***The Role of the Social Worker in Adult Mental Health Services***

**Consultation on a College of Social Work Guidance Document for Social Workers, Employers, Educators and others interested in promoting excellent mental health social work**

**Consultation period 19th August – 20th September 2013**

Dear Colleague/Stakeholder

We would be delighted if you would take the time to give your views on this draft paper on the Role of Mental Health Social Work. It has been drafted by the College of Social Work Faculty of Mental Health Steering Group with contributions from other colleagues across the sector and now needs wider comment. When finished, it is intended we will have a document with wide endorsement from the social work profession, Local Authorities, the NHS mental health sector, other employers and managers, educators, user and carer representatives. It aims to speak to all these constituencies and to be of both professional and strategic use.

This paper responds to a number of long running concerns about the deployment and focus of social workers in mental health. It is also intended to be take forward and add to themes explored in the College’s earlier paper, ‘The Business Case for Social Work with Adults – A discussion paper, TCSW, December 2012’[[1]](#footnote-1) . It will also be complemented in the next few months by a paper on ‘reserved tasks’ for all social work which the College is currently developing.

Consultation process

**Version 1.0**: Discussed at College of Social Work Mental Health Faculty May 24 2013 **Version 3.0**: Discussed with London social care leads: June 20th Amended.

**Version 5.0:** Discussed with colleagues from social work education and research and with College professional advisor. Amended.

**Version 6.0:** Sent out for wider consultation

Email consultation in August and September to include:

- ADASS MH Policy sub-group

- User and Carer groups/representatives

- NHS Confederation

- AMHP leads Community of Interest and Forensic Community of Interest

- Social Care Strategic Network for Mental Health

- Other MH professional lead organisations: RCPsych, RCN, COT, RCGP

- Voluntary sector lead organisations

- Social Work academic and research community

- Other social work groups and organisations

**Please send your response to the 9 questions posed after each section of the paper and/or any additional comments by email (using header ‘Role of MH Social Work paper’) to:**

**Emma Burgum:** **emma.burgum@tcsw.org.uk** **by Friday September 20th 2013**

Comments and feedback will be collated and an amended draft of the document will be agreed at the Mental Health Faculty Steering Group in October 2013 for final publication in November 2013.

With best wishes and many thanks for your support.

Ruth Allen

Transitional Chair of the College of Social Work Faculty of Mental Health Steering Group

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***Please use the questions after each section of the paper to make comments, limiting your answers to 100 words per question.***

***If you have more general comments to make, please do so in a statement to accompany your response***

“*People value a social work approach based on challenging the broader barriers they face; they place particular value on social work’s social approach, the social work relationship and the personal qualities they associate with social work. These include warmth, respect, being non-judgemental, listening, treating people with equality, being trustworthy, open, honest and reliable and communicating well. People value the support that social workers offer as well as their ability to help them to access and deal with other services and agencies.”*

**Shaping Our Lives, the National User Network[[2]](#footnote-2):**

1. **The purpose of the paper**

This document responds to calls within the social work profession and within the mental health sector for greater clarity and direction for mental health social work. This paper aims to:

* define the current priorities of professional social work across the adult mental health sector;
* look to emerging and future priorities for the profession
* describe the good social work leadership needed in mental health to take the profession forward

The importance of social outcomes across the lifespan, and working with families and communities as well as individuals, is increasingly driving governmental, inter-professional and local commissioning priorities in mental health. Social approaches underpin much of the current government’s strategy ‘No Health Without Mental Health’[[3]](#footnote-3) and its implementation framework. More broadly, greater integration of health and social care systems, and a more seamless approach to personalised integrated outcomes, are aims of all political parties.

Social work has the skills to transform lives, promote rights and social outcomes for people who have mental health needs, some of whom are the most marginalised and silenced in society, some of whom have very complex health and social problems. The College published its ‘Business Case for Social Work with Adults’ in December 2012[[4]](#footnote-4), in part to counter arguments (particularly from the Audit Commission) that many of social work’s tasks can be easily delegated to support staff to reduce costs without compromising quality. The College’s paper argued that statutory services risk failures in meeting legal obligations, ineffective assessment and support planning, as well as lost opportunities to realise social as well as economic value, if qualified social work’s role and skills are not developed and utilised.

This mental health social work paper supports the College’s adult social work business case paper with arguments focusing on how and why social work adds value specifically in the mental health sector, and how the profession can add yet more value.

The College of Social Work (the College) supports social workers to engage directly with the development of their own profession, strengthening professional impact. The College also represents and promotes social work strategically. For instance, the College recently joined the Department of Health (DH) Mental Health System Programme Board which has an explicitly integrated, social and community focused agenda of priorities for the whole mental health system, seeking strategic change through collaboration between Public Health England, the NHS and Local Government and other strategic leaders. Defining the role of mental health social work more clearly can feed directly into strategic forums, recognising and promoting social work’s power to change lives and personalise services.

While focusing on statutory mental health social work with adults (both within Local Authorities and within the NHS), this paper absolutely recognises that professional social work provides added value within the mental health sector outside statutory services - in the voluntary sector, community organisations, social enterprises, private providers and through independent practice. These are all vital parts of the mental health support system where professional social work can flourish and add great value.

Indeed, the diversity of settings in which social work operates is likely to increase as the range of providers diversifies in care and health. This theme is picked up in the section below on the future of the mental health social work role. Social work will continue to change and evolve to meet new challenges and new settings, but always carrying a clear and values based approach to professional priorities.

The College also recognises there are considerable numbers of social workers within Child and Adolescent services (CAMHS). While this paper does not focus on this group of professionals, many of the themes in this paper read across to CAMHS, particularly the recognition that social work has a distinctive but complementary offer to that of health colleagues in relation to building community and family resilience, working in partnership and using a rights based approach.

1. **Does section 1 describe the right purpose and focus for this paper? Please note any changes you would like to see.**
2. **Current challenges and priorities**

Mental health social work in England over recent decades has become heavily defined by the Approved Social Work and now, Approved Mental Health Professional (AMHP) roles. While the latter is now open to non-social workers, about 96% of AMHPs are still social workers and Local Authorities retain legal responsibility for the direct provision of AMHP services. The AHMP role remains a crucial function for many mental health social workers, and the in depth training required ensures confident, independent decision making and effective safeguarding of rights for people who may be subject to detention under the Mental Health Act. The College fully supports the AMHP function and hosts the AMHP Leads Community of Interest for England.

The AMHP role is crucial to protect people’s rights and seek least restriction to assess and meet needs at times of crisis and most acute distress. But it relates to only parts of the journey that some people may make within and through services. Social work has a key role at many points on care and support pathways. From initial assessments, through interventions for change, enablement and ongoing self-directed support, social work brings key skills, knowledge and perspectives. The College is working on a paper to define ‘reserved’ or priority tasks for social work and this paper should be read in conjunction with that, once both are complete.

The DH/Association of Directors of Adults Social Services (ADASS) publication on The Future of Social Work in Adult Social Services[[5]](#footnote-5) suggested:

*‘Social work’s distinct contribution is to make sure that services are personalised and that human rights are safeguarded through:*

* *Building professional relationships and empowering people as individuals in their families and in communities;*
* *Working through conflict and supporting people to manage their own risks;*
* *Knowing and applying legislation;*
* *Accessing practical support and services;*
* *Working with other professionals to achieve best outcomes for people.’*

The DH/ADASS document suggested a trajectory for social work in the UK/English context as encompassing safeguarding, early intervention and prevention, family focused practice and community capacity-building, as well as the application of legal and policy frameworks to fairly distribute social resources.

The widely respected International Federation of Social Workers definition of social work[[6]](#footnote-6) offers a wider definition of social work, positioning it social work uniquely at the intersection of rights, sociological perspectives, empowerment and individual and social change.

*“The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work.”*

The College supports a wide professional definition where this highlights the potential for social work’s contribution across the health and care sectors, but also supports the development of shared clarity about sector priorities between professional leadership and employers/managing organisations. Clear job roles underpinned by shared professional and managerial perspectives lead to better outcomes, better practice and better working conditions.

 Integration

Something that distinguishes statutory mental health social workers from other adults’ social workers is that, since legislation on delegation of statutory duties between the NHS and Local Government in 1999, they have been largely deployed within integrated services managed by NHS Trusts across many parts of England. While this delegation of responsibilities to the NHS through partnership agreements remains the dominant model, some local authorities have recently taken back direct management of social work and some Foundation Trusts have equivocated over the benefit to them of managing social care and social work. Reasons for changes in integrated arrangements have included cost pressures, delivery of local authority legal duties, quality concerns, risk management (especially the effectiveness of safeguarding) and overall drift in social work roles away from attention to social outcomes.

The deployment of adult mental health social workers within multidisciplinary care coordination roles within the Care Programme Approach (CPA) has been of concern in some services where it has led to social workers being focused on NHS activities and data capture priorities rather than undertaking statutory social work assessments, building social work relationships and having social, whole family and community impact.

Keeping up with the transformation in social work in other adults’ services towards personalised approaches has also been a major challenge in mental health services, particularly where strategic leaders have not grasped the support and development needs of staff as well as the process and systems challenges of working in fundamentally different ways across organisational boundaries.

The College’s position is that excellent integrated systems of care and support are our ultimate aim – and there is a lot to learn from the success as well as the challenges in mental health. However, the potential for social workers to have impact on social outcomes through best use of their skills has not always been fully realised in current models of integrated services. While national policy moves towards expecting social inclusion and recovery outcomes to be driving mental health services, social work’s contribution should be developed further to promote this agenda, through more focused and dedicated deployment of their social intervention skills in multidisciplinary teams and services.

Social workers should be able to focus on recovery, inclusion, personalisation, intervening and helping to build resilience in families, communities as well as within individuals, and using sociological knowledge and approaches to reduce the need for institutional responses to mental health problems. This may mean redefining social work roles at all points along the user and carer journey or pathway and identifying where more generic and less generic roles are most appropriate in multidisciplinary teams. Simplistic workforce approaches to genericism – such as assuming all social workers, nurses and other professionals will work to identical care coordination job descriptions – should be replaced by a more nuanced allocation of work, ensuring social work assessments, interventions and enablement services are explicitly available, particularly to people with the most complex and intractable needs, and ensuring eligibility for social care services can be consistently assessed.

2. Does this section describe well enough the challenge and benefits of integrated social care and health services?

3. Do you agree with points made about improving how integrated services can make better use of social work capabilities and impact? Please explain your answer.

Leading on complex work

Social workers are particularly trained to manage complex social and health needs. They are trained to use holistic and systemic approaches to complex relationships and social risks, to balance the rights of differently people and to work with complex legal as well as practice frameworks. They are trained and skilled to work with people over time, with a strong appreciation of life stages and transitions, and to help people negotiate barriers and boundaries such as those between different welfare, care and health agencies. Experienced and advanced professional social workers can provide supervisory, advisory and managerial levels of support to situations of complex risk and need, as well as providing direct advanced practice. This appreciation of social work’s existing and potential capability in working with complexity should be a much more prominent framework for the deployment and development of social workers in the future.

The Professional Capabilities Framework provides the guidance framework for employers and supervisors in the development of their social work staff, and this includes developing senior and advanced practitioners offering mature and advanced practice with complexity. The PCF is discussed further below in this paper.

4. Do you agree with the way social workers’ role in complex situations is described in this section? Do you have any changes to suggest?

Impact on culture and whole systems

Social work can cumulatively impact positively on whole organisational cultures in integrated mental health services through provision of advanced social work practice, supervision, knowledge and advice. For instance, through their understanding of the nature and risks of institutions and maintaining a healthy ‘outsider’ perspective, even when working and sometimes employed within the NHS, social workers have a key role in ensuring the quality and safety of institutional (e.g. inpatient) care and treatment, whether in hospitals or other settings. They do this not only through the clearly important function of investigating and resolving safeguarding concerns, but through supporting the development of compassionate, personalised cultures that treat everyone as valued citizens, all of the time, preventing harm and promoting healing and wellbeing.

Another example is the way in which social work is underpinned by in depth legal and human rights knowledge and the ability to ensure people can access their rights and any social resources to which they are entitled.

The College supports professional social workers to have cultural and values-based impact wherever they are employed or managed and will promote this perspective, for instance, within the NHS as well as Local Authorities and other sectors. As the Social Care Strategic Network paper on the Positive Role of Adult Mental Health Social Work within integrated mental health services put it:

*‘….social work, as well as holding distinct skill and knowledge, is more than the sum of its parts. Social Work within an integrated mental health organisation provides a distinctive constellation of priorities and values-based practices that can profoundly improve an organisation’s culture - promoting human rights, empowerment and the citizen voice.’[[7]](#footnote-7)*

In the wake of the abuses and failures of care in Winterbourne View and Mid Staffordshire hospital, all parts of the care system need to reflect on what is their play their part in bringing about profound improvement in safety and compassionate cultures? Social workers have a crucial part to play in this. (NB Guidance is being produced by the College in collaboration with other bodies and stakeholders on the implications of Winterbourne for social work practice will help to clarify the ways in which excellent social work practice can help to prevent or mitigate against institutional harm in the future).

5. Do you agree with this section on the importance social work impact on the culture and practices across the mental health system?

1. **Emerging and future priorities: Innovation, co-production and new contexts for social work activity**

Adult social care and social work have been transforming over recent years, driven by the ethos and practices of personalisation and self-directed support. In mental health, we need to use more personalised approaches to improve outcomes and experience while managing costs and meeting increasing demand, particularly in areas such as older people’s mental health care and the needs of people with multiple physical and mental health long term conditions. These challenges require innovation and this must include social work.

As the College’s Adult Social Work Business Case paper suggests:

*‘….good social work is about maximising the strengths and capacities of people who would otherwise be highly dependent. As the costs of high dependency services like residential and intensive home care continue to rise, local authorities will increasingly find that intelligent, proactive investment in social work pays dividends. In short, they should spend now to save later’.*

However, social work is about much more than the judicious allocation of limited public resources. Social workers’ have a long tradition of working in partnership with citizens and communities to find and promote self-generated solutions and to promote social capital, but some of this practice may have been lost through the era of ‘care management’ in adults’ services in generally and in the individualistic care coordination approach within the mental health sector. Much of the change needed now in mental health - and into the future - is rooted in more social action, new partnerships and co-production with communities and citizen groups. These approaches challenge many current paradigms of mental health service and include finding less resource-intensive and more preventive and involving approaches.

Professionals will need to work more in partnerships of equality with local networks, using community intelligence, identifying together how community strengths can be further supported and the expertise of experience better harnessed. This paper supports the notion that there is great untapped potential within the social work profession to work collaboratively and creatively with communities – and that there is tremendous untapped self-sustaining and healing resources within those communities and families.

The natural support systems and the capacities of people have often been undermined by traditional welfarist services that can foster dependency. This has included professional restrictions on access to knowledge and skills and denial of the expertise of experience. With its ethical base firmly rooted in the belief of human potential and walking alongside service users and families in their journeys of change, social work’s professional identity and discourse is distinctive for being grounded in working in partnership wherever possible. Through this approach, social workers work explicitly against power abuse and discrimination and for empowerment, advocacy and equalities.

Social workers should be equipped by their training with the knowledge and skills to work in complex individual, family and community situations to support lasting change in people’s lives, to help protect them from undesirable risks, provide them with advice and information, help build their strengths and resilience in this very difficult context and help them access the material, social and emotional resources they need.

A very practical and contemporary aspect of social work’s role now is working alongside service users, carers and communities as they face pressures arising from welfare and housing benefits reforms and promoting routes to employment, even within a restricted job market. Assisting people to maintain accommodation and work, and manage their finances and deal with debt, will continue to be key challenges.

New work contexts for social work

A further implication of the changes in the relationship between citizens and services through co-production and other innovations is the growth in different types of organisation and agencies providing support. The employment and management of mental health social work within integrated NHS organisations has been explored above and will continue to be one of the spaces that mental health social work occupies as well as continuing direct employment and management by Local Authorities. But social enterprises, new voluntary organisations and not for profit as well as private agencies and consultancies are likely to continue to grow as alternative and potentially exciting spaces for social work activity. Some will be self-generated by social work entrepreneurs and often in co-productive collaborations with local citizens and people using services. Some of these new forms of enterprise and service may deliver increasing amounts of statutory assessment and intervention, while others may provide preventive interventions to reduce ‘upstream’ demand for more complex services. Some will be sites for niche innovation and offer opportunities for social change – what Charles Leadbetter called ‘deep personalisation’.[[8]](#footnote-8).

New contexts for social work action may change the traditional roles and identities of social workers more radically – especially those associated with direct Local Authority employment and management. They may also challenge the taken for granted forms of integrated health and social care that have emerged over the last decade, with both tendencies towards pluralisation in forms of service and employment opportunities new types of ‘integration’ or alignments with the voluntary and community sectors.

6. Do you agree with the way social work’s emerging and future role is described in section **3**? Please explain your answer.

1. **Social work and whole system commissioning and partnerships**

The role of social work within the whole mental health system needs to be understood and explicitly appreciated more clearly by commissioners to ensure best use of their skills alongside other multidisciplinary professionals. Local Authorities and NHS services and commissioners need social workers to deliver their statutory and local priorities, not least to capitalise fully on personalisation and self-directed support to reduce unsustainable acute health demands through promoting better self-care. This will come ever more apparent as models of integrated care proliferate. The principle of ‘getting it right first time’ to identify social care support needs and interventions at an early stage, pursuing a re-ablement approach, building family and community resilience and promoting effective support planning to reduce the chance of crisis all have the potential to improve overall service user and carer experience and outcomes, and to reduce demand.

The key outcomes across the main outcomes frameworks and national strategy for mental health are given in Appendix One.

Social work’s role in delivering on NHS, Adult Social Care and Public Health outcomes frameworks needs to be understood and translated locally into (for instance) robust partnership agreements between NHS providers and Local Authorities. These need to have excellent governance with the explicit senior sign up of all agencies to provide a solid platform for social work to deliver on locally defined priorities.

The role of social work should be clear within local commissioning strategies and in the direction set by local Health and Wellbeing Boards. The relationship between mental health social work and broader social care and public health commissioning strategies should be explicit about how social workers add value to improving public mental health and preventing crises and deteriorations.

7. Does section 4 capture key messages to commissioners or should more/something different be said?

1. **Setting the priorities and scope of adult mental health social workers.**

It is not the intention or mandate of this paper to be prescriptive about the boundaries of social work in relation to other professionals. In light of the discussion above, what follows is a description of the main areas of practice that are core to the offer of social work to mental health sector now and within emerging roles.

No social worker will work in or have equal capability in all the areas of practice defined. Some social workers may focus on a very small number of areas in depth. Some may have a broader range of functions and tasks. What this paper is advocating is that all social workers, particularly those in statutory settings, should work substantially within some aspects of these priorities and areas of skill, according to local service needs. These represent the current social and policy imperatives where social work is skilled and capable to contribute distinctively, and where the College of Social Work will be particularly promoting and supporting practice in the coming years.

It is recommended that existing mental health social work roles are reviewed and/or defined in relation to these key areas of practice and job roles are then adjusted or created to ensure social work can add most value and provide most professional expertise across the service system. The skills needed to deliver these priorities at different levels of capability can then be assessed and developed through using the Professional Capabilities Framework (PCF).

Where social workers are currently working within the Care Programme Approach within NHS managed services, it is recommended this is specifically reviewed with regard to quantum and quality of social work and social care required in different service areas. The possibility of creating some specific social work roles that can focus wholeheartedly on the priorities laid out below, with depth and expertise,

should be considered as a way of meeting social outcomes, improving service user and family experience and commissioning intentions.

**Four key areas of practice and role priorities**

1. **Mental Health Social workers will focus on ensuring citizens have access to statutory social care and social work services and advice, discharging the legal duties and policies in line with local and national social care and health outcomes frameworks**

This will include social work providing a lead within the mental health system on:

* + Assessments, eligibility determination and service provision under all relevant social care legislation, including the NHS and Community Care Act 1990
	+ Personalised support planning and personal budgets for eligible people
	+ Safeguarding adults and children practice and leadership
	+ Mental Capacity Act assessments and decisions, including Best Interest Assessments for Deprivation of Liberty
	+ Access to advocacy, especially where this is a right in law
	+ Reviews and forward planning for those in social care funded accommodation and residential care, and supporting quality assurance of establishments
	+ Ensuring social care funding eligibility criteria are used to prioritise access to resources fairly and promptly
	+ Protecting and promoting carers’ rights including assessments of need, advice, information and service provision
	+ Providing access to other social services and resources, including Local Authorities’ Universal (non-means tested) offers and advice for self-funders
1. **A high proportion of Mental Health Social Workers will continue to train and practice as AMHPs, supported by clear, unambiguous Local Authority leadership and accountability which will include the following:**
	* Clear AMHP governance system within Local Authority including an AMHP service lead or manager role clearly established
	* Easily available AMHP professional and legal advice, supervision and development programme
	* Workforce management and succession planning to ensure sufficiency of AMHPs
	* Ongoing AMHP development
	* Forums whereby systemic issues affecting AMHP practice can be resolved e.g. with partners such as the police and ambulance service
	* Collation and use of AMHP intelligence and data to inform best practice and improvement locally
2. **Social workers will use their skills to intervene and show professional leadership in situations characterised by high levels of social and interpersonal complexity and risk.**

This will involve adding value through using systemic assessment and interventions with (but not limited to):

* + Families where there are complex care or health risks and often multiple needs, including children and adults
	+ Situations of violence and/or abuse – including complex safeguarding matters, domestic abuse, organised abuse, co-existing mental health and substance use problems
	+ Complex social and environmental circumstances when a range of material matters (e.g. housing, environmental services, financial matters, immigration or other legal problems) and psycho-social factors interplay and require a mature and containing, holistic intervention.
	+ Situations where a whole lifespan perspective is required (e.g. in situations where people are dealing with the lifelong impact of childhood trauma or abuse.
1. **Social workers will work effectively and innovatively with local communities, to support resilience, inclusion, safety and work preventively with individuals and families, promoting social justice, equalities and rights.**

To achieve this social workers will be supported to:

* + Develop skills and knowledge to enable community-focused practice, enabling people to access universal services and social assets in the community (e.g. informal and voluntary sector support and opportunities, work opportunities)
	+ Develop practice with e.g. primary care services and other universal services and points of first contact for earlier detection and intervention
	+ Develop skills in co-productive community initiatives and design
	+ (In integrated mental health Trusts) have equal access to local Authority information about local communities e.g. through Local Authority information systems, events and training
	+ Ensure social workers are appropriately involved and showing leadership within community partnership forums and initiatives e.g. community safety, MAPPA, MARAC etc.

8. Does section 5 capture the right priorities and are the properly described? Please use the lettering A-D to make specific comments.

1. **Professional and Workforce Development**

The developments in the profession through the work of the Social Work Reform Board and the College of Social Work have set new sector-wide standards, a focus on professional capabilities and clarified priorities. This now needs to be applied fully in mental health social work.

The Professional Capabilities Framework[[9]](#footnote-9) (PCF) is the key tool to guide employers and professional leaders to harness the best of social work and make ambitions a reality. The framework provides, for the first time, an accessible yet sophisticated way of conceptualising what social work brings in the totality of interrelated capabilities. It can assist in the development of workforce strategies as it clarifies what can be expected of social workers at different stages of their career and how they may be supported to develop to bring more impact in their work. It provides a coherent language across the profession about the way in which social workers should develop their ability and their confidence to work with complexity, ambiguity, autonomy, risk, professional authority and leadership.

Continuing Professional Development (CPD) and adopting a learning approach to practice is an essential social worker professional commitment, regardless of area or place of practice. Wherever they are employed, social workers should have access to appropriate CPD and reflective supervision to enhance and develop their capabilities within the PCF framework. Social Work employers or managers within the NHS, private or voluntary sectors should facilitate equivalent opportunities to those developing in Local Authorities and allow staff to access development activities as set out in the Local Government Association’s Employer Standards[[10]](#footnote-10) (and associated guidance for health employers and managers of social workers[[11]](#footnote-11)), the supervision framework and the ‘future of CPD’ recommendations.

Key areas for development in mental health social work now are to:

* Raise, support and maintain practice standards in social work in mental health in line with the Professional Capabilities Framework (PCF). To assist this, the PCF domains are mapped against the priorities identified in this document within **Appendix one.** Each employing and managing authority needs to have a strategy for the development of social workers in line with the PCF.
* Ensure mental health social workers are able to access the development, managerial, leadership and supervisory support they need to perform at their very best. This should include:
	+ A system of social work supervision to develop skills throughout the workforce, delivered within a clear organisational framework and governance
	+ A locally available senior professional leadership role within provider services - whether aligned with Principal Social work role in LAs adults services, within NHS hosted integrated services, or within other employing organisations
* Ensure all mental health social workers have career development opportunities based on service needs, sound workforce planning and organisational commitment to support life-long progression, based on the Professional Capabilities Framework.
* Build all of the above into integrated commissioning and partnership provision plans, linking local and national strategic priorities with social work development, deployment and career structures.

Professional leadership

One of the key messages of the Social Work Reform process is that professional social work leadership has been underdeveloped and under resourced. This has frequently left practitioners without the right direction or guidance, sometimes without the support to appropriately challenge managerial decisions that are not in line with best social work practice. The PCF makes plain the expectation that social workers show professional leadership throughout their careers and at all levels of formal hierarchy. But this does not deflect from the need for strong professional leadership in formal positions of authority and influence. The creation of Chief Social Workers for Adults and Children is an important national move towards high profile, visible and authoritative support to the profession.

Locally, for mental health social work to have more impact on social and inclusion outcomes and recovery, professional leadership roles need to be accessible, close to practice and, indeed, embedded within it. Developing a social work culture within services requires proximal leadership that can provide modelling and informal guidance as well as formal structures of supervision, quality assurance and challenge.

More senior leadership of social work in mental health is also needed. The College supports the development of Executive and Senior management level social work and social care leadership roles within integrated and local authority provision systems. Without this, again an essential cog in the governance system of creating great social work practice and powerful impact on people’s lives is lost. There are many examples of social work staff within mental health services that lack senior representation and voice and who cannot then get strategically important messages to the top tables. This needs to be changed through attention to best workforce development and professional support practice. Social workers do very difficult jobs and they deserve the best support to be most effective.

9. Does section 6. on professional development, workforce and leadership make the right points? What would you like to add or change, if anything?

1. **Other comments**

If you have further comments and suggestions for this paper – content, tone, audience, emphasis, structure etc. – please do so in a statement to accompany your feedback.

**We look forward to receiving your comments.**

**Please email your response to:** **emma.burgum@tcsw.org,uk** **using the header ‘Role of MH Social Work paper’ by Friday 20th September 2013**

**Appendix One**

**High level outcomes from key framework documents**

NHS Outcomes Framework 2013/14 (NHSOF)

Reducing premature death in people with serious mental illness

Improving experience of healthcare for people with mental illness

Improving outcomes from psychological therapies

Enhancing quality of life for people with mental illness

Enhancing quality of life for people with dementia

Adult Social Care Outcomes Framework 2013/14 (ASCOF) – outcomes for all adult user group and MH specific (Integration with NHSOF and PHOF in brackets)

People manage their own support as much as they wish, so that are in control of what, how and when support is delivered to match their needs.

People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation – including mental health service users in employment and living independently (PHOF 1.8, NHSOF2.5)

People who use social care and their carers are satisfied with their experience of care and support services

Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services

Effectiveness of reablement services

Delayed transfers of care from hospital, and those which are attributable to adult social care

Proportion of people who use services and their carers, who reported that they had as much social contact as they would like (PHOF 1.18)

Carers feel that they are respected as equal partners throughout the care process

People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.

People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual

Dementia - a measure of the effectiveness of post-diagnosis care in sustaining independence

and improving quality of life .(NHSOF 2.6ii)

Public Health Outcomes Framework (PHOF) 2013 – 2016 – mental health specific indicators (integration with NHSOF and ASCOF in brackets)

Adults with a learning disability/in contact with secondary mental health services who live in

stable and appropriate accommodation (ASCOF 1G and 1H)

People in prison who have a mental illness or a significant mental illness (Placeholder)

Employment for those with long-term health conditions including adults with a learning

disability or who are in contact with secondary mental health services (NHSOF, ASCOF )

Self harm (placeholder)

Successful completion of drug treatment

People entering prison with substance dependence issues who are previously not

known to community treatment

Excess under 75 mortality rate in adults with serious mental illness (NHSOF 1.5)

Suicide rate

Estimated diagnosis rate for people with dementia (NHSOF 2.6i)

‘No Health without Mental Health’ 2011 National Mental Health Strategy

More people will have good mental health

More people with mental health problems will recover

More people with mental health problems will have good physical health

More people will have a positive experience of care and support

Fewer people will suffer avoidable harm

Fewer people will experience stigma and discrimination

**Appendix Two**

**Role of Mental Health Social Work Aligned to PCF Domains.**

*The following table sets out the links between the core functions outlined in this paper and the Domains of the Professional Capabilities Framework.*

|  |  |
| --- | --- |
| **Role of MH Social Worker** | **Relevant PCF Domain** |
| **LSSA Statutory Functions** | 1. Professionalism: Identify and behave as a professional social worker.3. Diversity: Recognise diversity and apply anti-discriminatory and anti-oppressive principles in practice.4. Rights, justice and economic wellbeing: Routinely integrate the principles of and entitlements  to social justice, social inclusion and equality, and with support.6. Critical Reflection & Analysis: Apply critical reflection and analysis to inform and provide a rationale for professional decision-making7. Intervention & Skill: Use judgement and authority to intervene, promote independence, provide support and prevent harm.8. Contexts & Organisations: Engage with, inform, and adapt changing contexts that shape practice. |
| **AMHP Role & Responsibilities**\**Further work has been completed mapping the PCF capabilities to the AMHP core competencies set out in regulation. This mapping will be available via TCSW website later in the year.* | 2. Values & Ethics: Apply social work ethical principles and values to guide professional practice.3. Diversity: Recognise diversity and apply anti-discriminatory and anti-oppressive principles in practice.4. Rights, Justice & Economic Wellbeing: Advance rights and promote social justice.5. Knowledge: Apply knowledge of social sciences, law & social work practice theory6. Critical Reflection & Analysis: Apply critical reflection and analysis to inform and provide a rationale for professional decision-making7. Intervention & Skill: Use judgement and authority to intervene, promote independence, provide support and prevent harm. |
| **Working in co-production with local communities** | 2. Values and Ethics: Confident application of an understanding of the benefits and limitations of partnership work… promote service user and carer participation in developing service delivery3. Diversity: Recognise diversity and apply anti-discriminatory and anti-oppressive principles in practice.7. Intervention & Skill: Use judgement and authority to intervene, promote independence, provide support and prevent harm.8. Contexts & Organisations: Informed about and pro-actively responsive to the challenges and opportunities that come with changing social contexts and constructs. They collaborate, inform and are informed by their work with others, inter-professionally and with communities. |
| **Service user and carer involvement** | 3. Diversity: Recognise diversity and apply anti-discriminatory and anti-oppressive principles in practice.7. Intervention & Skill: Use judgement and authority to intervene, promote independence, provide support and prevent harm.8. Contexts & Organisations: Engage with, inform, and adapt changing contexts that shape practice. |
| **CPD** | 1. Professionalism: Identify and behave as a professional social worker.5. Knowledge: Apply knowledge of social sciences, law & social work practice theory9. Professional Leadership: Take responsibility for the professional learning and development of others. |
| **Leadership** | 1. Professionalism: Identify and behave as a professional social worker.8. Contexts & Organisations: Engage with, inform, and adapt changing contexts that shape practice.9. Professional Leadership: Take responsibility for the professional learning and development of others. |

1. Link to  The Business Case for Social Work with Adults – A discussion paper, TCSW, December 2012 <http://www.tcsw.org.uk/uploadedFiles/TheCollege/_CollegeLibrary/Policy/BusinessCaseSocialWorkDiscussionPaper.pdf> [↑](#footnote-ref-1)
2. Quoted in *The Future of Social Work in Adult Social Services in England,* Department of Health et al, 2010 [↑](#footnote-ref-2)
3. No health without mental health 2011 DH and implementation framework 2012 [↑](#footnote-ref-3)
4. Link to  The Business Case for Social Work with Adults – A discussion paper, TCSW, December 2012 <http://www.tcsw.org.uk/uploadedFiles/TheCollege/_CollegeLibrary/Policy/BusinessCaseSocialWorkDiscussionPaper.pdf> [↑](#footnote-ref-4)
5. [↑](#footnote-ref-5)
6. <http://ifsw.org/policies/definition-of-social-work/> [↑](#footnote-ref-6)
7. Social Care Strategic Network paper 1 2010 [↑](#footnote-ref-7)
8. Leadbetter C (2004) Personalisation Through Participation, Demos. London [↑](#footnote-ref-8)
9. <http://www.tcsw.org.uk/professional-capabilities-framework/> [↑](#footnote-ref-9)
10. <http://www.local.gov.uk/web/guest/workforce/-/journal_content/56/10171/3511605/ARTICLE-TEMPLATE> [↑](#footnote-ref-10)
11. [http://www.tcsw.org.uk/uploadedFiles/TheCollege/\_CollegeLibrary/Reform\_resources/ImpactSWReformsHealthEmployers(em2).pdf](http://www.tcsw.org.uk/uploadedFiles/TheCollege/_CollegeLibrary/Reform_resources/ImpactSWReformsHealthEmployers%28em2%29.pdf) [↑](#footnote-ref-11)