Dear Students of Social Work,

It is common for a case involving a vulnerable person¹ to be surfaced to an agency through a phone call or an email with some information. But the information given is insufficient to conduct a proper assessment of the case. Various parties may be indicated and have different starting points of involvement in the case. The question is how do we begin to form an assessment for the next course of action.

Initial Assessment



It is often difficult to expect a vulnerable person who is usually not in a good physical or mental state to be able to provide sufficient information. By sufficient, we mean good and clear information. Skilful interviewing is necessary and should be carried out at a pace that matches the person's ability and capacity. There is always pressure to obtain reliable information. This is important as the immediate need may be to determine if there is neglect or abuse, past or present.

The initial work for anyone who has the first contact with the vulnerable adult must be to assess if there is an immediate risk of harm that warrants getting the person to medical help or the removal of the person to a place of safety. If the assessment reveals concerns about the well being, welfare and urgent unmet needs of the person, a caseworker should then be assigned to the person. The role of the caseworker is to facilitate help and to subsequently monitor the result of the help and what may be a longer term arrangement for following up on the case.

Casework Intervention



Image courtesy of Stuart Miles at FreeDigitalPhotos.net

The agency that is monitoring the vulnerable person should continue to do so until a more permanent caseworker or follow up plan is determined. This monitoring reduces the risk of the person falling between the cracks or being lost in the referral process. Casework intervention may include working with significant persons who can provide care and support for the person and enabling help agencies to contribute towards building a safety net of support for the person.

Depending on the severity of the need of the person or the risk of harm, the agency handling the case should alert protection authorities or relevant others if the person requires intervention from a more authoritative agency. The assessment of the risk of harm should be an ongoing one to delay deterioration from an initially non risk status.

The casework should aim to achieve some permanency for the vulnerable person with the care being provided in a family based setting, in an institution or in a community based facility. It could involve transitions across the different settings over time.

Once concerns about the well being of a person is known, the focus should shift to getting help to the person as quickly as possible in the right place and at the right time and avoiding unnecessary processes that cause drift and delay. When a person needs help, he or she needs it in a timely, sustainable and informed way. This means coordinated interventions. These could range from same day rapid response 'at the point of crisis' to solution focused support services promoting effective diversion from care, to longer term family work or specialist support. If family work is an option, it would involve constructively engaging with the person, significant others and other care givers. The approach enables us to promote a planned response to need <u>and</u> risk and a clear pathway for escalation and de-escalation.

Image courtesy of cooldesign at FreeDigitalPhotos.net

¹ Loosely defined, a vulnerable person is one who, because of physical and/or mental infirmity, disability or incapacity, is unable to protect himself from harm

Central to the approach is the need to minimize the barriers to us hearing the voice of the vulnerable person. This consciousness should be part of the 'thinking' and 'mindfulness' in the approach. This includes recognizing the priorities of the vulnerable person (be it to preserve family relations, to seek help for the perpetrator or to stay at home as far as possible) and putting aside our personal values and judgment.

Themes in Intervention



<u>Prevention</u>: We know that we will have more chance of helping vulnerable persons if we identify their problems swiftly and intervene early to support those who can care for the person. We want our services to be skilled at identifying the problems of vulnerable persons as they emerge, and before they pose harm. And we expect them to work together with their families, where possible, to tackle problems.

<u>Protection</u>: For some vulnerable persons, we cannot prevent problems escalating and presenting much greater risks to their well being. Taking swift, decisive action will be important to prevent significant and lasting damage especially if the vulnerable person is someone with a disability. It will also maximize our chances of restoring the confidence and dignity of the person.

Image courtesy of anankkml at FreeDigitalPhotos.net

Strategy and System

The approach in intervention is to provide support at the point of the carer's inability to cope or better still, at the point when the ability is beginning to break down. The aim is to structure a system for surveillance so that it can trigger escalation for intervention. It is about supporting the carer's residual capacity and motivation. To do so, the intervention should assertively engage resources within the community support network.

What working together to support a vulnerable person means



Working together means identifying needs early and addressing them. It means undertaking work in a timely and focused way. It means establishing and developing key partnerships to undertake intensive pieces of intervention work.

The intervention or strategy is often led or directed by a social worker, or an identified professional. As part of the strategy, the vulnerable person is asked about his or her views and feelings; and those who care for the person are given a listening ear and allowed to contribute information.

The lead strategist or coordinator forges multi-agency partnerships across the continuum of need. The coordinator may also help those involved to formulate a plan within their own resources to support the vulnerable person drawing help from community resources where appropriate or available.

Image courtesy of hywards at FreeDigitalPhotos.net

Ang Bee Lian Director of Social Welfare, MSF 3rd November 2014