

## RAN Advice Forum Report

### “Working with clients who have complex problems”

October 7, 2019

#### Introduction

1 The Forum began with a short introduction by Richard Harrison, RAN Chair. This was followed by two presentations:

- Peter Kayes spoke about the concept of ‘complexity’, and illustrated this with five case studies of clients who had been helped by the Reading Community Welfare Rights Unit
- Caroline Marsh spoke about the approach of Reading Borough Council’s Adult Social Care team:
  - the legislative framework that governs their work - the Care Act, the Mental Capacity Act and the Mental Health Act
  - their strengths-based approach - finding out from the client what is important to them, how they want to live their life, what they can do and what has worked well in the past, and what help they need
  - multi-agency engagement - bringing in whatever agencies, statutory and voluntary, can best provide the specific help the client needs
  - managing risks, both immediate and longer-term.
- Three of Caroline’s colleagues - Selina Ahmed, Denise Howard and Karen Crossan - then illustrated this approach with a story about Harold and Hilda, a couple in their 70s. This showed, in particular, the number of different agencies from which such a couple could need help.

2 Participants then worked in discussion groups to consider 4 questions:

- What is our approach to clients who have complex problems?
- What works best?
- What are the difficulties we encounter?
- How could we work better together to help these clients?

3 Each group’s conclusions were then shared in a plenary session. The key points emerging from the presentations and discussions are set out below.

#### **What are the key characteristics of clients who have complex problems?**

4 Every client is of course unique, with their own history and particular mix of problems, but there are four elements that are very often present:

- They are in poor physical and/or mental health
- They are in financial difficulties
- They are reluctant to, or struggle to, deal with statutory authorities, which can lead to decisions against them which make their problems worse
- They find it difficult to talk about their problems

#### **What works best in trying to help these clients?**

5 These are clients in acute need who we all want to help, but their problems will frequently be beyond the capacity of any one organisation to resolve. What seemed to work best was as follows:

- Face to face support
- Good initial triage. Then and subsequently, treating each client as unique, building trust, listening carefully, taking time to find out what their most important underlying problems are, because they often won't be the problem that the client initially presents, breaking the problems down into manageable parts, and identifying priorities.
- Giving clients a clear explanation of what the organisation, and its staff or volunteers, can and can't do.
- Being the client's voice when talking to statutory agencies, but trying, wherever possible, to work with the agencies, not against them.
- Making really good referrals to the organisations which are best able to help with the priority problems identified. In particular, getting the client's written consent to share information, and then being open and honest - passing on ALL the information that the receiving organisation will need to provide help and keep the client and others safe, including things like addiction problems or criminal records.

### **What are the difficulties we encounter?**

6 We identified two general difficulties, and a series of more specific difficulties that occur for particular agencies or particular groups of clients. The general difficulties are:

- Lack of resources - people, time or money. This is true for both voluntary and statutory organisations.
- Primary health care organisations often aren't sufficiently engaged with agencies working with people with complex needs, yet poor physical or mental health is often one of their core problems

7 The main specific difficulties are:

- Conflicting criteria between voluntary and statutory agencies for what constitutes a 'safeguarding' issue
- Problems with referrals:
  - Key information not being passed on to the receiving organisation
  - Inappropriate referrals because the receiving organisation does not do what the referring organisation thinks it does
  - Referrals for clients who may need particular help to navigate the referral process, such as clients with learning difficulties, when this help is not available
  - Referrals for some BAME clients, who may be reluctant to approach non-BAME agencies
- Clients, often the most vulnerable, who have no access to, or cannot use, IT
- Lack of access to interpreters, including British Sign Language interpreters - not knowing what a client is entitled to at each stage of their journey and who is responsible for providing and funding interpreters
- Clients such as refugees or asylum-seekers who have no recourse to public funds
- Trying to help whole families with complex needs, for agencies who specialise in supporting particular groups of individuals
- Some clients not understanding how long it takes to put support in place
- Some clients fearing 'assessment', since they are worried about what is going to be assessed
- Inflexible systems (for example, a client who was blind and illiterate had no concept of what a 'form' looked like, so had no idea how to complete it)
- Clients not taking the follow-up action suggested

## **How could we work together better?**

8 There were several suggestions:

- Create more opportunities for regular professional contact between the voluntary and statutory sectors, to strengthen relationships, enable us to understand each other's difficulties, help develop solutions, and build mutual respect. The 'Learning Lunches' recently introduced by RBC's Adult Social Care team are a good initiative on which we could build.
- Strengthen the existing databases of voluntary organisations so that they are comprehensive, set out exactly what each organisation does, give contact details for a named representative and are kept up to date. In particular, where organisations offer crisis support, what this support involves and how it can be accessed.
- RBC to create and share an organisation chart for Adult Social Care which shows staff responsibilities and the communication and escalation routes
- Produce a common, GDPR-compliant, disclosure agreement that clients could sign, giving permission for information to be shared with other organisations
- Produce a common 'client behaviour' protocol, so that clients would know what was expected of them, and what behaviour could lead to a service being withdrawn, whichever agency they were dealing with
- Create a team of people who could accompany clients at key points on their journey - on referral to another agency, for example
- Focus together on trying to build clients' resilience, so that they can deal with more problems themselves
- Share the contact details of everyone attending the Forum

## **Conclusion**

9 The feedback from the Forum was very positive. Those attending welcomed the opportunity to discuss this issue and understand better what each other is doing. But there was also a feeling that we now need to act on the shared challenges we've identified.

10 The RAN Trustee Board has since agreed to do the following:

- Talk with RBC and RVA about:
  - How best to create more opportunities for regular professional contact between voluntary and statutory agencies
  - How to strengthen the existing databases of voluntary organisations
- Ask RBC to create and share the suggested organisation chart for Adult Social Care
- Circulate a suggested disclosure agreement
- Circulate a suggested 'client behaviour' protocol
- Support RVA in piloting the creation of a team of people who could accompany clients at key points on their journey
- With participants' agreement, share the contact details of those attending the Forum.

**Richard Harrison**  
**Chair, Reading Advice Network**