



Case Coordination for People with Complex Needs Support

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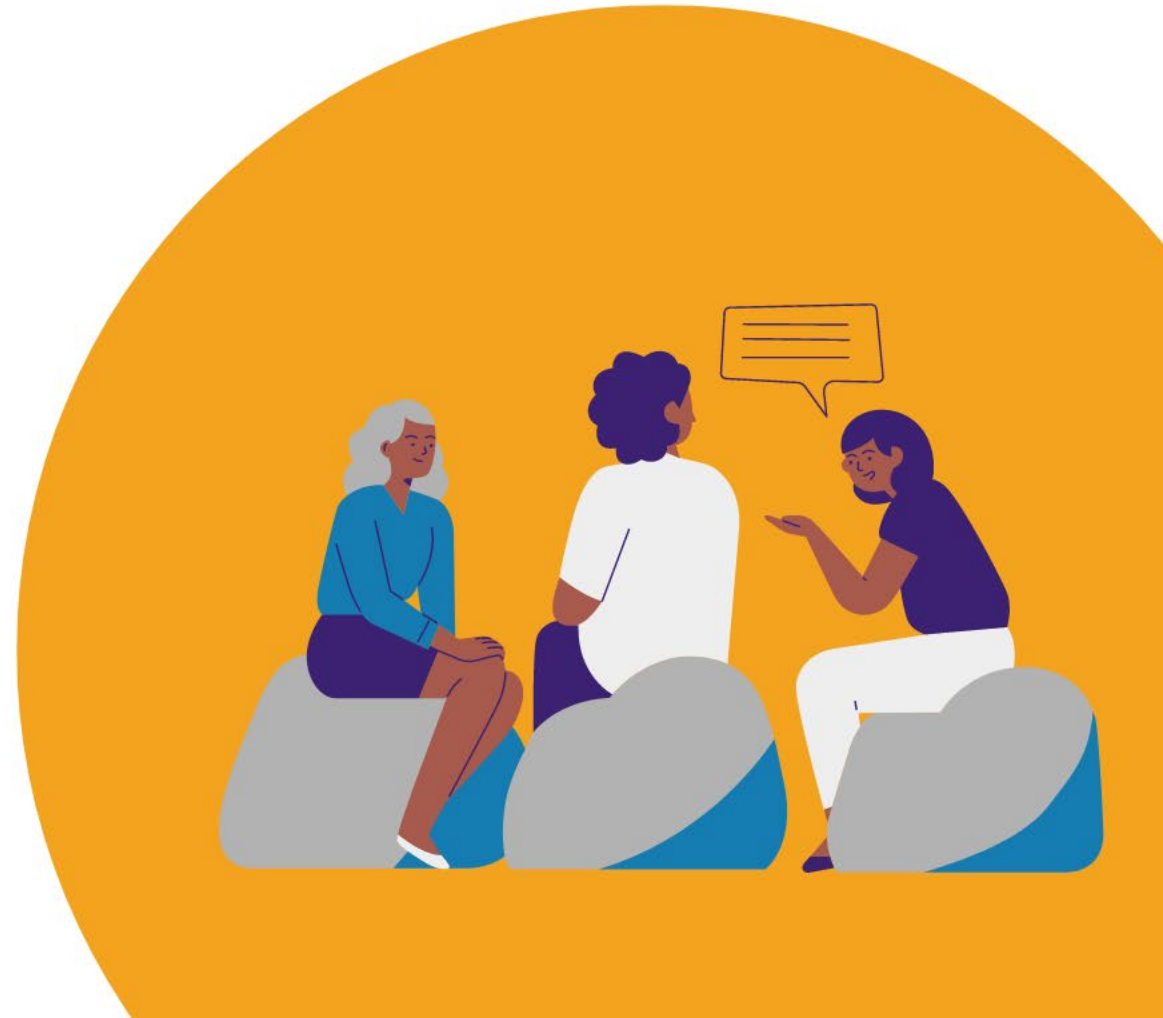


Making Every
Adult Matter

Agenda

- 🟡 Systems thinking
- 🟢 Trauma -informed systems
- 🟡 Strengths -based systems
- 🟢 The 'Team Around Me' approach
- 🟡 Learning from lived experience
- 🟢 Partnership working and collaboration.

Systems thinking as an approach



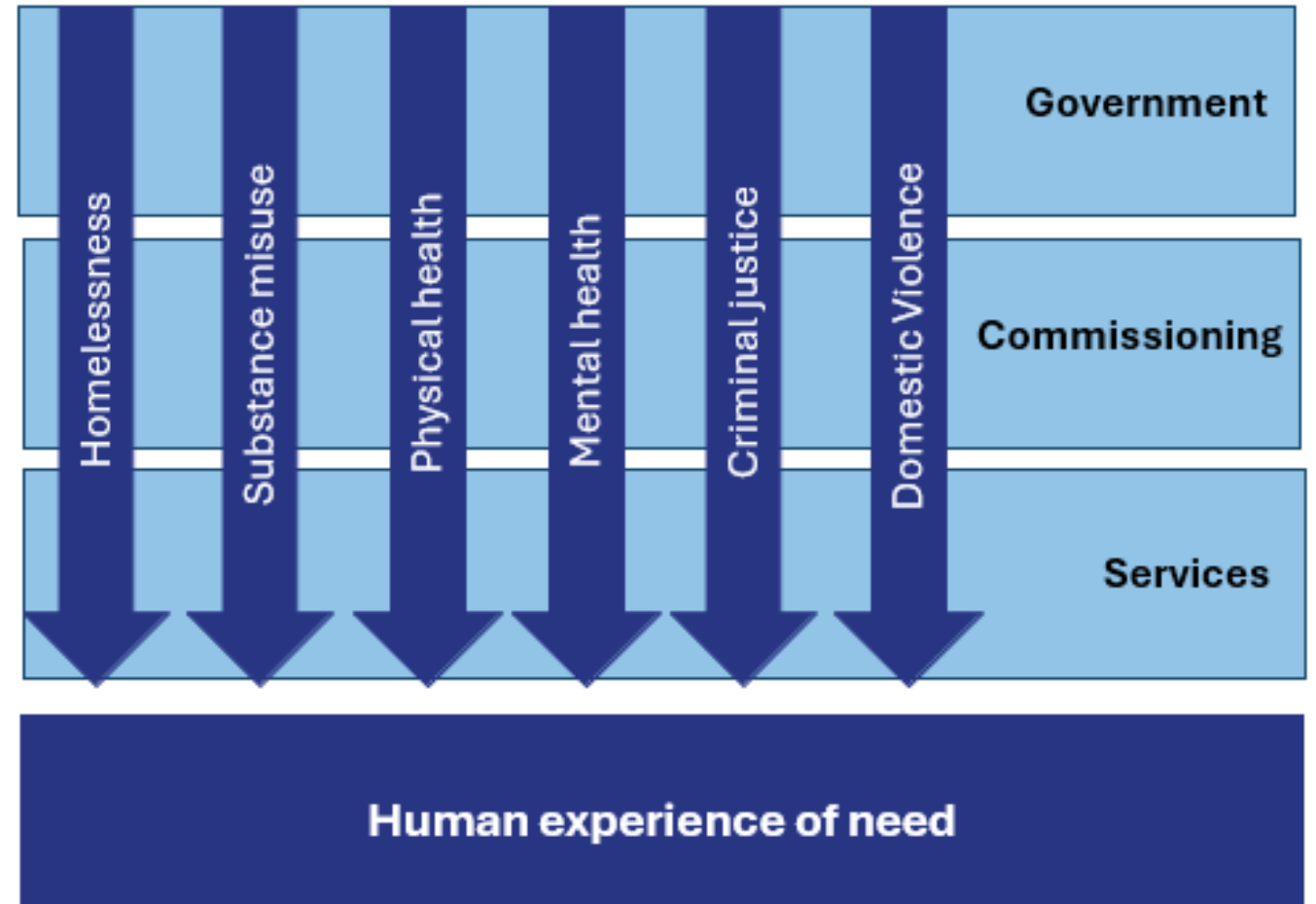
What does MEAM do?

“This is what our service offers. Do you want to engage with it?”

“How can we as a coordinated local system help you move forward?”

Systems

- Policies and services are designed, commissioned and delivered in silos
- Not informed by lived experience
- Often built around the needs of the service, not people
- Focus on deficits rather than strengths
- Lack person-centred and trauma-informed approaches (can re-traumatise + fail to support)
- Fails at a fundamental level to grapple with the human experience of need.



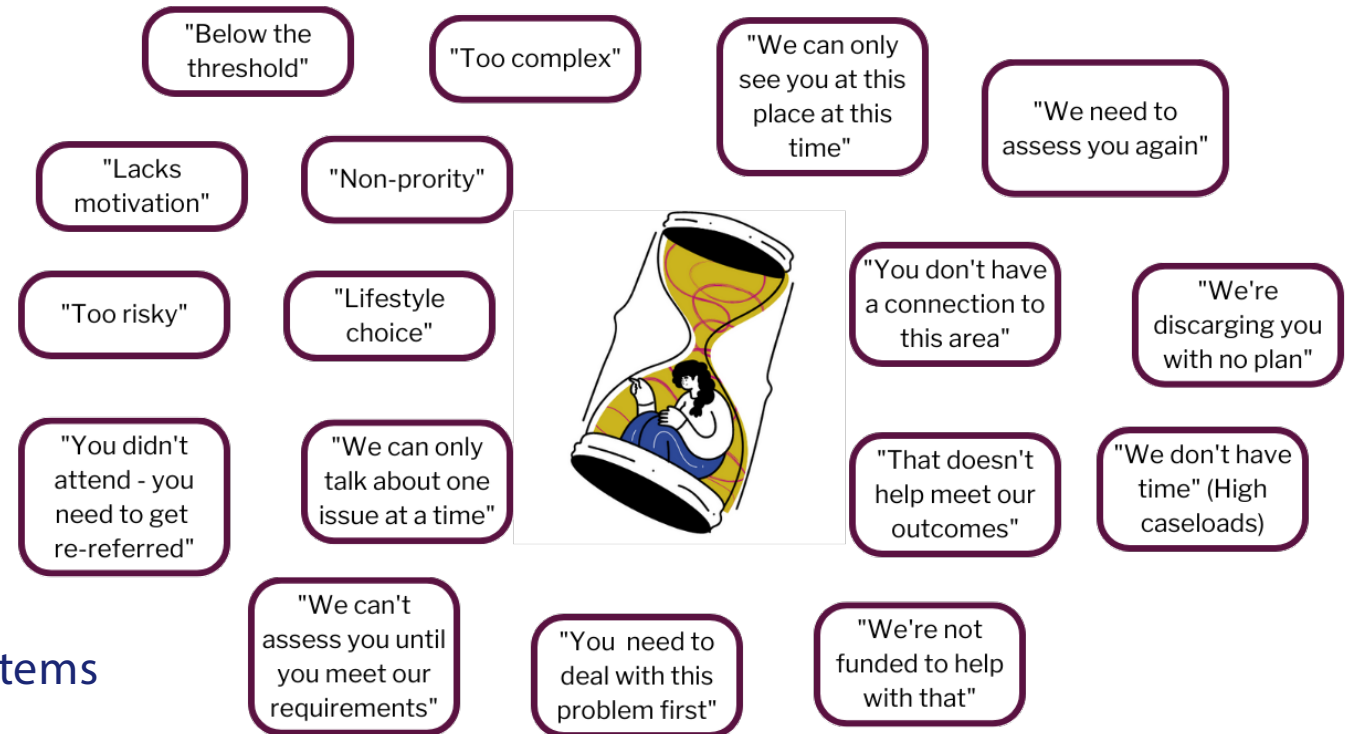
Systems 'effects'

This leads to services that:

- Set thresholds
- Argue about who should hold risks
- Find reasons to 'manage demand'
- Exclude people.

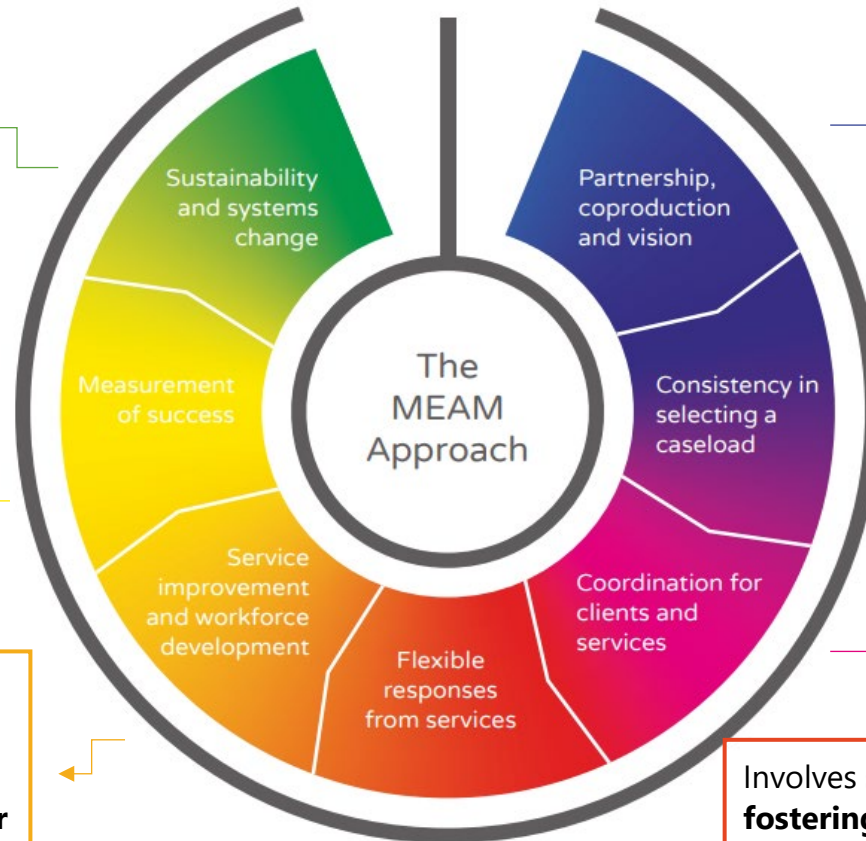
Overall result:

- Ineffective. People are 'bounced' around systems
- We don't get the best of our public services
- People lose trust in systems
- It can re-traumatise people
- It costs more than it should
- Fail to embrace the full range of expertise, resource and contributions of our communities.



What is the MEAM Approach?

A framework used by local partnerships across England to develop a coordinated approach to tackling multiple disadvantage in their area.



Drive systemic change through **shared plans, clear values, and innovative solutions, with local resources** for lasting impact.

Measures **social and economic outcomes, engaging those with lived experience in evaluations and collaborating with national evaluators to share data** and support broader assessments.

Emphasizes **service improvement through inclusivity, staff training, addressing gaps, and fostering collaboration via co-location and peer support.**

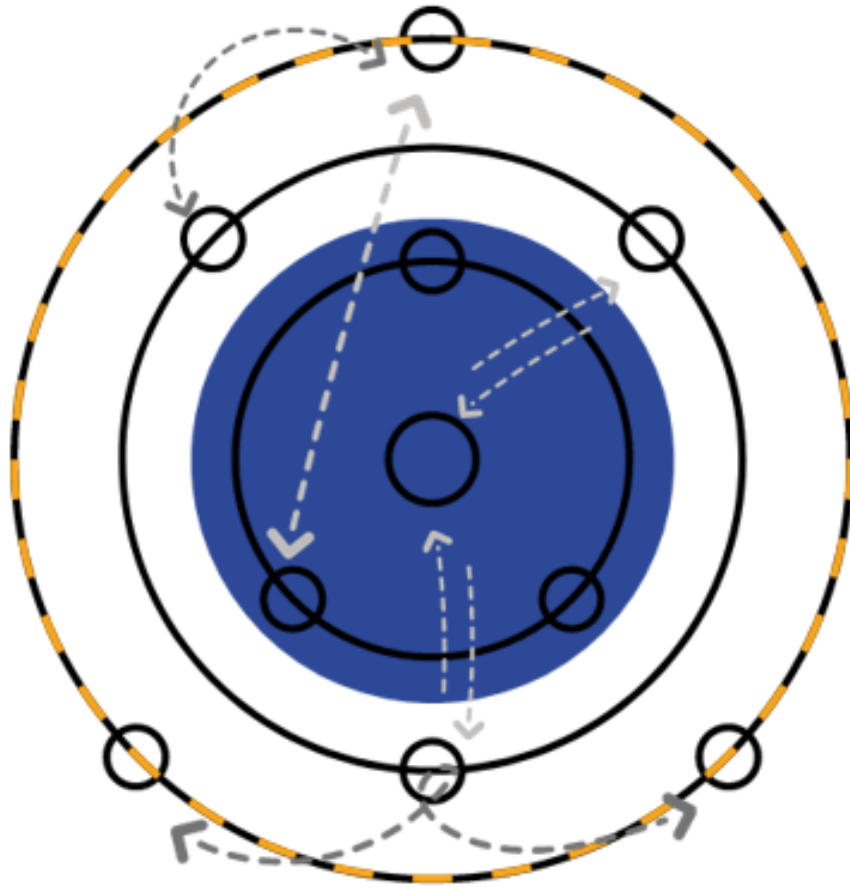
Highlights the need for **cross-sector collaboration, including lived experience, to co-produce solutions, build understanding of multiple disadvantage, and set a vision for systemic change rooted in local research.**

Clear, flexible process to select a small group facing multiple disadvantages, ensuring **diverse referrals, coordinated support, and long-term care for sustained stability.**

Emphasizes the need for **skilled coordinators with cross-sector mandates to provide personalized support, build trust, and advocate for flexible, agency-wide service responses.**

Involves **shifting service culture, fostering collaboration through senior boards, enabling personalized support via contracts, and leveraging pooled budgets while addressing legal requirements.**

Your role in the system and why it is important for systems change!



Service users

Frontline workers

Peer mentors

Navigators

Strategic leads

Commissioners

Understanding complexity

Systems thinking allows us to see problems in a different way. Using this lens, we recognise 3 types of problem:

Simple



- Clear boundaries to the problem and solution
- If you know how and/or follow guidance, you can fix them
- Somewhat complicated but predictable.

Complicated

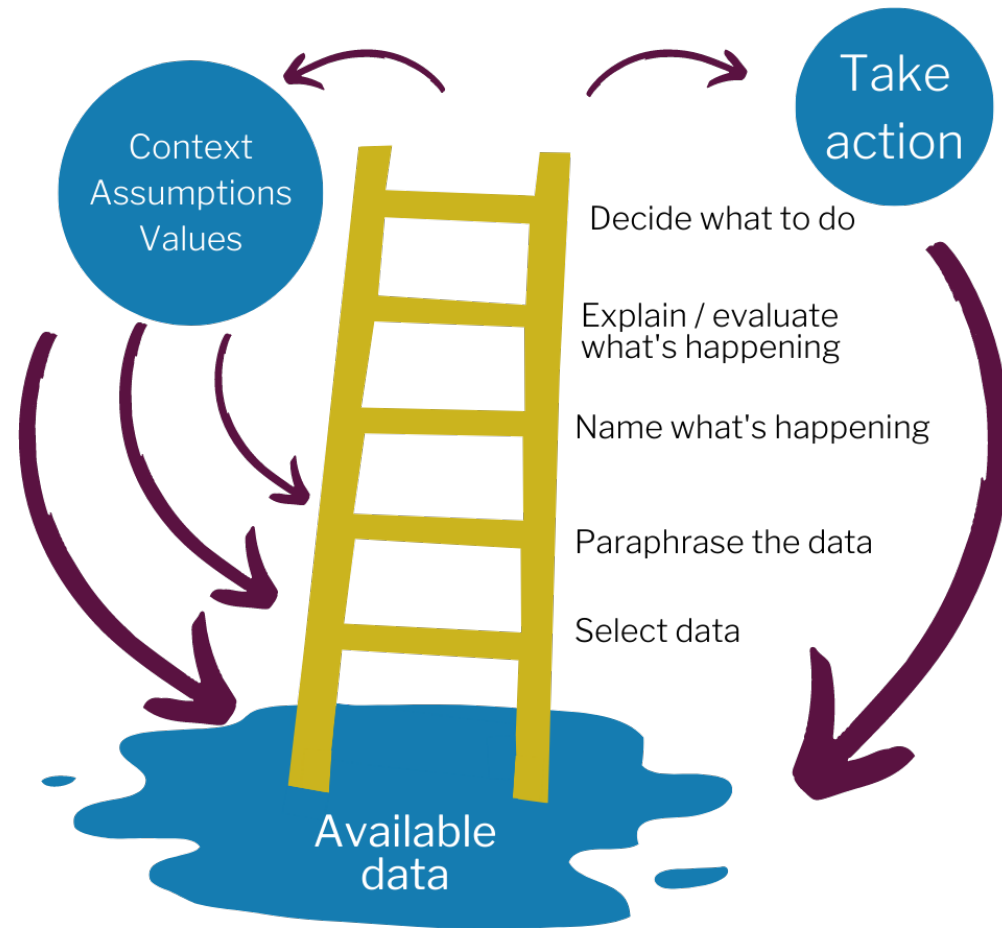


- More unpredictable
- May require expert knowledge
- Once acquired, you should be able to resolve them.

Complex



Multiple perspectives

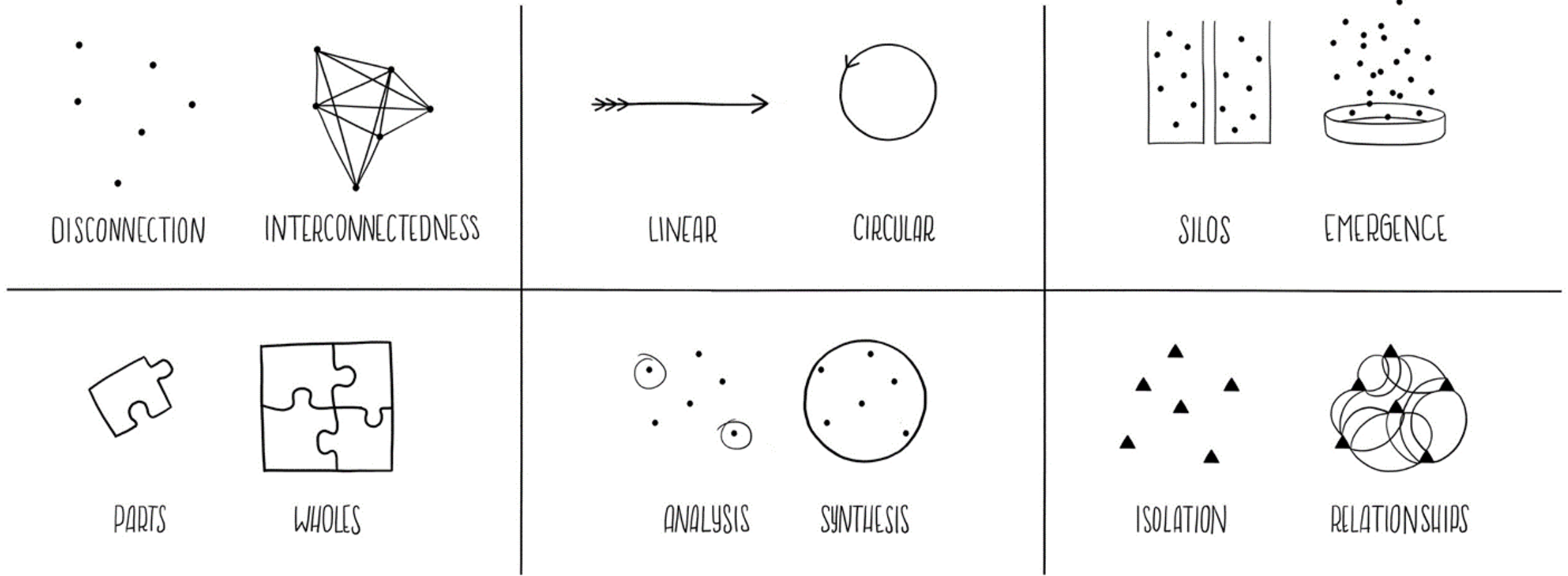


- How we see something is very much influenced by how we see the world
- Our map of the world is built on our belief systems, experiences, and the things that are important to us
- When we are not aware of these thought processes what do we miss? Who do we miss?

Systems thinking is about using multiple perspectives, not just your map of the world. When you do this, you automatically become more collaborative in your approach.

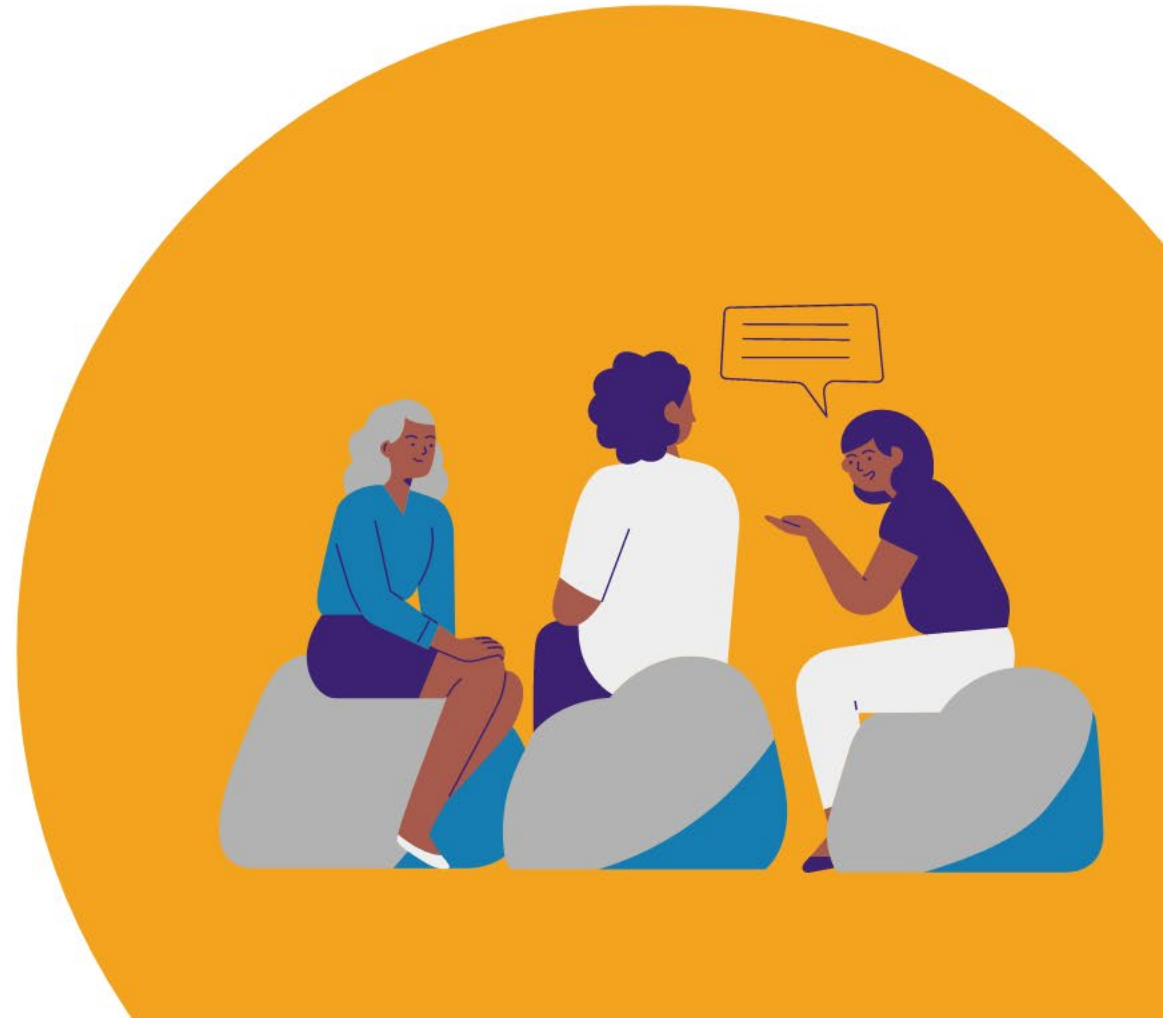
Ref: Based on Chris Argyris's Ladder of Inference.

TOOLS OF A SYSTEM THINKER



Source: Leyla Acaroglu | Tools for Systems Thinkers

Trauma- informed systems



A systems approach to trauma

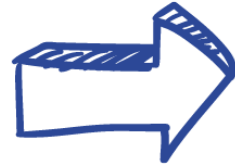


Source: Juliet Young

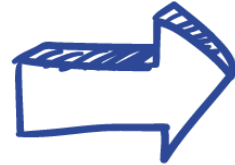
- Grounded in and directed by an understanding of trauma and its impact on individuals
- Realises the widespread impact of trauma across the system
- Recognises systemic inequalities and oppression, and the importance of applying an intersectional lens
- Process of organisational and culture change that involves everyone in the system.

Trauma is also experienced through systems

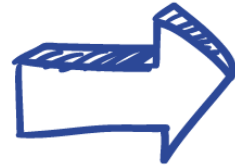
Individual



Services



Systems



Powerlessness

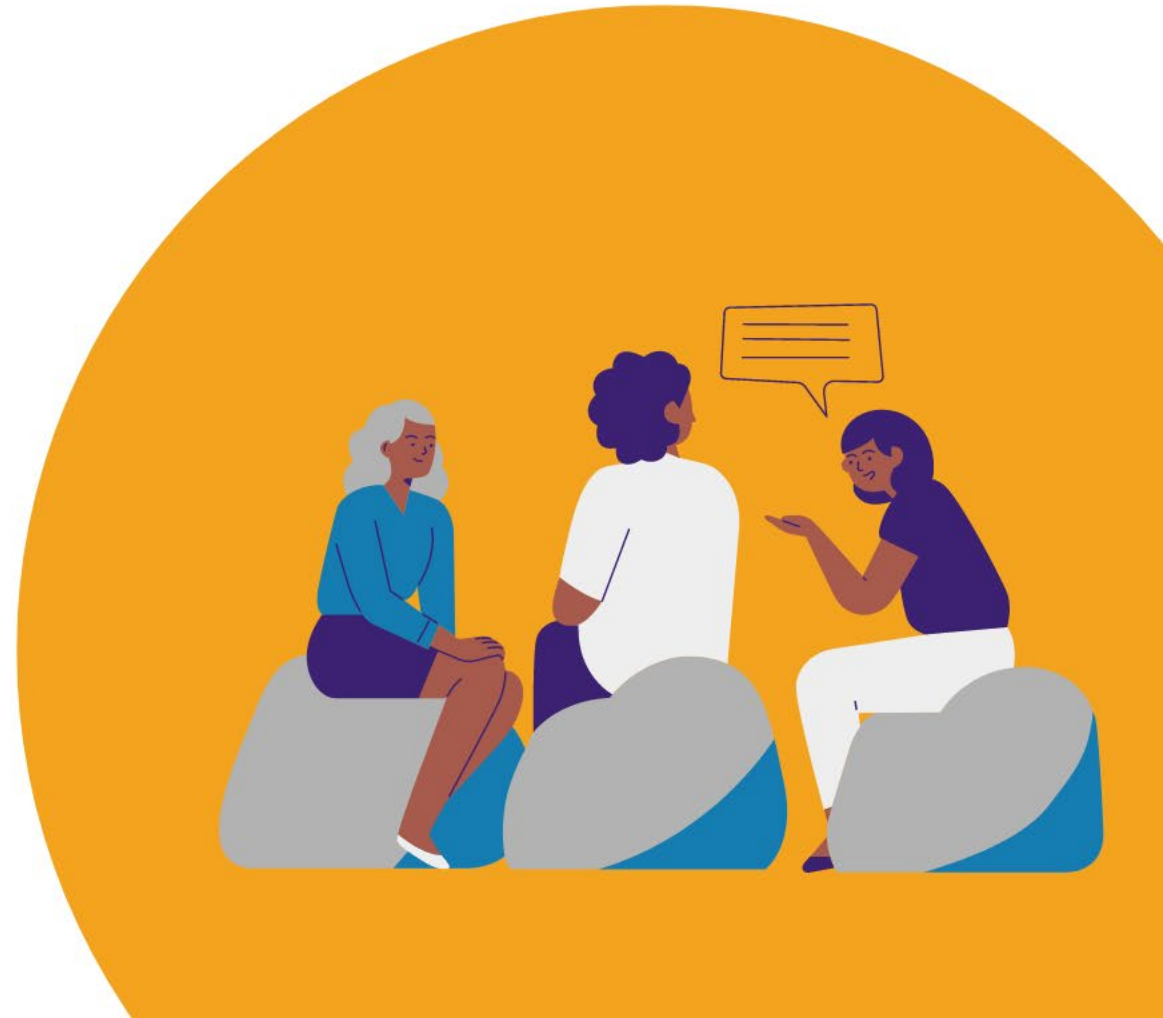
- A loss of control
- A trusting relationship broken
- Sense of self disrupted

Good practice example: Camden & Islington (London)

- Took opportunities to learn from other areas (West Yorkshire, Plymouth)
- Adopted a Network approach that included coproduction from the outset
- Stemmed from systems practice training and conversation, work in multiple disadvantage, trialled as a legacy from Fulfilling Lives
- Regular Network events.



Strengths-based systems



Defining strengths-based practice

“

The strengths perspective and strengths-based approaches focus on strengths, abilities and potential rather than problems, deficits and pathologies.

(Chapin, 1995; Early & GlenMaye, 2000; Saleebey, 1992d; Weick et al., 1989)

”

“

If we ask people to look for deficits, they will usually find them, and their view of the situation will be coloured by this. If we ask people to look for successes, they will usually find them, and their view of the situation will be coloured by this.

(Kral, 1989)

”

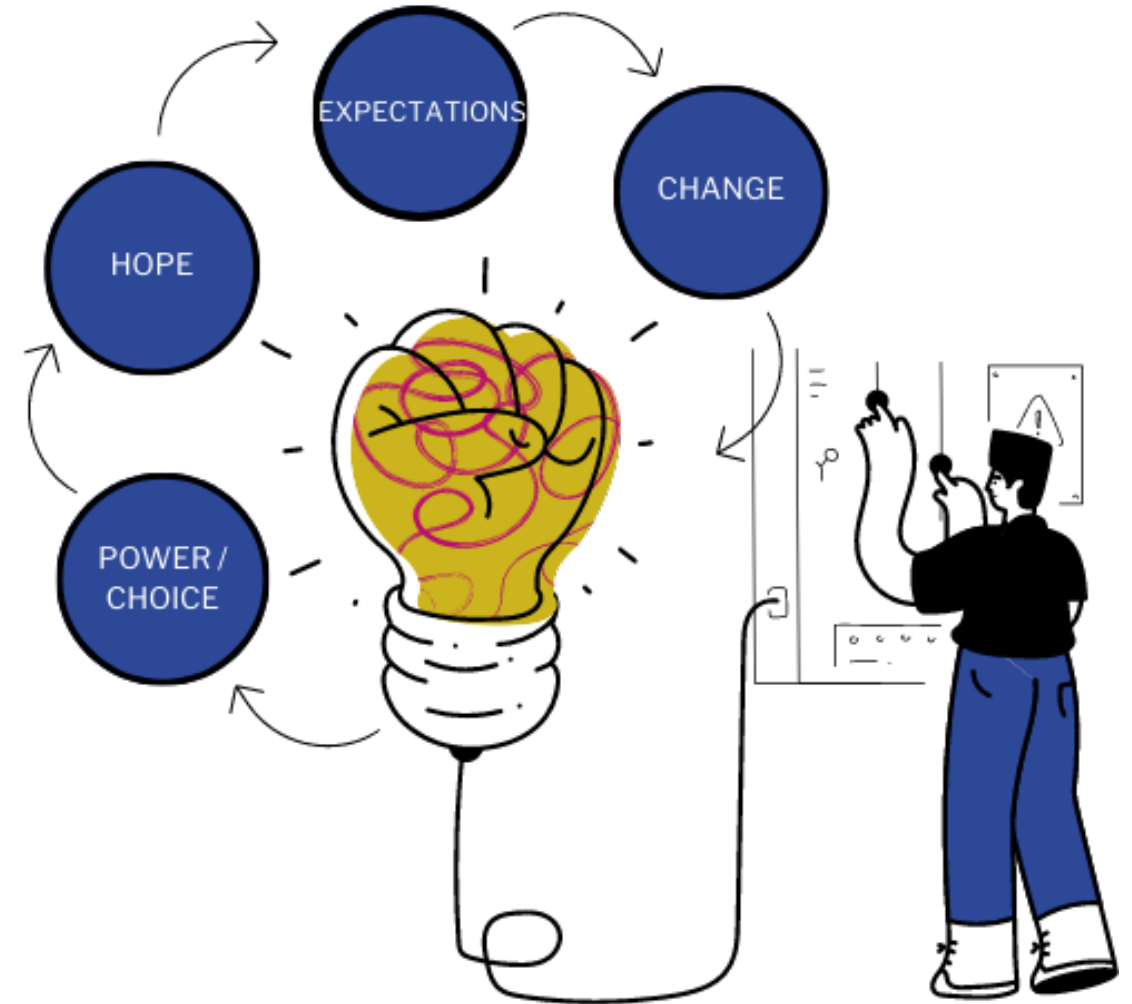
Deficit-based services and systems can:

- Confuse and disorientate
- Put lots of demands on people
- Focus on symptoms and not causes
- Continually assess based on deficits
- Set people up to fail
- Diminish people's sense of self
- Disempower people
- Re-traumatise
- Trap people in negative cycles.



Strengths-based services and systems can:

- Allow people autonomy and control
- Empower people
- Build resilience
- Enable people to thrive
- Help people build a positive identity of themselves
- Break negative cycles and create lasting change.



Strengths-based

Sex workers that are empowered to keep themselves as safe as possible

Flexibility

Innovative practice

Opportunities uncovered

Listen to sex workers, understand their perspective, motivations and how to promote safety

People are capable of making decisions, including the decision to sex work, and we should support them to be as safe as possible in that decision

Deficit-based

Criminalised, stigmatised sex workers without access to harm minimisation

No harm minimisation

Prescriptive responses and support

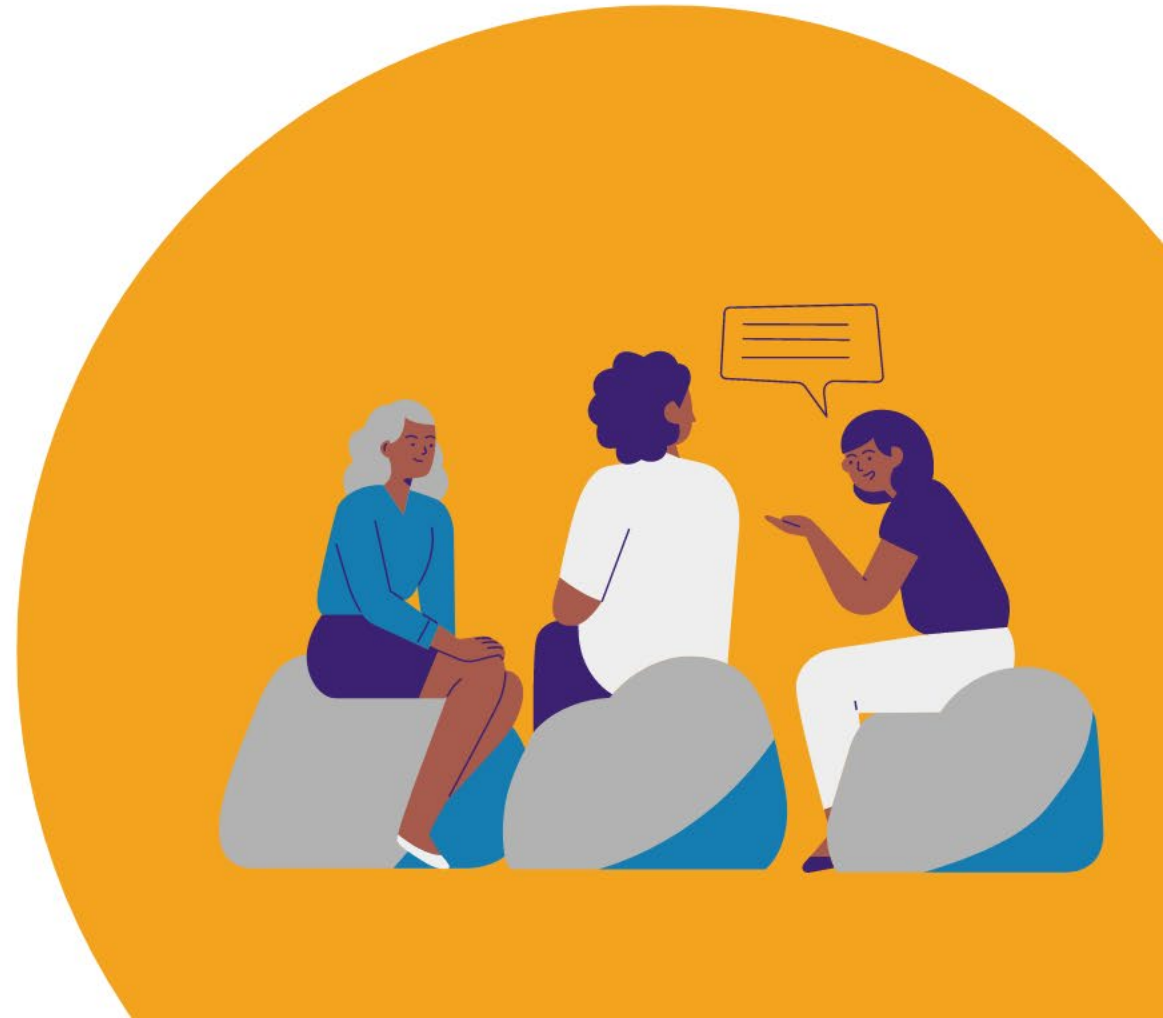
Further stigma

Interventions that increase risk

Top-down decision making that doesn't involve sex workers.

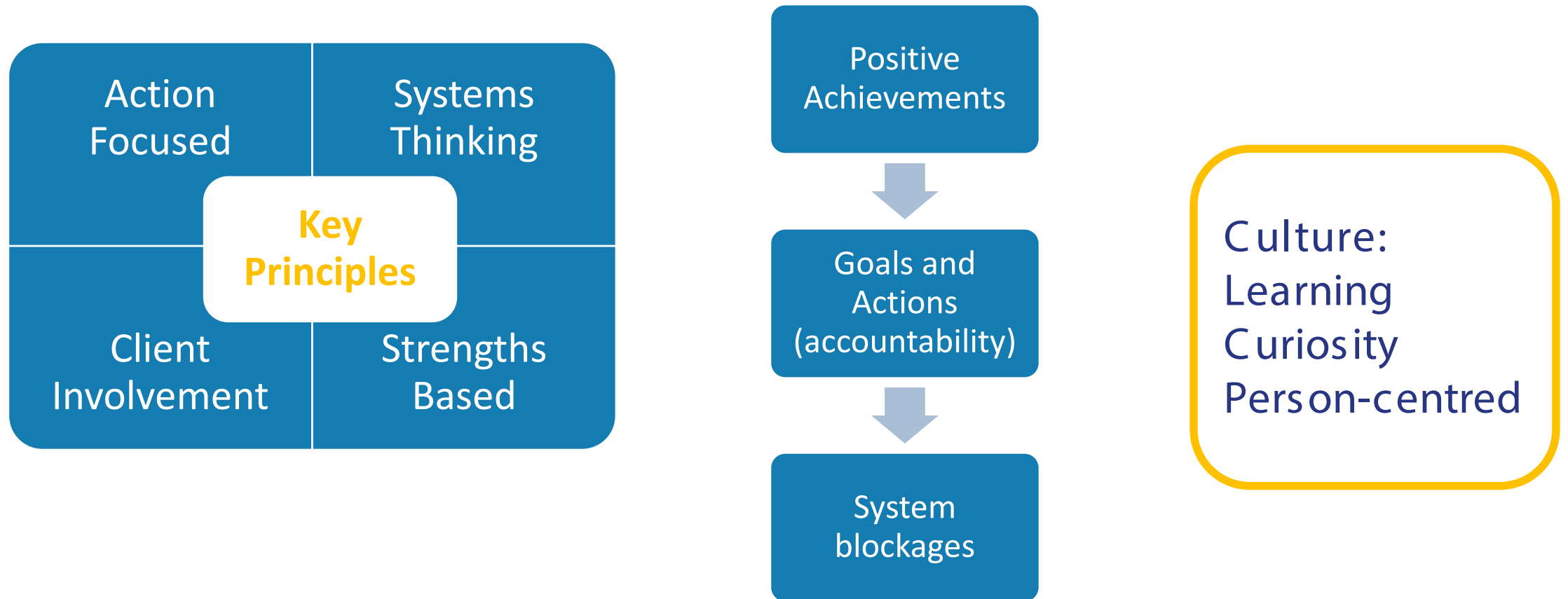
Sex work is always exploitative and must be stopped

The Team Around Me (TAM) Approach



Team Around Me

Team Around Me is a case conference model designed to ensure better co-ordination and accountability in the way that agencies work with people experiencing multiple disadvantage.



Source: Single Homeless Project

Key features of a TAM multidisciplinary team conference

- Person can choose who they want to be at their TAM
- Person should be encouraged to attend. If this is not feasible person should choose their lead professional to chair and represent their views
- Person's voice should be brought into the room somehow
- Always start with the person's strengths
- Completed template should always be shared with the person also
- Repeat / reoccurring TAMs can be useful
- Professionals attending should be made aware of template in advance in order to be able to contribute fully.

<p>ASPIRATION</p> <p><i>What would the client like to achieve? Could it benefit other clients and/or improve how services work together?</i></p>	<p>Lisa needs to be able to receive social care support, including support to manage her money, to help her stay safe from being targeted by perpetrators and to ensure she can meet her basic needs.</p>
<p>BLOCK</p> <p><i>What is getting in the way of this happening at the moment – what are the problems – either in the system or at a service level?</i></p>	<p>Ongoing deliberation about who is responsible for conducting a care act assessment, capacity assessment, financial assessment/appointeeship for in excess of 1 year. No clarity about which service holds the responsibility to do this. This has kept Lisa at significant disadvantage and increased reliance on perpetrators.</p>
<p>REFLECTION</p> <p><i>What are people’s thoughts about this issue?</i></p>	<p>Lisa has been asking for this support for over a year. Other services agree this is a good step for her safety. It seems unfair that deliberations about which service’s remit this falls under has delayed this step being taken.</p>
<p>QUESTIONS</p> <p><i>What do we need to know or do in order to start tackling this issue? Is there anything we need to clarify? Are there differences of opinion between services? Are there different remits of services? What does the client think about these issues?</i></p>	<p>Who can clarify what services in the borough have responsibility to provide Care Act Assessments and to broker the relevant support? As all services who could reasonably have a role in this feel they are not best placed, at what level does this decision need to be made? Can these relevant parties meet to feed back to the team around Lisa?</p>
<p>ACTIONS</p> <p><i>What are we able to do about the issue/system blockage today, within this case conference? What do we need to do after this meeting?: How, when, where & who with?</i></p>	<p>Commissioners overseeing relevant pathways to meet prior to next TAM to discuss blockage and decide which service holds responsibility for completing assessment Service Manager of Drug Service to discuss with their line manager re. service's role in managing social care cases.</p>

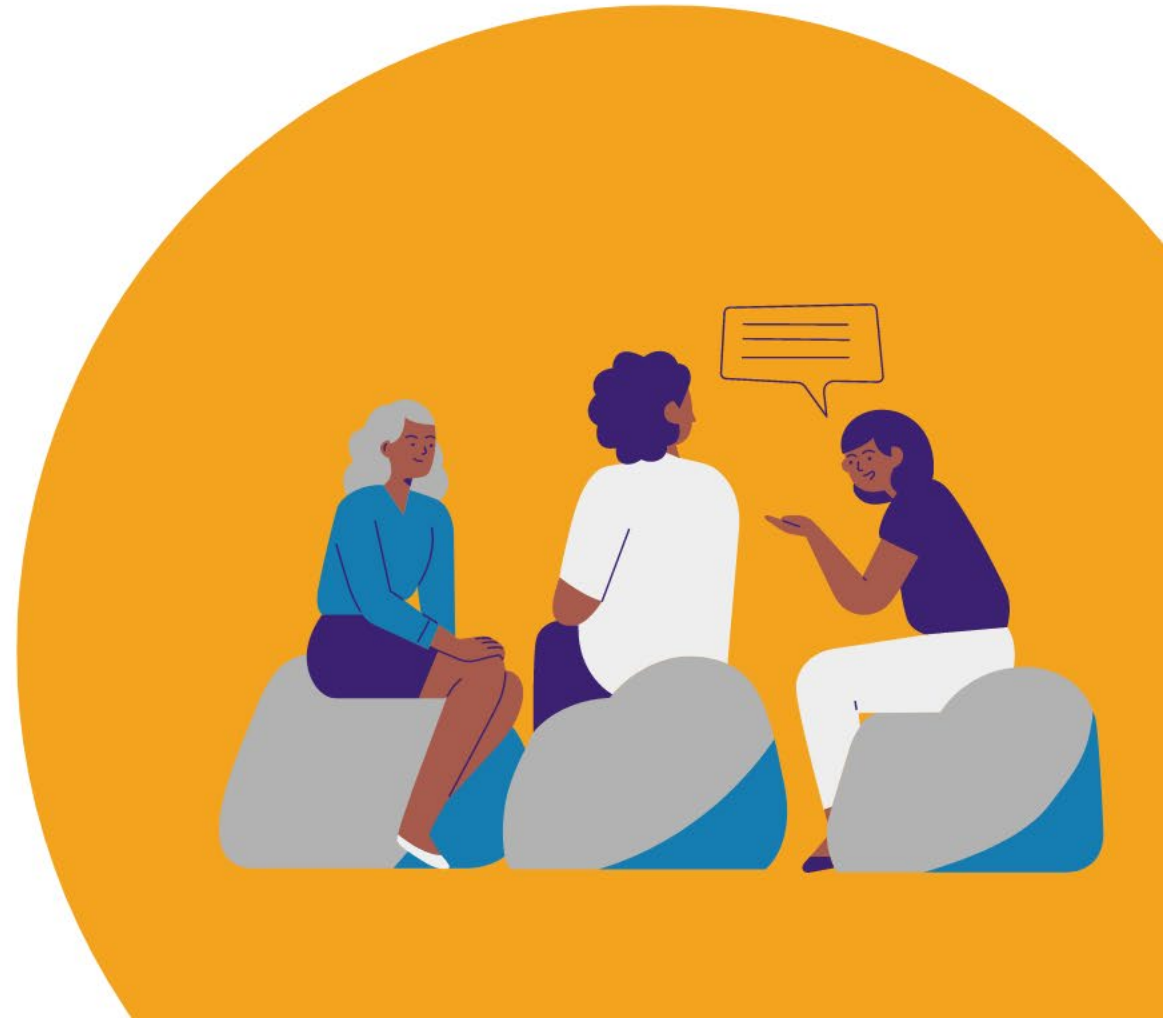
Benefits

- Starting with strengths shifts the dynamics
- Standardises meetings and centres the person
- Steers away from blame culture and improves working relationships and therefore outcomes
- Shifting culture
- Supports frontline workers frame the work that they do in a systemic way.

...and challenges:

- Getting people in the room in the first place!
- Fidelity to the model (locally / nationally)
- Frontline practitioners can lack the confidence to talk about system barriers and to recognise 'client' issues from a systemic perspective.
- The 'system blockages' part can feel intimidating...requires training and a general shift towards a more systemic lens.
- The 'system' focus can easily get lost.

Learning from peoples lived experience

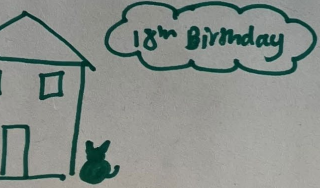


One night a week to be my help
Young ones for long time - all through secondary school
read for Young Inspectors

Burglary by dwelling
- Stole prescription meds from Drs surgery
- Told to do this by Dan
- 2yrs Community Service
- Fine
- Added another 100hrs after issues with svercyder shop.

Moved to Dunstan Fen with Sean

with Sean. (17-18)
house - shared tenancy
association Lmtl homes - 1 bed



he - wanted him gone but he wouldn't leave
OCD tendencies
'kill me in that house'
me once - verbal mostly
re - S had smashed the house up, there was a

Took him back - he was cheating
Moved together - Private rent - Dan
Dunstan Fen.
Abuse continued - 10

There was a raid - serious crime - went on the run
left with kids after happened
Police view was that Simone was groomed by Dan.
No support offered
Drug dealer - not how big.
Relationship with Dan
10 yrs older than Simone

Mum died

lost
Signed a job
rough the
them everything
stelt but not
Support
cou

Further incidents with Sean - violence - Dan got rid of Sean

would have been good to have more support to leave relationship.

Simone feels she hid things well from everyone.

We Are With You - did what they asked - wanted to go to rehab but they wouldn't.

Got job back & tried to sort life out when returned & not with Sean

Dan returned - took Simone for all her insurance money from accident.

Motorbike accident

COVID 19

COVID 19

Start of Ketamine being daily

Partying a lot

Took Ketamine at work when working at the hospital

FUCK

FUCK IT STAGE

RILEY BORN

Simone wanted to be around for her nephew - Left Turkey.

Carer for Blake - followed him to Nottingham - ended up in London.

followed am - London.

Shared with mum what was going on.

Stories of experience

‘Lional has had long term difficulties with alcohol. He was discharged from the army in his 20’s due to his heavy alcohol use. Since then, he has often rough slept for extended periods of time or been in short term supported accommodation placements.’

‘Growing up his father was often violent towards him and his mother and would only give them very minimal money to live on.’

His father hit him on the forehead with a piece of wood when he was 14. He stopped going to school, ‘couldn’t think straight or make sense of things anymore’.

‘During this time, despite frequently being in great pain, he was able to talk about his desire for a settled life and to take up birdwatching again as a hobby. This had been a favourite pastime of his when growing up.’





Steve is released from prison on Friday, and he requires a methadone script. He has nowhere to live on release.

Steve attends his local drug and alcohol service, but they do not prescribe on a Friday.

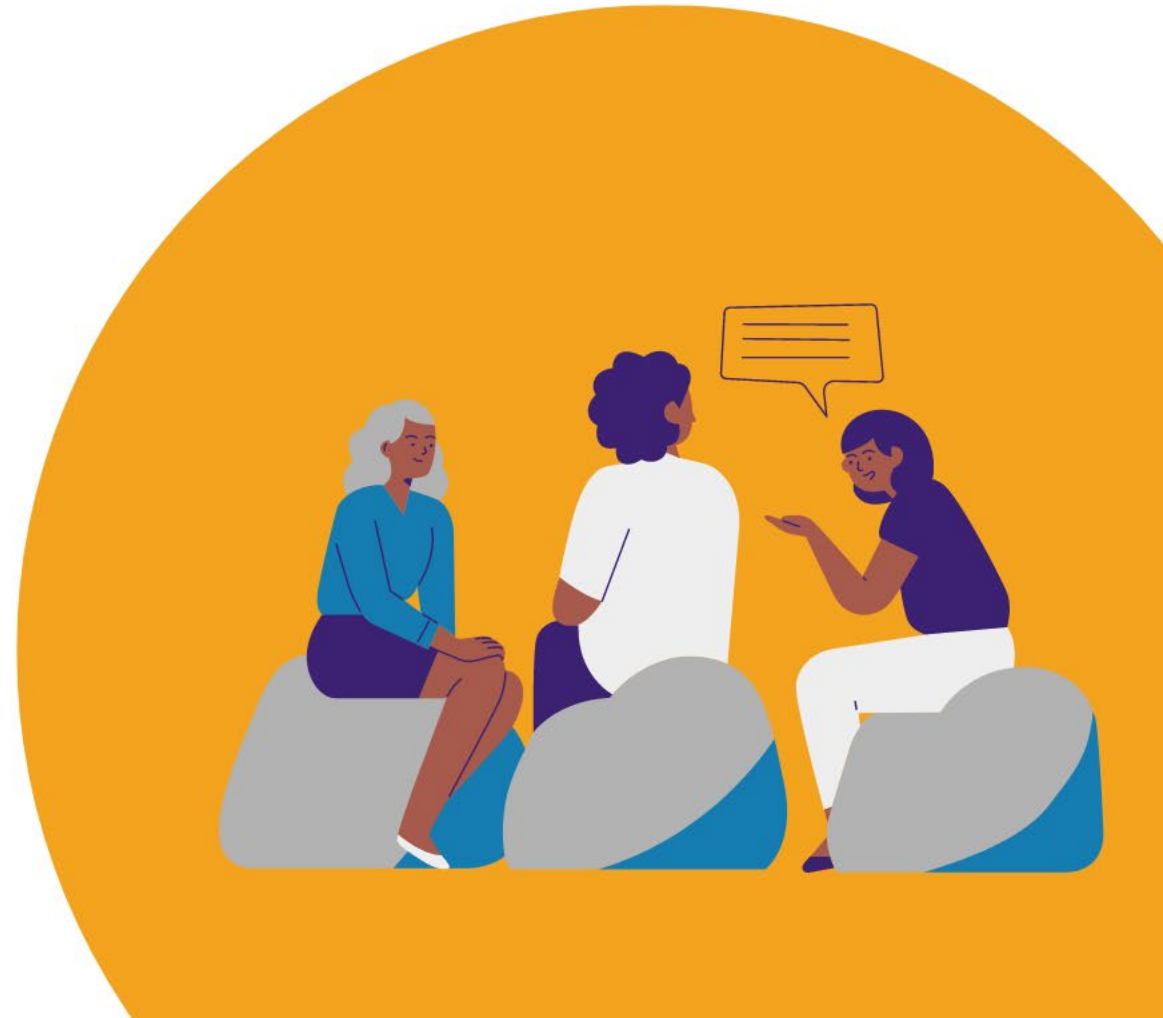
Steve has made a claim for UC but will not receive his first benefit payment for 6 weeks.

Steve is arrested, spends a night in custody and is recalled to prison.

Steve is withdrawing from heroin and facing a night on the streets. He ends up shoplifting.

Steve attends his local housing department but is not offered temporary accommodation.

Partnership working around the person



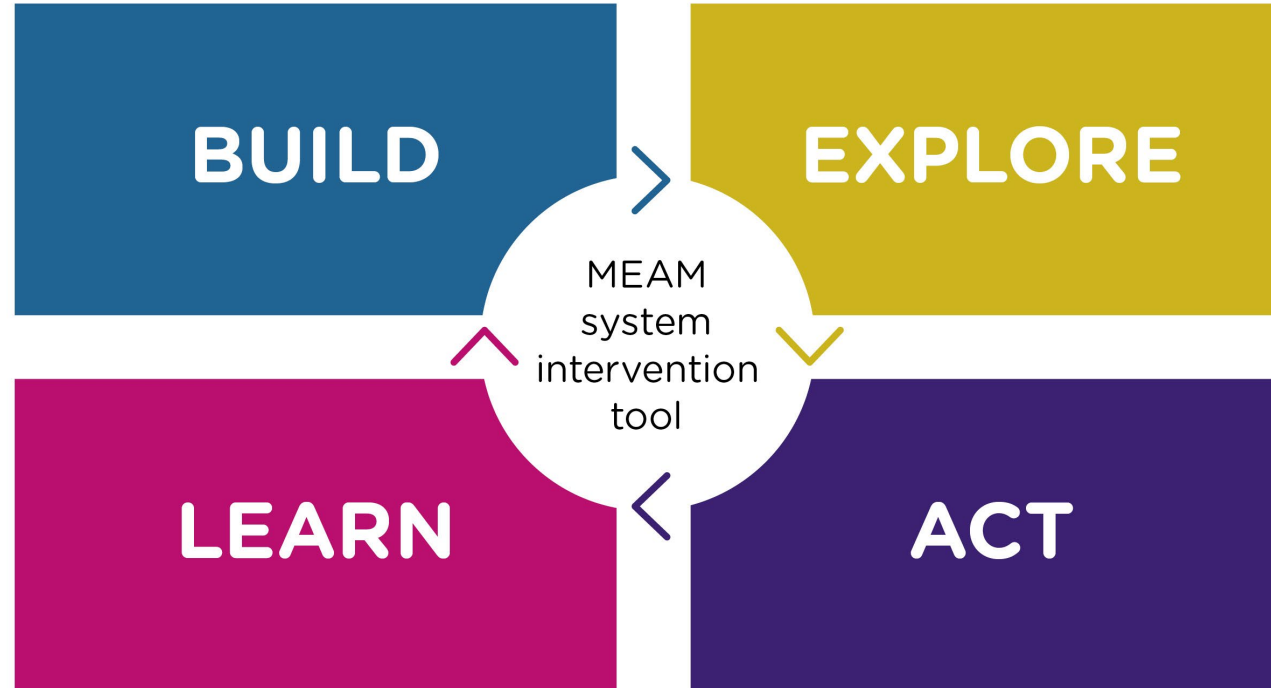
How to get started

BUILD

- **Build** focused intervention group including people with lived experience
- **Agree** a clear vision for change
- **Promote** and practice systems leadership skills

LEARN

- **Develop** a culture of listening, learning and challenge
- **Reflect** on changes made
- **Use** data to learn



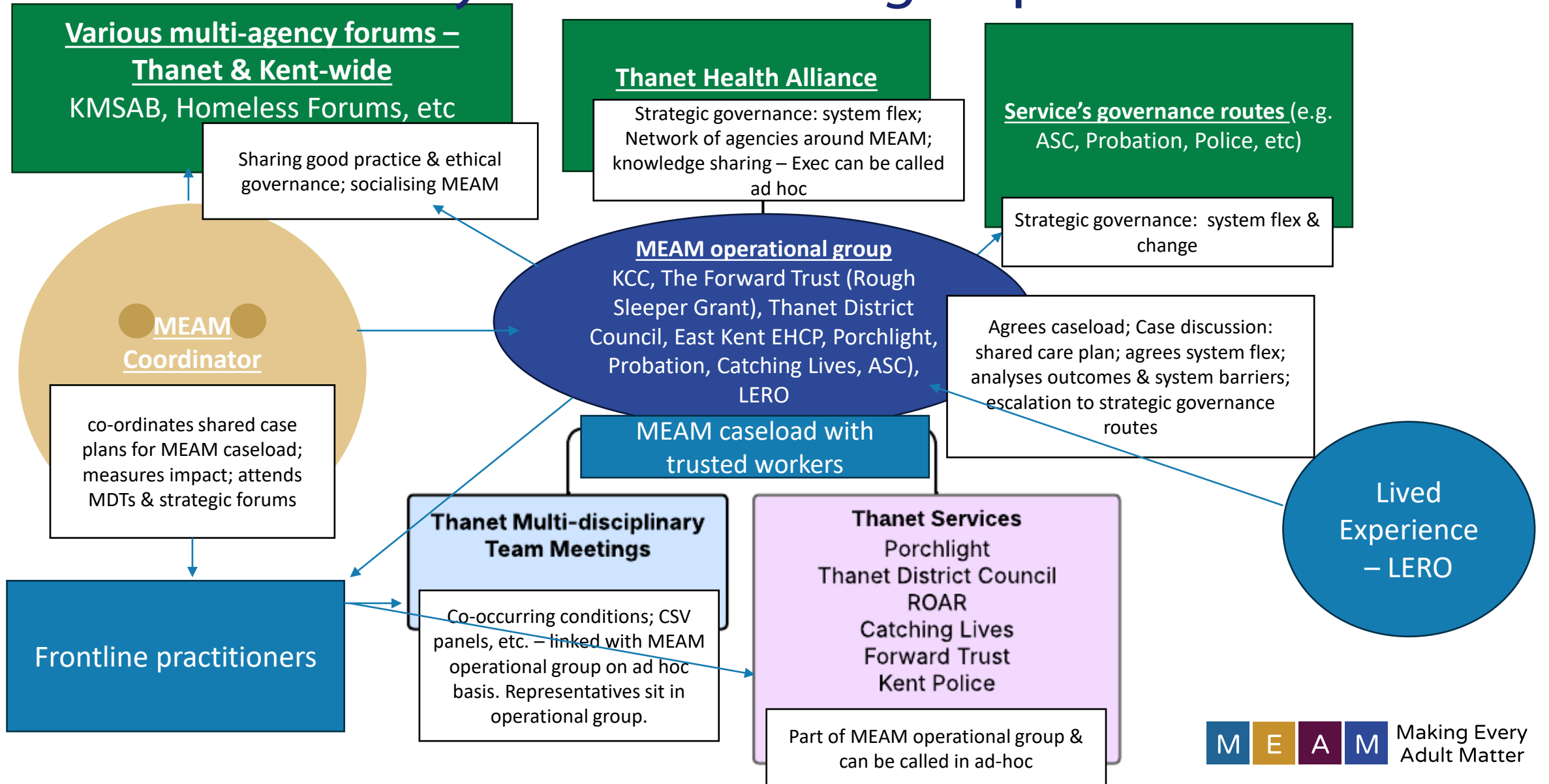
EXPLORE

- **Explore** problem from a range of perspectives
- **Develop** shared understanding of the issue
- **Prioritise** actions to focus on

ACT

- **Trial** a change in the system
- **Deliver** for people
- **Review** and record feedback

Thanet MEAM Systems Learning Map



A paradigm shift

Blame

What is wrong?

Symptoms

Disorder

Attention seeking

Borderline

Controlling

Manipulative

Malingering



Reflective curiosity

What has happened?

Adaptations

Response

Trying to connect in the best way they know how

Doing the best they can given their early experiences

Seems to be trying to assert their power

Difficulty asking directly for what they want

Seeking help in a way that feels safer

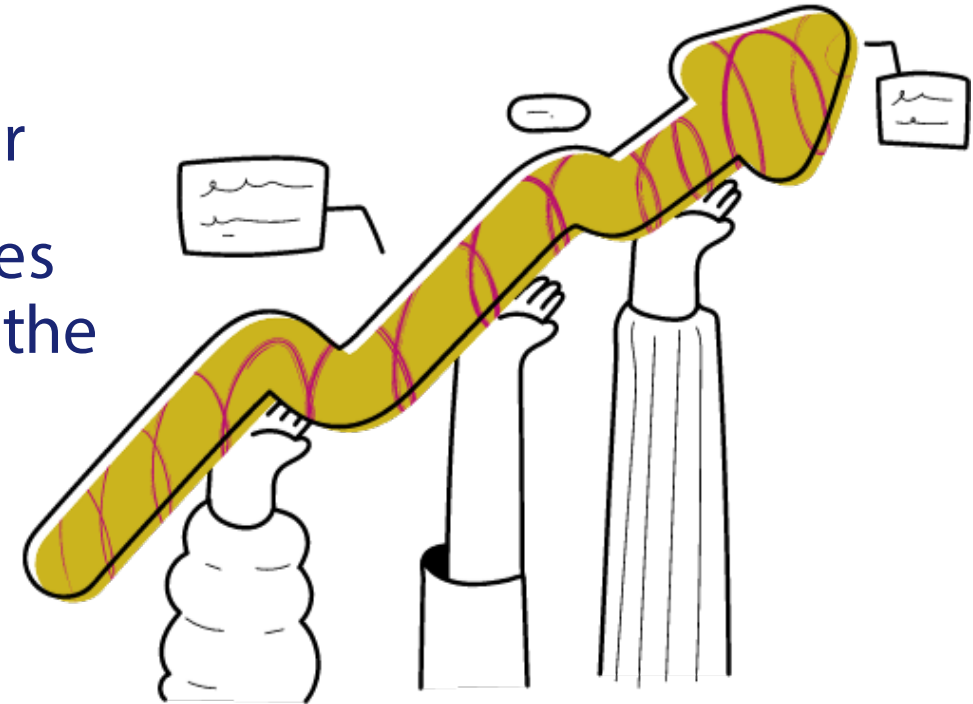
Ways of doing

- 🔗 Sharing power
- 🔗 Modelling behaviour
- 🔗 Exploring wider environment
- 🔗 Finding allies
- 🔗 Celebrating success



Celebrating success!

- Working within the system and its constraints can be frustrating, but there's still room to make changes – start small and expand
- Reflect on elements of strengths-based practice already in your work and dig deeper
- Don't forget to celebrate the small successes along the way – they may feel small against the big picture, but their impact is powerful and there will be a ripple effect
- Build hope!



Useful tools

- Systems mapping – reveals connections and the whole(s)
- Stakeholder mapping - builds a clear picture of who you need in the room
- Root cause analysis – uncovers cause and effect
- Perspectives wheel – explores the different perspectives in a system
- Iceberg diagram - brings attention to what is going on underneath
- Context mapping – reveals the things that influence, enable and constrain your system
- Rich pictures – helps to see and to depict complexity in the system
- Value/failure demand – highlights demand in the systems, both value added and failure demand
- Journey mapping – revealing the end-to-end experience from the user's perspective.

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