clearly to day-time services.

For a short explanation of why the committee made these recommendations see the rationale and impact section on responding to an escalation of need, including urgent support.

Full details of the evidence and the committee's discussion are in evidence review D: escalation of need.

1.7 The role of the social worker within multidisciplinary teams: communication, support and collaboration

1.7.1 Organisations should ensure that multidisciplinary teams develop a shared statement of core purpose and activity, and have clear objectives and aims to jointly work towards.

1.7.2 Organisations should consider the routine sharing of information (in line with the General Data Protection Regulation of the Data Protection Act 2018), and of professional expertise and perspectives, within the multidisciplinary team (for example, with joint working, forums or team meetings, themed discussions, or championing a particular multidisciplinary approach).

1.7.3 Organisations should ensure clear communication within the multidisciplinary team by:

- holding interdisciplinary team meetings, including case discussions
- having mutual access to diaries when possible
- providing virtual means to stay in touch even when team members are working from different locations
- making use of informal opportunities to communicate (for example, staff networking events).

1.7.4 Organisations and commissioners should provide interdisciplinary training to promote shared understanding of each role in the team, and the legal frameworks within which they work, as well as an understanding of the range of lived experiences of people with complex needs. This should:

- be provided across health and social care
- be co-produced with people with lived experience
- be ongoing
- be followed up with clear plans for implementing any best practice and lessons learnt from the training sessions.

1.7.5 Organisations should support social workers in defining their role within multidisciplinary teams by:

- providing professional social work supervision, in particular when the team manager is not a social worker
- providing opportunities for peer supervision
- making joint training that provides clarity about the role of the social worker within a multidisciplinary team available
- providing bespoke continuing professional development for social workers
- recognising and addressing differences in organisational culture between professionals involved in the team.

1.7.6 To improve the efficiency of referral within multidisciplinary teams, health and social care organisations should simplify referral processes and pathways by having (for example):

- a single point of access for people with complex needs who are accessing services (with room for flexibility when appropriate)
- clear and simple eligibility criteria.

1.7.7 Organisations should think about co-location to support more efficient responses and opportunities for discussion within multidisciplinary teams where feasible.

1.7.8 Organisations should develop shared formal agreements (including budgets and information sharing) early in the process of establishing integrated working to underpin accountability and decision making.

For a short explanation of why the committee made this these recommendations see the rationale and impact section on social workers in multidisciplinary teams .

Full details of the evidence and the committee's discussion are in evidence review E: integrated working.

Terms used in this guideline

This section defines terms that have been used in a particular way for this guideline. For other definitions see the NICE glossary and the Think Local, Act Personal Care and Support Jargon Buster.

Debriefing

Debriefing following a distressing or safety-related incident involves the social worker having an opportunity to speak to a manager or senior colleague as soon as possible after an incident. This can be used, for example, to acknowledge the difficult situation and look into any support required for the social worker including psychological support or counselling. This could start a reflective process to identify any lessons or ways to improve practice in future.

Intersectionality

The term describes the interconnected nature of social categorisations such as age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation and other characteristics or experiences listed in box 1,

regarded as creating overlapping and interdependent systems of discrimination or disadvantage.

Professional curiosity

Professional curiosity is to explore and understand what is happening with an individual or family; enquiring deeper and using skilled proactive questioning and challenge. It is about triangulating what the person is saying with what is observed and any other available information, questioning any incongruity, rather than making assumptions or taking things at face value, in order to provide appropriate and tailored support.

Rights-based approach

A rights-based approach ensures that both the standards and the principles of human rights are integrated into policy making, as well as the day-to-day running of organisations and social work practice.

Strength and asset-based approaches

Strengths and asset-based approaches in social care focus on what individuals and communities have, and how they can work together, rather than on what individuals or communities cannot do or do not have. The terms ‘strengths’ and ‘assets’ are often used interchangeably to apply to either individuals or communities. Personal strengths and assets can include relationships, experience, skills and aspirations. Community strengths and assets can include knowledge, people, spaces, networks and services.

Task-focused approach

This approach seeks actionable solutions to specific problems. It usually involves 4 steps:

- Defining a target area to work on together;
- Agreeing specific goals and actions for both the social worker and the person they are supporting to help achieve these goals;
- Discussion and support regarding progress with and impact of agreed actions;

- Review and decide whether a further process of task-centred goal setting is needed or the process has been successfully completed.

Task-focused work is typically relatively brief, but can be applied flexibly across a range of social work contexts as stand-alone support or within a broader package of care.

Recommendations for research

The guideline committee has made the following recommendations for research.

Key recommendations for research

1 Needs assessment

From the perspective of everyone involved, what is the acceptability of strengths and rights based approaches to social work assessment and what are the barriers and facilitators to delivering these?

> For a short explanation of why the committee made this recommendation see the rationale section on needs assessment.
>
> Full details of the evidence and the committee's discussion are in evidence review A: needs assessment.

2 Risk assessment

From the perspective of everyone involved, what works well and could be improved about the use of tools and checklists to support social work risk assessment for people with complex needs?

> For a short explanation of why the committee made this recommendation see the rationale section on risk assessment.
>
> Full details of the evidence and the committee's discussion are in evidence review B: risk assessment.

1 **3 Supporting people to plan for the future**

2 What is the effectiveness and cost-effectiveness of early, preventative support for
3 people with complex needs?

For a short explanation of why the committee made this recommendation see the rationale section on supporting people to plan for the future.

Full details of the evidence and the committee's discussion are in evidence review C: case management.

4 **4 Responding to an escalation of need**

5 What is the effectiveness and acceptability of social work interventions to support
6 people with complex needs during an escalation of need?

For a short explanation of why the committee made this recommendation see the rationale section on responding to an escalation of need.

Full details of the evidence and the committee's discussion are in evidence review D: escalation of need.

7 **5 Helping people to connect with local communities and reduce isolation**

8 What social and community support approaches are effective in promoting social
9 inclusion of people with complex needs?

For a short explanation of why the committee made this recommendation see the rationale section on helping people connect with local communities and reduce isolation.

Full details of the evidence and the committee's discussion are in evidence review G: social inclusion.

10 ## Rationale and impact

11 These sections briefly explain why the committee made the recommendations and
12 how they might affect practice or services.

Principles of social work for adults with complex needs

For social workers

Recommendations 1.1.1 to 1.1.9

Why the committee made the recommendations

The committee looked at a range of evidence to inform the recommendations, which are intended to underpin all social work with adults with complex needs. They also took the Human Rights Act 1998, the Equality Act 2010, the Care Act 2014, the General Data Protection Regulation of the Data Protection Act 2018 and the Data Protection Act 2018 into account to address potential inequalities and data protection issues (for example, in access to services or in the services that people with complex needs receive). They also drew on the Professional Standards from Social Work England and the Professional Capabilities Framework British Association for Social Workers.

The committee discussed qualitative evidence related to supporting people to plan for the future, which highlighted some of the barriers that could influence people's access to and participation with services (for example, poverty – which is associated with inadequate housing and limited access to support). Such barriers could, in turn, result in people using services feeling shame about their health conditions or living circumstances, which could further isolate them and make it more challenging for providers to support them. They therefore made a recommendation to emphasise that social workers need to treat people with respect and dignity to prevent barriers developing, and to understand and take into account the different circumstances of people with complex needs and any past experiences of services which is also in line with the Human Rights Act 1998, the Equality Act 2010.

There was some qualitative evidence for approaches to needs assessments that showed people were not always aware of what to expect from an assessment, and that language can be a barrier to communicating with social workers during the assessment. The committee agreed that meeting these needs are important principles that would apply to all aspects of social work, so they decided to broaden the recommendation beyond just the assessment process. They recommended that the social worker find out whether an advocate is needed to support the person and

help with communication, information and understanding the legal framework. Based on the same evidence, the committee also emphasised the importance of ensuring that all of the person's communication needs and preferences are addressed, to help them to actively participate in discussions. They noted that this was already covered in the NICE guideline on people's experience in adult social care services: improving the experience of care and support for people using adult social care services so they cross referenced to this.

There was also some qualitative evidence showing that people did not always understand the purpose of the assessment and what it would entail, so the committee extrapolated from this to all social work activity and processes and recommended giving people accessible information so that they understand what is going to happen and why and can make informed choices and actively participate.

The committee discussed the support that people may need to be actively involved in social work processes:

- qualitative evidence showed that cultural differences created challenges for practitioners
- quantitative evidence showed that differences in perspective because of culture lead to care needs not being raised or recognised by social workers
- in the committee's own experience, people's life experiences can have an impact on their care experiences and consequently lead to inequalities and poorer outcomes.

The committee made recommendations to address these problems.

The committee drew on both quantitative and qualitative evidence from the review of individual and family case work. They discussed the qualitative evidence that suggested people’s cultural experiences and perspectives can differ from those of the practitioner, and that this may result in the practitioner making assumptions.. Based on experience and expertise, the committee emphasised that the starting point for finding out whether the person experiences any inequalities would be relationship building, by actively listening to the person. They highlighted that forming trusting relationships is the cornerstone of social work and that looking at all aspects of the person's life would ensure that the social work approach has the person with

complex needs at its centre. The committee noted that there was only a small amount of limited evidence, but acknowledged that this was a key area of social work that could lead to inequalities if not addressed. In the absence of evidence for other experiences and circumstances that may lead to inequalities and discrimination which may be multiple (see the definition of intersectionality), the committee extrapolated from the evidence of cultural differences and assumption to other groups (see box 1).

The committee noted that a lot of qualitative evidence that was identified on the social worker's role in multidisciplinary teams referred to information sharing as a potential facilitator to integrated working, as it provides continuity (and conversely, acts as a barrier if not present). They discussed, based on their experience, that information gets shared more about people with complex needs and between more agencies. There were concerns about the extent of sharing, however. In the committee's experience people with complex needs can value continuity and consistency and generally think that it is a positive idea to share information, but they want to be informed when and what information is shared and with whom (whenever this is possible and appropriate, in line with General Data Protection Regulation of the Data Protection Act 2018). The committee decided that this is a principle that should not be restricted to multidisciplinary team working but applies to all social work practice. The committee agreed that people need to be reassured that there are legal limits of sharing and that their data is protected but also that sharing where possible would mean that they would not have to repeatedly tell their life stories.

How the recommendations might affect practice

The committee noted that most of these recommendations would standardise practice, as they are actions that are mandated by legislation (particularly the Equality Act 2010, the Care Act 2014) and Professional Standards or the Professional Capabilities Framework of Social Work England and of the British Association for Social Workers, respectively. This is in particularly in relation to information, and active listening and relationship building.

Return to recommendations

For organisations

Recommendations 1.1.10 to 1.1.13

Why the committee made the recommendations

The committee looked at a range of evidence to inform the recommendations, which are intended to underpin all social work with adults with complex needs. They also took into account the Human Rights Act 1998, the Equality Act 2010, (for example, to address inequalities in access to services or in the services that people with complex needs receive), the Care Act 2014 the General Data Protection Regulation of the Data Protection Act 2018 and the Professional Standards from Social Work England.

The committee used qualitative evidence from the reviews on individual and family case work, and helping people to connect with local communities and reduce isolation. This showed that the social work approach that people received was not sufficiently long or in depth to address their complex needs. To reduce inequalities, and based on this evidence, the committee recommended organisations provide sufficient time to social workers to build relationships.

The committee discussed that people's life experiences may have an impact on their care experiences, and consequently lead to inequalities and poorer outcomes. They recommended organisations support and train social workers to discuss people's personal and social identities and life experiences. This is in line with Professional Standard 1.6 from Social Work England that outlines the role of the social worker to promote social justice, helping to confront and resolve issues of inequality and inclusion. This would enable social workers to feel confident that they are providing an environment where people feel that they are free of discrimination, and emotional or physical harm, and feel safe to discuss the complex needs that they have.

There was qualitative evidence that social workers value support, supervision and training. The committee discussed that being up-to-date with relevant legal frameworks was particularly important to their work. They recommended that organisations should support this with continuous professional development so that social workers continue to develop legal knowledge so they act in accordance to the law when carrying out their duties.

Qualitative evidence showed that people felt existing services and interventions did not sufficiently address all of their needs. This was also consistent with the committee's experience of current practice, and they emphasised that planning of services (commissioning and configuring) should take this into account so that inequalities do not increase.

The committee discussed evidence related to responding to an escalation of need, and concluded as a general principle that organisations should ensure social workers be given appropriate training and support during and after response to an escalation of need. However the committee also agreed this would benefit all areas of their work, so expanded the recommendation to be one for development of an overall framework for an open learning culture. The committee discussed that this was in line with Social Work England's Professional Standards which also emphasise that families and communities should be taken into consideration. This will support social workers in learning from each other, and make them better able to appraise situations generally, but also specifically assess appropriate levels of risks that can be taken.

How the recommendations might affect practice

The committee noted that most of these recommendations would standardise practice. The recommendation that organisations should consider making time allowances to build relationships may lead to longer contact times than currently, but this would be balanced against better individualised services and this was supported by the economic analysis. The recommendation on continuous professional development would address a current variation in practice in getting access and time for such training opportunities.

Return to recommendations

Assessment – needs assessment

Providing information

Recommendations 1.2.1 to 1.2.3

Why the committee made the recommendations

As there was no quantitative evidence on the effectiveness of different approaches to social work needs assessments, the committee used the qualitative evidence supported by their own knowledge and experience to make recommendations. They also took into account the legal framework underpinning social work assessments (particularly the Care Act 2014) and standards of practice (according to the Professional Standards or the Professional Capabilities Framework from Social Work England and British Association for Social Workers, respectively).

There was some evidence showing that people did not always understand the purpose of the assessment and what it would involve, so the committee recommended giving people accessible information on why it is needed, the objectives, and how it will be conducted so that they have time to prepare. This also included raising awareness with carers about their right to have a carer's assessment in line with section 10 of the Care Act 2014.

They also discussed that better understanding and knowledge (including of statutory rights) about social work assessments, both in terms of what is involved and the likely outcome, would reduce anxiety and stress for the person with complex needs. They noted that the social work can play an important part in addressing this by signposting to relevant resources).

How the recommendations might affect practice

Most of the recommendations will standardise rather than change practice, as they are actions that are mandated by the Care Act (such as giving sufficient information).

Return to recommendations

Planning the assessment

Recommendations 1.2.4 to 1.2.8

Why the committee made the recommendations

As there was no quantitative evidence on the effectiveness of different approaches to social work needs assessments, the committee used the qualitative evidence supported by their own knowledge and experience to make recommendations. They

1 also took into account the legal framework underpinning social work assessments
2 (particularly the Care Act 2014) and standards of practice (according to the
3 Professional Standards or the Professional Capabilities Framework from Social Work
4 England and British Association for Social Workers, respectively).

5 The committee based on experience emphasised that social workers should conduct
6 assessments in a way that would minimise stress, noting that this would lead to
7 better relationships and engagement and would therefore impact positively on
8 outcomes.

9 The committee discussed the review findings which suggested people were not
10 always able to express their preferences during assessment. Based on this the
11 committee recommended that there could, in some circumstance, be a preparatory
12 initial contact before the assessment as a way of overcoming these issues. The
13 committee agreed that this can be particularly important if the person may have
14 difficulties being actively involved in the assessment. A preparatory meeting could
15 provide the opportunity to assess whether there are any adjustments that can be
16 made or family members that can get involved who could help and support the
17 person with complex needs throughout the process. However, regardless of whether
18 a preparatory meeting is held or not, the committee highlighted that the practical
19 arrangements for the assessments always need to be established before the
20 assessment takes place.

21 The committee discussed qualitative evidence of possible challenges with self-
22 assessment; for example, participants in a study reported that the self-assessment
23 format was not always adequate or appropriate for people with multiple needs.
24 Based on this the committee emphasised that discussions should take place with the
25 person about the advantages and disadvantages of this option, and that the person
26 should be reassured that they will be supported and can change their mind and have
27 a face-to-face assessment instead. If self-assessment is chosen, the committee
28 noted that the Care Act 2014 requires social workers to check that the information
29 that is provided in the assessment is accurate so they emphasised this in a
30 recommendation.

How the recommendations might affect practice

Most of the recommendations will standardise rather than change practice, as they are actions that are either mandated by the Care Act (such as planning related to self-assessment). The recommendation for a preparatory initial contact is a change to current practice, since this is not uniformly done across the country. This may lead to an increase in the number contacts, with both a potential resource impact and may make more demands on social worker time. However, the committee noted that would not be routinely done and could be a virtual contact or a phone call. This may be offset by improved outcomes from the person-centred approach, potentially improving quality of life and preventing expensive interventions downstream such as hospitalisation. Also, as it is only an option that services could use rather than something that should be implemented for everyone, the impact may be limited.

Return to recommendations

Conducting the assessment

Recommendations 1.2.9 to 1.2.10

Why the committee made the recommendations

The committee used the Care and Support Statutory Guidance (2021) and the Eligibility outcomes section of the Care Act 2014 to make these recommendations.

The committee noted that if self-assessment is chosen, the Care Act 2014 requires social workers to check that the information that is provided in the assessment is accurate, so they emphasised this in a recommendation.

Based on the committee's experience and expertise of the statutory guidance in relation to needs assessment, they discussed the content of the assessment and the related eligibility criteria. They agreed that it is important to highlight the questions that the social worker should take into account when deciding on the level of support that is needed in compliance with statutory guidance (Eligibility outcomes section of the Care Act 2014).

How the recommendations might affect practice

Most of the recommendations will standardise rather than change practice, as they are actions that are either mandated by the Care and Support Statutory Guidance or the Care Act.

Return to recommendations

Recording and reviewing the assessment

Recommendations 1.2.11 to 1.2.14

Why the committee made the recommendations

As there was no quantitative evidence on the effectiveness of different approaches to social work needs assessments, the committee used the qualitative evidence supported by their own knowledge and experience to make recommendations. They also took into account the legal framework underpinning social work assessments (particularly the Care Act 2014) and standards of practice (according to the Professional Standards or the Professional Capabilities Framework from Social Work England and British Association for Social Workers, respectively).

Evidence showed that people were not always given the opportunity to review their assessment details, so the committee made a recommendation to ensure that people have the opportunity to check that the draft documents are accurate.

The evidence also suggested that needs can be differently understood by the person with complex needs and the social worker, which can lead to misunderstandings about the support that is expected. The committee acknowledged that differences of opinion could arise between a range of individuals, such as professionals and family members or others involved. They therefore recommended that a record of such differences should be kept in case any future issues arise. The committee noted that this could lead to tensions between the person with complex needs and the social worker could sometimes lead to complaints being made. They therefore emphasised that not only is good record keeping important when differences arise but also that people should be given information about the complaints procedure so that they know what to do if they feel the correct processes have not been followed or they are disagree with the outcome of the assessment.

In the context of self-assessment the committee noted, based on their knowledge of legislation, that organisations have an obligation to provide the person who self-assesses with relevant information that they hold to help them in the process. The committee agreed that this was not always known about and recommended that this has to be done to comply with legislation.

Because of the lack of quantitative evidence addressing approaches to needs assessment and their potential impact on how the needs are met currently and in future to improve their wellbeing, the committee prioritised this topic for a research recommendation.

How the recommendations might affect practice

Most of the recommendations will standardise rather than change practice, as they are actions that are either mandated by the Care Act (such as giving sufficient information and support or issues related to self-assessment) or extrapolated from it (such as preferences when arranging the assessment). The recommendation for a preparatory initial contact is a change to current practice, since this is not uniformly done across the country. This may lead to an increase in the number contacts, with both a potential resource impact and may make more demands on social worker time. However, the committee noted that it would not be routinely done, and could be a virtual contact or a phone call. This may be offset by improved outcomes from the person-centred approach, potentially improving quality of life and preventing expensive interventions downstream such as hospitalisation. Also, as it is only an option that services could use rather than something that should be implemented for everyone, the impact may be limited.

Return to recommendations

Assessment – risk assessment

Planning the assessment

Recommendations 1.2.15 to 1.2.18

1 **Why the committee made the recommendations**

2 The committee acknowledged the limitations of the evidence, including the lack of
3 quantitative evidence on this topic, and the limitations of the included qualitative
4 evidence (in relation to both the low number of studies and low quality of findings).
5 They agreed to use the qualitative evidence, supported by their own experience,
6 when making the recommendations. They also took into account relevant legislation,
7 including the Mental Capacity Act 2005 and the Mental Health Act 2007 as well as
8 the Human Rights Act 1998 and the General Data Protection Regulation and the
9 Data Protection Act 2018. The committee were also aware that decisions around risk
10 can be influenced by culture, personal beliefs, and coping strategies. They therefore
11 also took into consideration the Equality Act 2010.

12 The evidence highlighted that when people with complex needs, and their families
13 and other people important to them were actively involved in the risk assessment
14 process, it facilitated discussions with social workers around risks and helped them
15 make decisions about care and support needs. The committee agreed that this was
16 an essential component of social work and consistent with the legal framework. The
17 committee agreed that to be actively involved the process needs to be relevant to the
18 person and therefore holistic, looking at the person's abilities, needs and taking into
19 account their preferences.

20 The committee noted that the evidence suggested that people found it useful when
21 family members supported them. However, they cautioned against being prescriptive
22 about this because not every person would want their families involved in the
23 process. Therefore, the committee recommended that social workers discuss the
24 person's views and preferences and that these be recorded and shared (in line with
25 the General Data Protection Regulation and the Data Protection Act 2018) so that
26 families are not inadvertently included in discussions if this would go against the
27 wishes of the person with complex needs.

28 The committee discussed the evidence relating to contextual risk assessment that
29 showed that people found that the risk assessment approach worked better when
30 their individual circumstances were fully understood. The recommendations
31 emphasise the need for social workers to develop a rapport with, and engage, the
32 person at risk. When possible and practical, the committee recommended that

ideally this should be done over several contacts so that the person's context and environment is fully understood. While the committee wanted to emphasise the need to build relationships and understand the person's context, they also acknowledged that in some situations when a person is at urgent risk, immediate action needs to be taken which may not allow time for several contacts.

How the recommendations might affect practice

The recommendations reinforce current legislation and usual practice. While conducting risk assessments over several contacts (which could be a virtual contact or a phone call) is not consistently done across the country, and would add time to the assessment, this would improve outcomes through a better understanding of the person's situation and environment. However, rather than this being implemented for everyone the committee thought that this could be one of the considerations around the assessment and would therefore not significantly change practice.

Return to recommendations

Conducting the assessment

Recommendations 1.2.19 to 1.2.32

Why the committee made the recommendations

The committee acknowledged the limitations of the evidence, including the lack of quantitative evidence on this topic, and the limitations of the included qualitative evidence (in relation to both the low number of studies and low quality of findings). They agreed to use the qualitative evidence, supported by their own experience, when making the recommendations. They also took into account relevant legislation, including the Mental Capacity Act 2005 and the Mental Health Act 2007 as well as the Human Rights Act 1998 . The committee were also aware that decisions around risk can be influenced by culture, personal beliefs, and coping strategies. They therefore also took into consideration the Equality Act 2010.

The committee noted the evidence related to assessing risk when a person lacks capacity, and so highlighted that risk assessment would also involve planning for the future so that the person's wishes are known in advance and a plan is in place to manage risk. They agreed that this would lead to better outcomes, since any risky

situation can be managed in line with the person's preferences even if they later lack capacity to make decisions.

There was a lack evidence about what works well and what could be improved in relation to the content of risk assessment, but despite this the committee agreed that it was important to provide guidance about what should be taken into account when conducting a risk assessment. They also discussed a guide on risk assessments from the Social Care Institute of Excellence and took this into account. In line with this the committee recommended that to be effective the social worker should individualise the risk assessment and consider not only harmful outcomes but also where there are low risks and potential for good outcomes (for example, if the risks of harm from others and harm to others is low, it could mean that there is a good support network that the social worker could get involved to help with other potential risks that are high). The committee agreed to highlight categories of risks that would affect the person's safety and the safety of other people as well as risks to their independence and independence of others who may depend on them so that plans can be made to minimise them.

The committee discussed their concerns that any risky decisions could lead the social worker to conclude that the person lacks capacity, and they therefore highlighted the legislation of the Mental Capacity Act 2005 that assessments of mental capacity should not be based on such assumptions.

The committee was aware that people who lack capacity to make decisions related to risk were particularly vulnerable, and that therefore the legislation in section 4(6) of the Mental Capacity Act 2005 needs to be followed so that their current wishes can be established if possible. Even though an assumption should not be made that someone is lacking capacity the committee did not want to leave someone vulnerable to risk if they do lack capacity, so they recommended that a person who makes a decision that would put them at significant risk should be considered for an assessment of capacity. This is to ensure their safety, and potentially the safety of their family members or carers.

The committee noted the qualitative evidence showing that people agreed that risk assessment worked better when there are discussions that take into account the

words a person uses to describe risk and their understanding of risk. There was some evidence that checklists can help with this, but the committee was cautious to recommend this as a routine form of assessment as there are only a small number of validated checklists available, and so they would not address the range or complexities of risks for the guideline's population. They were also concerned that this could also be seen by the person as a tick box exercise, and so recommended that checklists be used as a starting point for a wider discussion including previous causes of an escalation of needs and what worked well before to minimise risk. Due to uncertainties with the evidence on the use of checklists and it being restricted to people with complex mental health needs, the committee also made a research recommendation.

When reviewing evidence indicating that risk assessment worked better if social workers fully understand the person's perspectives of risk (when they have capacity to do so), the committee noted that this was consistent with their own experience. They therefore wanted to ensure that this was taken into account when assessing risk, but also that this should not stop social workers from providing necessary support if needed. The committee noted that this was in line with Social Work England's Professional Standards for social workers to not prejudge the situation and also reflect on their own interpretations (which can be based on their own values), so as to avoid their own feelings around risk influencing their assessment.

The committee discussed evidence highlighting that a risk assessment works well when it balances a person's risk with their autonomy for people who have capacity, and other evidence that showed understanding the person's perception of risk facilitates the process. They therefore highlighted that people can make their own decisions about risks or decline interventions (for example, keeping many personal belongings if they are hoarding items even if it makes it difficult to move around their home), but that this should not be a reason to stop working with them or providing care.

There was evidence related to detention under the Mental Capacity Act for people assessed as lacking capacity, and the committee used the Principles of the Mental Capacity Act to highlight that the circumstances of potential risks for people who lack

capacity need to be carefully considered so that any restrictions made are proportionate and justified.

There was evidence highlighting that it is difficult to define seriousness of risk, which was consistent with the committee's experience that risk would vary from person to person. The committee discussed that in the absence of such definitions, risk assessments can potentially place too much emphasis on the use of generic risk categories such as 'high' and 'low' risk: these do not distinguish the severity of potential harms from their likelihood, and do not take into account the different contexts and choices of the person at risk. Based on these discussions, the committee made recommendations which emphasised that when recording risks social workers need to assess the severity and likelihood of identified potential harms to inform a risk management plan. This should weigh potential harms against potential benefits of risk taking, and a person's needs and wishes.

The committee acknowledged that the person at risk may not always give consent for their information to be shared. The committee identified the Human Rights Act 1998 underpins such decisions, and this was stated in the recommendations.

How the recommendations might affect practice

The recommendations reinforce current legislation and usual practice. For advance decision making, while this is not a mandatory part of risk assessment it is commonly done, so the recommendation is likely to lead to standardised practice.

Return to recommendations

Recording and reviewing the assessment

Recommendations 1.2.33 to 1.2.36

Why the committee made the recommendations

The committee acknowledged the limitations of the evidence, including the lack of quantitative evidence on this topic, and the limitations of the included qualitative evidence (in relation to both the low number of studies and low quality of findings). They agreed to use the qualitative evidence, supported by their own experience,

when making the recommendations. They also took into account legislation, under the General Data Protection Regulation and the Data Protection Act 2018.

Based on their experience, the committee were keen to emphasise the need to balance any competing demands and perspectives of different organisations, and for different practitioners to be able to exercise their professional judgement. To achieve this, they recommended that, in complex situations involving potential risks of serious harm, social workers coordinate a case conference.

Also based on their experience, the committee discussed that when there are significant concerns about risks information ought to be shared between agencies to ensure the safety of that the person with complex needs. However, they emphasised that this can only be done within the constraints of the legal framework within the General Data Protection Regulation and the Data Protection Act 2018

Evidence showed that people were not always given the opportunity to review their assessment, so the committee made a recommendation to ensure that people have the opportunity to check that the draft documents are accurate.

The evidence also suggested that disagreements could arise across different organisations and among different practitioners because of the varying ways in which risk is conceptualised and decisions on managing risk are made. The committee also noted that differences of opinion could arise among professionals and family members or others involved. They therefore recommended that a record of such differences should be kept in case any future issues arise from disagreements.

The committee also noted that risk assessment need to be relevant and up-to-date and responsive to change and therefore, based on their experience, recommended that they are reviewed at least annually or when circumstances change and a new review is needed.

How the recommendations might affect practice

The recommendations reinforce current legislation and usual practice.

Return to recommendations

Organisational support

Recommendations 1.2.37 to 1.2.42

Why the committee made the recommendations

The committee acknowledged the limitations of the evidence, including the lack of quantitative evidence on this topic, and the limitations of the included qualitative evidence (in relation to both the low number of studies and low quality of findings). They agreed to use the qualitative evidence, supported by their own experience, when making the recommendations.

The evidence showed that social workers valued support, particularly when they have experienced abuse, and ongoing training (including legal literacy). Based on the evidence and potential for high-risk situations, advice for social workers should be available whenever they are working, including outside normal office hours. The evidence showed that positive organisational cultures give social workers confidence in making risk assessments, and the committee drew on this to recommend a written strategy for training and support.

How the recommendations might affect practice

The recommendations reinforce current legislation and usual practice. The availability of training on risk assessment for social workers varies, so there may be a resource impact where it is currently not available. However, this would lead to better outcomes by improving the knowledge and awareness of processes and approaches to assess risks. Having out-of-hours access to advice in relation to risk for social workers who do not work during office hours is common practice (such as using an on-call system), so should not be an additional resource impact in most cases.

Return to recommendations

Individual or family case work

Recommendations 1.3.1 to 1.3.4

Why the committee made the recommendations

The committee drew on both quantitative and qualitative evidence to make recommendations.

The committee discussed the quantitative evidence, which showed mixed results for social work approaches to individual and family casework. They discussed the evidence that showed that a stepped care intervention had an important benefit in terms of morbidity outcomes. This intervention had a number of components including guided self-help and problem solving. The qualitative evidence suggested that social work approaches, in particular goal setting, helped people to identify their priorities and think about ways to reach these goals. Based on experience, the committee discussed the benefits of such approaches – in particular those with components that seek solutions to defined areas and working to agreed goals to solve problems. They decided that they could not recommend the specific stepped care approach described in the study, as it was done in a different health and social care setting (Belgium and the Netherlands) and had many components that would make it difficult to implement. However, they noted that some of the components would fall into the category of task-focused approaches which are already used by social workers in the UK. Although the evidence showed benefit for a specific group, the committee agreed that the importance of identifying goals and outcomes (as is done in task-focused approaches) could be extrapolated to the wider population of adults with complex needs and recommended that people should be supported in this process.

The committee highlighted legal frameworks that were in place to support the rights of the person as well as the rights of the family. They agreed that by doing this, social workers would better understand that their role is not necessarily to resolve conflict, but to uphold the rights of the person being supported.

The committee looked at evidence around the challenges of involving family members in social work approaches to casework, and potential conflicts which may exist between family members and how safeguarding concerns may arise in some situations. They discussed the difficulties, as highlighted in the evidence, of ensuring family members participate and engage in interventions. However, they noted that

there was little quantitative evidence on the effectiveness of any particular family interventions as carried out specifically by social workers to address these challenges. The committee was aware that there is a benefit from family interventions (for example, improving communication between family members), but that the evidence originates from other disciplines (for example, research in clinical psychology) and it is therefore unclear what the role of these interventions is in social work. However, to promote the rights, strength and wellbeing of people and families (in line with Social Work England's Professional Standards) they felt with sufficient training such interventions could be considered, because the benefits of positive family relations and the social support that this could provide to the person with complex needs could lead to positive outcomes.

How the recommendations might affect practice

The recommendations aim to standardise practice rather than change it.

Return to recommendations

Helping people to connect with local communities and reduce isolation

Recommendations 1.4.1 to 1.4.6

Why the committee made the recommendations

The committee discussed the quantitative evidence, which showed benefits for some outcomes but no differences for other outcomes. However, because of methodological biases, as well as uncertainty around the magnitude of the findings, the committee were less confident in relying completely on the quantitative evidence to support recommendations. There were some themes of the qualitative evidence that supplemented or provided an explanation for the lack of clear results in the quantitative evidence. This combination of quantitative outcomes and qualitative themes suggested that the relative lack of improvement in the quantitative outcomes could be explained by the qualitative evidence of the importance of taking an individualised approach to achieve positive outcomes. The committee agreed that this was a reflection of their practice experience, and was therefore important to take into account.

The committee made a recommendation based on the quantitative evidence that showed social work approaches to social inclusion had an important benefit over usual practice which mainly focused on the person's existing networks, in terms of an improvement in perceived social support. The qualitative findings also highlighted the importance of thinking about the different levels of support a person may need. Based on the combination of the quantitative and qualitative evidence and drawing on their experience, the committee were confident to make a recommendation to use a strengths-based person-centred approach to help them to develop connections with their local communities. The committee emphasised that approaches that do not solely focus on the person's needs would improve their confidence, and contribute to their overall wellbeing by helping them to take steps to reduce isolation.

The committee also made a recommendation for social workers to support access to a range of activities in the community. A number of qualitative themes supported this recommendation, including the benefits of taking an individualised approach to social inclusion activities (as people’s preferences and needs will vary greatly). The findings also highlighted that participants felt that community-based groups and resources could be more beneficial in matching people's needs than those provided by the health and care services.

The committee discussed the qualitative evidence around practitioner views of social work approaches to social inclusion, which in part highlighted that the range of available groups and resources for people were not always adequate and that there were gaps. As reducing isolation is beneficial to the person, the committee recommended social workers use creative approaches to see whether new resources could be developed this also include the flexible use of personal budgets to support an activity. Support should also be given at the organisational level to help social workers find activities and groups that might match a person's interests. This relies on information being up to date, so the committee gave some examples of how this could be achieved.

The committee discussed evidence that highlighted that it was important to take into account that the level of support needed varied depending on peoples’ needs. They agreed that the support of the social worker should not end once a person has made

contact with a group, but that this should be followed up with the person once they started to join a group.

Based on experience the committee agreed that it was important for organisations to provide information that is up to date about available community resources, as this would minimise barriers to accessing services (such as frustrations around contact details no longer being active, or activities no longer being available).

The committee discussed the evidence around the barriers to accessing social work approaches to casework, that showed that an NHS trust's catchment area could be a barrier to access. The committee recognised that it was not within the scope of the guideline to make a recommendation about local authority catchment areas, but agreed to recommend informing people about their rights to receive services outside of their catchment areas to help address this. They expanded on this to alleviate other barriers to access, such as eligibility criteria and referral processes, based on their experience and knowledge.

Even though there was both quantitative and qualitative evidence to draw on, the committee felt that further evidence to clarify the best approach that social workers could take to help people connect with their local community is needed and so made a research recommendation to address this.

How the recommendations might affect practice

There is variation in practice in how much time is spent by social workers helping people connect to local communities. The recommendations will increase the time social workers spend researching, supporting and helping people to make connections in their communities. However, this potential change in practice could lead to improved outcomes by reducing the detrimental effects that loneliness can have on the person's health and wellbeing.

Return to recommendations

Supporting people to plan for the future, including considering changing needs, wishes and capabilities

Recommendations 1.5.1 to 1.5.12

Why the committee made the recommendations

The committee discussed both quantitative and qualitative evidence. The quantitative evidence was of limited value because of the quality of the studies and applicability, as most of the included studies were not conducted in the UK so the care provision and legislation were different. They therefore focused on the qualitative evidence as it was of better quality with themes that the committee agreed were more generalisable (with more UK evidence and a wider range of complex needs) to the wider population.

The evidence suggested that when people have information and support in advance and understand the care planning process, this helps them to participate in planning for the future with their social worker. The committee highlighted the key role that social workers play in communicating relevant information to people with complex needs, as well as to their support network, in a timely manner throughout the whole process. The committee emphasised that this would also include information and support for carers which would have a positive impact on their own wellbeing as well as that of the person that they are providing care for.

There was evidence that highlighted that the environment and service location can be an important facilitator to help the person feel safe and relaxed, and there was also benefit in having a location that provides easy access to case management services (this included visits to the person’s home). The committee drew on this to recommend that care planning take place in the person's preferred location whenever possible.

There was some limited evidence about the role of building relationships and trust, that was consistent with the committee’s experience that good relationships that include meaningful conversations to engage individuals are an important aspect of case management and care planning. Drawing on their own expertise, the committee recommended a rights-based approach to case management and care planning, focusing on the individual’s rights according to the principles of the Human Rights Act. This would improve people’s outcomes by promoting their dignity and wellbeing, building on their strengths and supporting both their participation in the community and engagement with services.

The committee discussed the qualitative evidence that highlighted the importance of existing relationships between adults with complex needs and their family members and carers, and also the wider community. Promoting such relationships may enhance the support networks available to adults with complex needs, which may in turn help minimise the potential for isolation. They discussed the importance of both paid and unpaid support networks (for example, family and personal assistants), and agreed that their input should be reflected in the care plan where appropriate.

Based on evidence that highlighted that a barrier to successfully plan for the future was not recognising quickly enough when needs change, the committee recognised the benefits of a flexible and responsive approach. This should include regular review so that plans can be adjusted to ensure the person's safety and wellbeing.

Based on the evidence about the challenges of planning and addressing all of the person's needs, and supported by their own knowledge and experience, the committee were aware that services may not always successfully address the whole range identified needs. The committee therefore agreed to acknowledge this in a recommendation stating that the agreed care plan should be delivered while also highlighting any areas of unmet needs, with the aim to explore why some needs have not been met through review and look to meet these in future.

In relation to this, the committee cited statutory guidance 13.13 of the Care Act which describes the routes to reviewing care and support plans. While, based on their experience, a review should be planned with the person and take place at least once a year, the statutory guidance highlights that there can be situations where an unplanned review is necessary (for example if needs change or if it is requested by the person or other people important to them).

The committee discussed findings around working arrangements which identified certain conditions that enabled social workers to fulfil their roles more successfully, including autonomy, training, and support and supervision. However, the evidence suggested that most social workers reported a lack of support from managers from their own organisations. The committee were keen to emphasise the importance of supporting social workers in their role so that in turn, adults with complex needs would be effectively supported. This was reflected in the committee's

recommendation that organisations provide social workers with regular, practice-based supervision and support so they can be responsive to people's complex and fluctuating needs and keep their knowledge and practice up to date.

The committee discussed the evidence showing that continuity was valued in care planning, particularly because people with complex needs felt frustrated about having to tell their stories repeatedly. The committee noted that this was consistent with their experience that offering people access to a named social worker would benefit them in terms of providing such continuity of care, which would in turn enhance their health and wellbeing.

The committee made a research recommendation to address the gap in the effectiveness evidence relating to the evaluation of specific models of social work case management to inform future guidelines.

How the recommendations might affect practice

The recommendations will mainly standardise practice. There is some variation nationally in provision of a 'named' social worker so increased provision may have some resource impact, but this was common practice where possible so this may be limited.

Return to recommendations

Responding to an escalation of need, including urgent support

Recommendations 1.6.1 to 1.6.7

Why the committee made the recommendations

While some quantitative evidence was available, the committee decided not to make use of it when making recommendations, as only 1 small observational study with methodological limitations (such as lack of comparison group) was identified and the population was restricted to the specific needs of people with mental health conditions. Therefore it was difficult to generalise to the wider population of people with complex needs. The committee drew on the more substantial qualitative evidence (from 8 studies) and supplemented this with their experience and

knowledge to make advice applicable to the wider population of adults with complex needs.

The committee discussed the evidence that suggested practitioners using the wider support network of friends and family to help with decision making during a Mental Health Act assessment facilitated the social worker’s response to an escalation of needs. Based on this evidence and their experience, and statutory requirements, they decided to generalise this to the whole population for all situations of unplanned escalation of needs. They agreed that gathering information about the situation not only from the person’s family and social networks but also relevant practitioners would create a clearer picture of the situation (and any previous similar situations), and would therefore likely lead to better solutions. The committee noted that usually this information could be gathered by phone or using virtual meetings.

The committee used their expertise and knowledge of the British Association of Social Workers’ Capability Framework, which sets out the ethical principles and critical reflection practices that a social worker must apply to guide their decision making, to recommend social workers consider a person's wishes, preferences, social circumstances and cultural background when planning during an escalation of need so that any decisions that are made are not based on the social worker’s assumptions.

The evidence that showed there was a lack of time and resources for social workers to look at alternative options to detention under the Mental Health Act in response to an escalation of need. However, in accordance with the Mental Capacity Act 2005 other less restrictive options need to be considered which can take time. They discussed that social workers in such circumstances can feel under pressure and may make rushed decisions. They drew on one of the Principles of the Mental Capacity Act that highlights that whenever possible, options must be explored that are less restrictive of the person's rights and freedom of action. To ensure that this principle is upheld and to ensure that people with complex needs can maintain their independence and autonomy as much as possible in the event of an unplanned escalation of need, the committee made a recommendation to reinforce this legislative requirement.

The committee used their knowledge, supported by legislation, to make recommendations on the use of a person's advanced care statements during decision making to ensure a personalised approach to care is taken. This should lead to better outcomes and satisfaction with services, as a person's wishes and preferences may have been informed by what has worked previously. However, the committee noted that individualised approaches are always needed, even if no advance statement has been made, to provide support in accordance with the person's wishes and preferences.

The committee discussed the review finding that showed there was dissatisfaction that out-of-hours service was not always available. The committee was aware of legislation which supports 24-hour services, and made a recommendation in favour of them so that prompt support can be provided in situations of an unplanned escalation of need. They noted that availability of services out-of-hours may prevent some hospital admissions or presentations to accident and emergency departments. However, they noted that, in their experience, use of out-of-hours services was not always well communicated with day services, so recommended that timely and clear communication take place between services to enable better continuity of support.

To address the identified evidence being restricted to a narrow population, the committee made a research recommendation.

How the recommendations might affect practice

Most of the recommendations aim to standardise current practice, and are supported by legislation. The recommendation for a joint assessment in some crisis situations would not have a significant resource impact or cause a change of practice, because this would usually be conducted by phone or virtually. The current availability of out-of-hours services is varied in the context of Mental Health Act assessments, but according to legislation (section 14.35 of the Mental Health Act Code of Practice) making decisions on applications for the detention under the Mental Health Act should cover 24 hours so services should have such arrangement in place already.

Return to recommendations

The role of social workers within multidisciplinary teams and how they communicate, support and work with others

Recommendations 1.7.1 to 1.7.8

Why the committee made the recommendations

The committee agreed that the features of the integrated services covered in the quantitative evidence were not directly applicable to the whole population of people with complex needs. They also noted other limitations in the evidence, such as concerns about the way the studies were conducted and had mixed or contradictory findings with uncertainties about the size of effects that decreased the confidence in this evidence. Therefore, the committee made recommendations using the qualitative evidence together with their experience and expertise and legislation (the General Data Protection Regulation of the Data Protection Act 2018) as well as the Professional Capabilities Framework of the British Association for Social Workers. They agreed that the qualitative evidence highlighted specific aspects that were key to successful integrated working.

There was evidence indicating that having shared visions and aims helped to promote integrated working, because it led to an increased understanding between organisations and disciplines. The committee discussed the importance of this to help everyone in the team to understand the context in which they work, even if they come from different disciplines. Having a clear strategy should improve team working because overall purposes and objectives can be defined and everyone knows the part they play.

Most of the available evidence related to organisational matters that can help or hinder multidisciplinary team working, rather than focusing on actions taken by individual social workers. This was consistent with the committee's experience of the willingness to work together by team members, but that this could be better supported by the organisations they work for. Supporting information sharing (in line with the General Data Protection Regulation of the Data Protection Act 2018) and providing opportunities for clear communication should lead to better teamwork, because members would understand each other's expertise and roles and have opportunities to share knowledge and learn from each other. It would also help team

members define what role they can play in providing support to the person with complex needs. The committee also decided that information sharing relies on clear communication within the multidisciplinary team, and suggested some measures to increase efficiency.

The committee agreed that joint training opportunities would enable the sharing of skills and knowledge between professionals and help them understand each other's roles and responsibilities. This would enable team members to direct the person with complex needs to the practitioner who can provide the most relevant support. Based on the committee's experience, it was noted that training would need to include the views and perspectives of people with lived experience to give team members greater confidence in understanding the role that each of them can play in providing individualised care (as outlined in the Professional Capabilities Framework of the British Association for Social Workers), in turn leading to improved outcomes by addressing people's needs more effectively. The committee agreed training should not only be theoretical, but also contain practical information with examples of best practice or lessons that have been learnt so that the training can be followed up and implemented to improve team working and to benefit people with lived experience (for example, using case studies that promote reflection on applying principles of best practice of multidisciplinary team working).

There was evidence on barriers to integrated working related to a lack of clarity of roles within integrated teams. Using the evidence on facilitators of integrated working, and Social Work England professional standards, the committee made recommendations to support social workers in retaining their professional identity when working in an integrated team. This can lead to better outcomes, as the person with complex needs knows what to expect and from which person, so that they are aware which needs can be specifically addressed by a social worker.

There was evidence that bureaucracy was often viewed as a barrier to effective integrated working within multidisciplinary teams, negatively impacting efficiency of referral within the team and causing delays. Simplifying referral processes and pathways was seen as a solution for this, and would likely improve outcomes by improving the speed and accuracy (in terms of going to the person most able to help) of referral.

The committee discussed the evidence related to potential benefits of co-location which was assessed as high quality thematic evidence and was also supported by the mixed method analysis of qualitative and quantitative evidence. They acknowledged that this could have a positive impact on services but would not always be feasible, practical and could be costly (particularly if it involves new premises), and therefore cannot be routinely implemented. However, the committee recommended that organisations should think about whether this could be a beneficial and achievable option for their particular service (for example having a social work team in a hospital co-located with healthcare staff may improve joined up services and could be practical).

The committee discussed evidence suggesting shared formal agreements help integrated working. This was in line with their experience, so they recommended such agreements should be used to support integrated teams, particularly in terms of shared decision making and accountability. The committee agreed this should also cover budgets, as the evidence showed that a lack of access to pooled budgets could create barriers to integrated working.

How the recommendations might affect practice

The recommendations largely reinforce current regulation and usual practice. There may be some short-term costs if office accommodation needs to be reconfigured to allow for co-location, although there should be no difference in costs once this has been achieved and potential cost savings through working efficiencies and economies of scale. If physical co-location is not feasible, measures to allow virtual co-location (such as diary sharing and virtual meetings) should involve negligible costs, if any, while allowing potential savings from more efficient and integrated working.

Return to recommendations

Context

'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. Complex needs may be present from birth, or may develop over the course of a person's life and may fluctuate. The nature of these needs, and the way society is organised to respond to them, means adults with complex needs often face multiple challenges to living as they would wish and accessing support when it is needed. They are consequently vulnerable to preventable secondary conditions and premature mortality.

Social workers are one of the main professional groups who support adults with complex needs. They do this in a range of settings, on a long- or short-term basis. Their responsibilities include facilitating the local authority's duty to conduct needs assessments under the Care Act 2014. They also work with individuals and families to address identified needs, effect change and organise support. Social workers can help people with practical, social and interpersonal difficulties, promoting human rights and wellbeing.

There are about 30,000 registered social workers employed in England, most commonly in local authority social care settings, but also in health and voluntary sector services. As well as providing care directly, social workers have a key role in organising support from the wider social care sector and other agencies. They work in a challenging context. The Kings Fund Social Care 360 report in 2021 describes a rising demand for social care, but a reduction in how many people are receiving care, and social care funding levels have only just returned to 2010–11 levels, after a decade of lower real-terms investment. The Care Quality Commission State of care Report for 2019/20 reports that the quality of social care received by most people was good overall. However, it noted regional variation in access to and quality of care, the need for better integration and joined up care between services, and that the COVID-19 pandemic is “having a disproportionate effect on some groups of people, and is shining a light on existing inequality in the health and social care system”.

In this context, it is vital that the organisation and delivery of social work is informed by the best available evidence about effective ways of working. The Chief Social Worker for Adults' annual report: 2018 to 2019 acknowledges evidence gaps for

social work, setting as priorities knowing what works and developing a better evidence base for social work practice.

This guideline was commissioned by the Department of Health and Social Care to meet this need and develop evidence-based recommendations for social work for adults with complex needs. The guideline was developed by a guideline committee following a detailed review of the evidence. It covers assessment and care management or support which is delivered by or led by social workers. It seeks to provide recommendations which are generalisable to the whole population of adults with complex needs. This guideline is for social workers, and organisations which employ social workers or commission social work services. It is also relevant for adults with complex needs and their involved family and informal carers, and for other professionals who work with social workers in supporting adults with complex needs.

Finding more information and committee details

To find NICE guidance on related topics, including guidance in development, see the NICE webpage on adult social care.

For details of the guideline committee see the committee member list.

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