

National Institute for Health and Care Excellence
Social Care Guideline: Social work for adults with complex needs
Stakeholder Scoping Workshop
Tuesday 24 September 2019

Presentations
<p>The group were welcomed to the meeting and informed about the purpose of the day. The Stakeholder Scoping Workshop is an opportunity for stakeholders to review the draft scope and give their input into whether it is appropriate.</p> <p>The group received presentations about NICE's work, the guideline development process and the role of the committee. The Chair of the guideline development group also presented the key elements of the draft scope.</p> <p>Following questions, the stakeholder representatives were then divided into 5 groups each including a facilitator and a note taker. Each group had a structured discussion around the key issues.</p> <p>After the introductory presentations, the following issues were noted:</p> <ul style="list-style-type: none">• It was felt this guideline would fill a gap, as social work has not been specifically addressed by NICE guidelines• Currently assessment of mental capacity is mentioned as an area that is not going to be covered. It was discussed that excluding this would be difficult since this is a central part of social work assessment.
Scope
General comments
<ul style="list-style-type: none">• It was noted that the change to the title of the guideline from 'social work interventions for adults with complex needs, including mental health and learning difficulties' to 'social work for adults with complex needs' was an improvement and makes sense.• It was mentioned that a good balance had been struck between making a manageable scope and the importance of the areas that could be included <p>Additionally, the following questions were raised:</p> <ul style="list-style-type: none">• Would it include social workers that work in varied roles and background e.g. prisons?• Would the guideline include people with learning disabilities who are offenders?• Why were 'young offenders' specifically mentioned and not all those have offended?• Had it been considered to include the word 'autism' to the title?

- Will people without a clear diagnosis be included?
- Will this guideline cover cognitive, mental health/physical – is the intention that this guideline will look at all three or mainly at people with mental health issues/mental health & learning disabilities?

Population

Groups highlighted the following issues related to the population of the guideline:

- It was noted that in relation to the complex needs of people, different settings would impact on the approaches that a social worker would use
- Consideration should be given on how social workers can support those who have not been assessed
- It was suggested to add 'social' to the definition as in 'People over 18 with complex social care needs'
- The current wording of 'long term needs' was questioned and how it could be distinguished from complex short term needs (which could have longer term consequences or impact).
- Consideration should be given on what falls within social care and what would fall within health remit. It was however accepted that from the service user perspective that is not important as long as their needs are being met.

Suggestions for the inclusion of some specific groups were made:

- People reaching end of life or people in need of or receiving palliative care should be included, for example in relation to advance care planning or considerations about care when other care becomes inadequate, and support for their family and for people important to them.
- People who are illegal immigrants and people who are refugees?
- People with substance abuse or dependency issues
- Autistic people or people with attention deficit hyperactivity disorder.

Equalities

The topic of equality considerations was discussed and suggestions were made.

The following process could be considered to promote equality:

- Ensure avoiding jargon to make services more accessible and enable people to understand and participate
- Be aware of cultural sensitivities and social work affected by/ influenced by cultural specificities
- Trying to engage with client group that are difficult to reach
- Engaging with people with limited communication skills e.g. non-verbal, dual-sensory impairment, neurological disorders, traumatic brain injury, dementia
- Linking with social justice and empowerment and how that links with inequalities
- Taking into account people's levels of resilience and self-efficacy

There were also suggestions for the following additional characteristics:

- Care leavers
- People experiencing domestic violence
- Substance abusers with long term conditions

There were also suggestion to expand 'migrant workers' to 'migrant populations' as well as changing 'gender reassignment' to 'gender'.

Setting

There was agreement that the suggested setting in the scope was correct.

Management

Key areas that will be covered

The Stakeholders discussed all the issues covered in the 'key areas that will be covered' section of the scope. The main points included:

- Social work assessment should include assessment of mental capacity
- Consider including aftercare. Importance of being reviewed
- Empowering people into sheltered work & rehabilitation
- Empowerment opportunities in the local community, including paid or unpaid involvement
- Consider the importance of 'purpose in life' in mental health
- Consider mental capacity & safeguarding
- Define at what point someone may need support, i.e. if someone is deemed to have capacity but makes unwise decisions or avoids making decisions.
- Consider the duty to make an effort to engage people
- Individual should not be separated from family casework because the two approaches are closely interlinked.
- Training (professional capabilities framework) to support staff
- Joint decision making in the care planning stage across disciplines ought to be considered
- Communication should be added, including nonverbal communication
- Transition from children to adult services should be taken into account.

1.5 Areas that will not be covered

Stakeholders discussed the areas that are not covered. People agreed that 'organisation of services' should be outside the remit. However, they disagreed about the exclusion of assessment of mental capacity.

Section 1.6 Main outcomes

Overall, the stakeholders were satisfied with the outcomes suggested. In addition to those stated 'avoiding unnecessary admission to hospitals' was suggested.

Section 1.7 Key issues and draft questions

Stakeholders agreed that the questions addressed the key areas, but made some general additional comments and suggestions:

- Consider capturing the transition aspect for the client within one of the questions?
- Include something about handover within the wording of the question – working with professionals who don't work in the same sector but are linked
- Individual family as well as carer – can this be more inclusive in relation to paid and unpaid carers for those who may not have a family support network? For people with multi-morbid conditions, the carer becomes extremely important. Can this be reoriented or extended within the questions?
- Can the developmental component about what can be improved and what comes next be captured?
- Consider a life course perspective and different developmental stages (age related).
- Social work and care related to disasters. i.e. how we address the potential lack of community and care during or immediately after disasters

Section 1.8 Economic aspects

Stakeholders did not highlight any particular economic aspects.

Guideline Committee composition

Stakeholders made the following suggestions for the proposed members of the committee:

- An additional social worker within NHS (can sometimes be excluded from social care guidelines due to not carrying out specific social worker assessments although they provide other social worker acts)
- A carer (live-in - can provide very different experiences)
- An additional lay member – another service user. For it can be intimidating to the service user if surrounded by room of 'professionals', for example someone with a dual-sensory loss expertise, an autistic person
- Approved mental health practitioner
- Commissioner
- A psychiatrist with expertise in learning disability