



FORENSIC SOCIAL WORK

Forensic social workers today: the role of the social supervisor, continuing professional development, recruitment and retention issues: a summary of findings

Jacob Daly, August 2020





Foreword

Social workers have a vital role within all aspects of mental health services and are employed in many areas of forensic services, but especially to support people to be discharged from hospital or as social supervisors.

Forensic services are a specialist part of mental health services supporting people who have higher levels of risk or detention in secure care or within the criminal justice system. The Health Education England 'New Roles in Mental Health' social work group has been exploring in detail the expertise of social workers working in forensic mental health and how we can support them to undertake this important role.

We commissioned our colleague Jacob Daly, to undertake this scoping study and to explore any possible recommendations or developments that can support the development of social work within forensic services.

Mark Trewin

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September 2020



Abstract

This scoping exercise examined forensic social work (FSW) in relation to the three areas of: continuing professional development (CPD), the role of the social supervisor, and recruitment and retention issues. The scoping exercise took place between 17 February 2020 and 31 March 2020, with two days spent on the project each week. The information gathering process included a review of job descriptions and job specifications, a review of policy and legislation, questionnaires for practitioners and managers, attendance at a conference, Skype business meetings with participants, telephone calls with participants, emails and documentation received from participants, and discussions with different stakeholders.

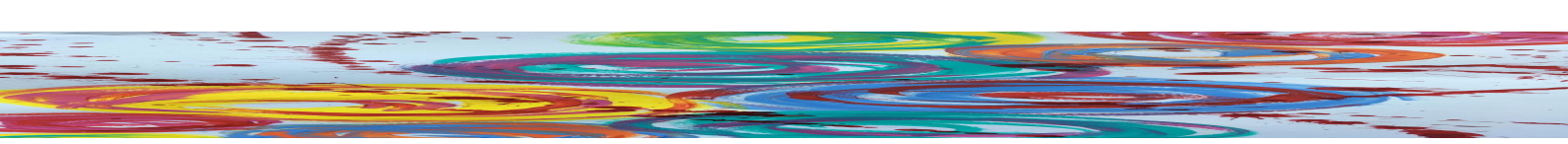
The first set of recommendations that have emerged out of this exercise identifies that there should be one, universally agreed **post-qualifying framework for the career development and skill advancement of forensic social workers (FSWs)**. There is a complex landscape of advice and guidance on skills and CPD from different sources for FSW, and different stakeholders are using different knowledge and skills frameworks and some stakeholders are using none. While this complexity is part of the mental health context, there is scope for a more coordinated and strategic approach. The development of one recognisable post-qualifying framework that all stakeholders can embed into different employment arrangements would assist practice assurance in which Social Work England's role is key.

The second set of recommendations relates to the **role of the social supervisor (SS), which is distinctive and needs to be embedded more clearly in CPD training**. It is important that this role does not become overly conflated with that of the Care Programme Approach care coordinator (CPACC), which is a different role with a different purpose – although they can overlap.

In addition, the **legal literacy required by FSWs needs to be embedded more clearly into the FSW role specification** as a core element of FSW activity, with further legal training being included in any CPD framework for FSWs and including part three of the Mental Health Act and the Care Act 2014 as a CPD option for FSW at postgraduate level.

As part of the recruitment and retention issues identified, it is clear that **salary disparities are a significant obstacle** for some recruiters, and, as identified in this scoping exercise, these appear to be mainly experienced in local authority (LA) settings. More nuanced factors, however, also emerged, which also indicated areas of potential difficulties. These included settings where participants experienced isolation, loss of professional identity and complications with the recognition of a social work framework, and as a result a perception that FSWs might not be valued by other professionals. These are all complex issues that cannot be explored in isolation. Organisations that addressed these issues, however, demonstrated higher levels of satisfaction all round by social work staff in the areas being explored in this scoping exercise.

Finally, there were many similarities between what FSWs shared in relation to the subject of this study, but there were also **differences**. These were particularly apparent when it came to **issues related to professional identity**. Because of this, it is recommended that any future



developments in the role of the forensic social worker have grass roots support from FSWs themselves. Top-down directives within the context of social work are unlikely to succeed.

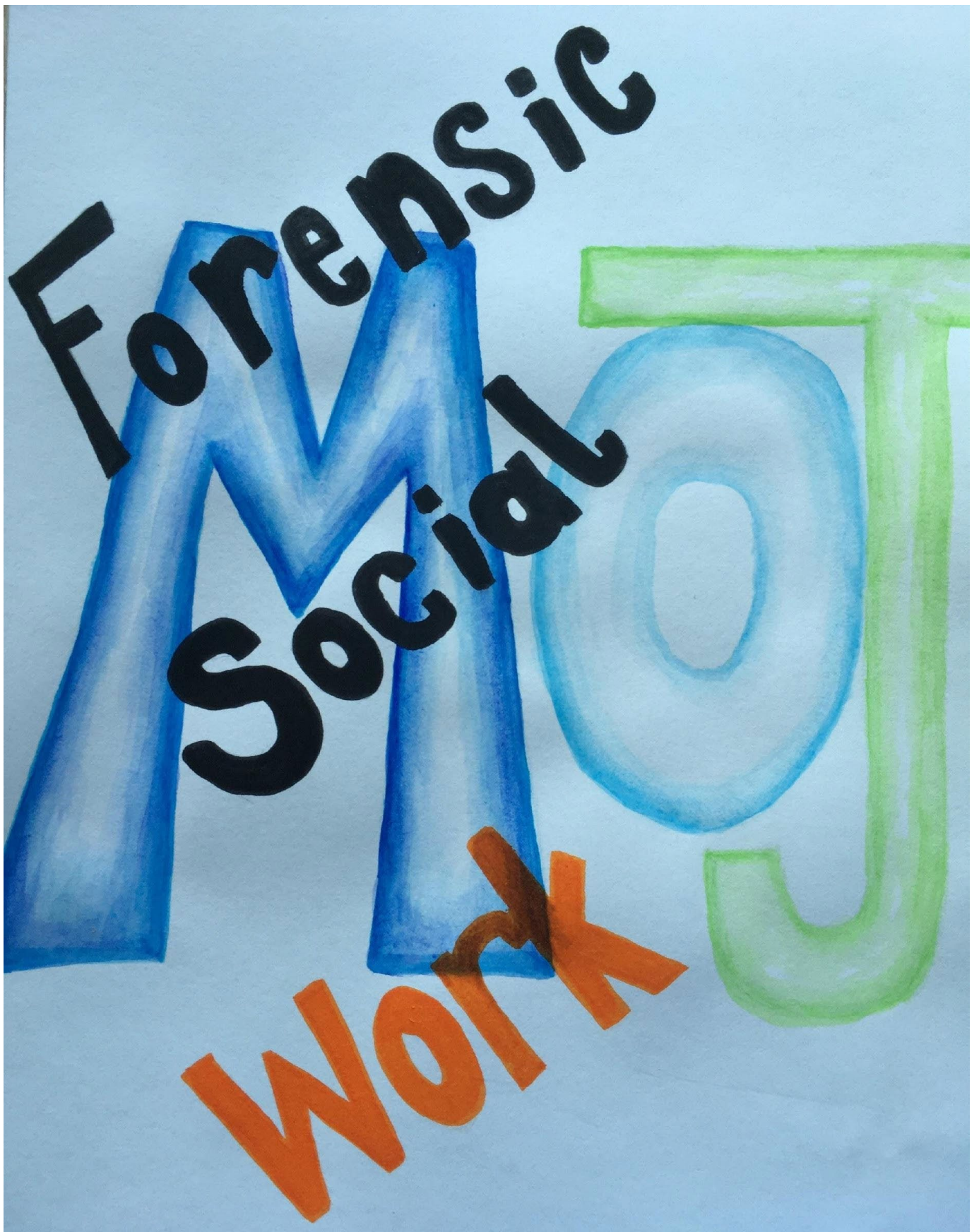
Another issue for employers is to ensure that FSWs do not become too aligned to targets and outcomes. This will detract from their professional social work standards and core skills. If this basic principle is not clearly understood in the context of a profession that is trained to articulate and advocate for service users, then it might not be too surprising that services – including forensic social work services – might experience recruitment and retention issues. Many FSW activities are not easily measured in the same way as clinical interventions. Their efficacy is no less relevant but does need to be seen and understood as complementary.

Note: This report was commissioned by Health Education England as part of the New Roles in Mental Health programme of work. This work is included in the 2019/2020 HEE Mandate: ‘supporting the delivery and expansion of innovative, recently created roles in mental health by implementation of agreed priority work streams which have been identified as having the greatest impact in mental health services in transforming the workforce.’ Full details can be found on HEE’s [New Roles web pages](#)



Contents

Foreword	1
Abstract	2
SECTION 1: BACKGROUND	6
1.1 Introduction	6
1.2 Information gathering	6
1.3 Scoping exercise	7
1.4 Participants	8
1.5 Acknowledgements	9
SECTION 2: RECOMMENDATIONS	11
2.1 Summary of recommendations	11
SECTION 3: CONTINUING PROFESSIONAL DEVELOPMENT	14
3.1 Introduction	14
3.2 Continuing professional development (CPD)	14
3.3 Regional differences between job descriptions and job specifications	15
3.4 Management perspectives on CPD for FSW	17
3.5 Practitioner perspectives on CPD	17
SECTION 4: THE SOCIAL SUPERVISOR ROLE	19
4.1 The role of social supervisor	19
4.2 Review of guidance document for social supervisors	20
4.3 Legislative and social policy context relating to the social supervisor role	20
4.4 Allocation of the role of social supervisor	22
SECTION 5: RECRUITMENT AND RETENTION ISSUES	27
5.1 Introduction	27
5.2 Perspectives of managers/service leads on recruitment and retention	27
5.3 Perspectives of forensic social workers on recruitment and retention	30
SECTION 6: CONCLUSIONS	32
6.1 Continuing professional development of FSWs	32
6.2 FSW and the role of social supervisor	32
6.3 Recruitment and retention of FSWs	32
Glossary of terms	34
References	35
About the author	37





SECTION 1: BACKGROUND

1.1 Introduction

The scoping exercise was undertaken at the request of **Mark Trewin**, Lead Social Worker for Mental Health at the Office of the Chief Social Worker for Adults in England and Chair of the Health Education England (HEE) New Roles Social Group, and **Karen Linde**, Social Work for Better Mental Health Project Lead. The research was commissioned as part of the Health Education England New Roles in Mental Health Social Work Group, which has been working to develop the role of social work in mental health services – especially for social workers based or employed in the NHS or independent sector.

The document is a summary of the scoping exercise that looked at issues to do with the recruitment and retention of forensic social workers (FSWs), continuing professional development (CPD) for FSWs, and an exploration of some issues identified in relation to the role of the social supervisor (SS) for people discharged under sections 37/41 of the Mental Health Act (MHA) 1983.

The scoping exercise took place between 17 February 2020 and 31 March 2020 (with two days commissioned each week for the task). Because of the coronavirus pandemic, the method for information gathering was revised during the scoping exercise period and face-to-face visits were subsequently cancelled; this revised approach is outlined in the following sections.

FSWs in this scoping exercise worked in: high, medium and low secure psychiatric hospitals; private sector hospitals; community mental health teams; and forensic community mental health teams. None of the participants in this scoping exercise came from the voluntary sector.

1.2 Information gathering

1.2.1 Desktop research

Desktop research covered the literature in relation to the subject area, including: policy documents; research studies; websites including SCONUL Access, ProQuest, PubMed, Royal Holloway University of London LibrarySearch Online, SCIE, NICE, the King's Fund and Social Care Online; and journal websites including those of the *British Journal of Social Work*, *Journal of Forensic Mental Health Practice*, the *British Journal of Psychiatry* and the *British Journal of Psychology*.

In addition to this, I explored the EthOS e-theses online database and identified two PhD studies from the USA (2019) and Spain (2018) that had some relevance to the subject area. There were no equivalents in the UK database in relation to this subject being explored in the scoping area.



1.2.2 Job descriptions and person specifications

Fifty-two job descriptions (JD) and person specifications (PS) were analysed in relation to activities associated with the FSW role and attributes required as identified in the PS. The JD and PS provided by NHS trusts were presented at bands 5, 6 and 7 under the NHS *Agenda for Change* process.

Nine JD/PS were provided by local authorities each using different banding scales reflecting local differences. Eight JD/PS were provided by the private sector. None of these indicated any banding/scale. The remaining three JD/PS were being advertised on different occasions.

In addition, I was able to retrieve JD/PS from different websites including NHS Jobs, Social Care Online, *The Guardian* Online and the BASW online job search.

1.2.3 Scoping exercise questionnaires

The purpose in separating out questionnaires, with one for managers and one for FSWs, was because I expected from the outset that while there would be much agreement between the two groups, there would also be differences. This did prove to be the case. Eighteen managers and 22 FSWs completed the questionnaire. The questionnaires were evenly distributed between different regions, including Wales. This was valuable because it did allow me to draw some comparisons in a way that I might not have been able to do otherwise.

1.2.4 Miscellaneous

Other means of gathering information included: telephone conversations with key stakeholders; emails; a Skype conference call with one NHS trust; and follow-up calls in relation to questionnaires that had raised points of interest and which I wanted to explore in more depth with the participant.

1.3 Scoping exercise

While the information gathering exercise was rigorous, this exercise is not research, and so, owing to the limitations of the exercise, the findings in this scoping exercise should only be viewed as a snapshot of the subject area.

Over 200 services were invited to participate, and a second attempt was made as a follow-up to non-responders. A total of 27 organisations participated in this scoping exercise. Many of the points identified in this scoping exercise do correlate with other sources, including research studies, and it is here perhaps that we can identify some value for further exploration. Since responses came from a geographically dispersed area, this snapshot may be more representative of wider experiences.



1.4 Participants

Twenty-seven trusts or local authorities participated in this research:

- Avon and Wiltshire Mental Health Partnership NHS Trust
- Berkshire Healthcare NHS Foundation Trust
- Birmingham and Solihull Mental Health NHS Trust
- Central and North West London NHS Foundation Trust
- East London NHS Foundation Trust
- Essex County Council
- Forensic Community Services, Preston
- Gloucestershire Health and Care NHS Foundation Trust
- Humber Teaching NHS Foundation Trust
- Kent and Medway NHS and Social Care Partnership Trust.
- Lancashire and South Cumbria NHS Foundation Trust
- Ealing Council
- Camden Council
- Mersey Care NHS Foundation Trust
- Nottinghamshire Healthcare NHS Foundation Trust
- Oxleas NHS Foundation Trust
- Reading Borough Council
- Sheffield Health and Social Care NHS Foundation Trust
- Slough Borough Council
- Southern Health NHS Foundation Trust
- South Wales Forensic Psychiatric Services
- South West London and St George's Mental Health NHS Trust
- South West Yorkshire Partnership NHS Foundation Trust
- Sussex Partnership NHS Foundation Trust
- Swansea Bay University Health Board Forensic Services.
- West London NHS Trust.



1.5 Acknowledgements

The author would like to acknowledge the contributions of the following people to this scoping exercise:

David Coughlan	Head of Forensic Social Work	West London NHS Trust
Mark Trewin	Mental Health Social Work Lead	Office of the Chief Social Worker for Adults
Daisy Bogg	Lead Consultant	Daisy Bogg Consultancy
Robert McClean	Associate Director of Social Care	Mersey Care NHS Foundation Trust
Emily Edwards	Forensic Social Work	Slough Borough Council
Dr Karen Linde	Social Work for Better Mental Health	Centre for Citizenship and Community
Richard Prior	Forensic Liaison Manager & Social Care Lead	Avon and Wiltshire Mental Health Partnership NHS Trust
Mike Nolan	Casework Section	Ministry of Justice

Grateful thanks to Emily Edwards for the artwork provided.





SECTION 2: RECOMMENDATIONS

2.1 Summary of recommendations

RECOMMENDATION 1: Development of a post-qualifying framework

There is a complex landscape of advice and guidance on CPD from different sources for FSW and different stakeholders are using different knowledge and skills frameworks, and some stakeholders are using none. This is also an area where NHS guidance on multi-disciplinary working shapes the picture and must be harmonised with professional requirements. While this complexity is part of the mental health context, there is scope for a more coordinated and strategic approach. Having too many skills and capability frameworks undermines this, reduces confidence in their efficacy and creates confusion about which one to use.

A clear post-qualifying framework for the career development and skill advancement of FSWs, which is universally agreed upon and which may be embedded in any setting, would provide coherence for the role and support CPD. For any framework to succeed there must be a universal recognition of its currency and Social Work England will have an important role in developing this.

RECOMMENDATION 2: Gathering data for workforce planning

Because of the disparate nature of work situations for FSWs and mental health social workers (MHSWs), who can be employed by NHS trusts, local authorities, and the private and voluntary sectors, it is difficult to ascertain the actual numbers of FSWs in England. It is therefore worthwhile exploring with Social Work England or Skills for Care to include as part of their data collection process to capture this information more accurately.

RECOMMENDATION 3: *Supervision*

Supervision is a core element of social work knowledge and development. The opportunity for critical reflection is an essential element of practice which impacts upon professional activity and development for FSWs. This needs to be central in any supervision process for FSWs, either individually or as a group. It is recommended that all employers of forensic social workers follow the 2020 HEE employer's guidance for social workers in mental health services, which specifically deals with this issue and is linked to the Local Government Association (LGA) employer guidance.

RECOMMENDATION 4: MHA 1983 legal knowledge and skills and CPD

All the job descriptions reviewed for this document refer to legal skills as a requirement, and in some cases advanced knowledge, for the FSW role. It is recommended that clear professional development pathways are linked to this core knowledge base for FSW. FSWs should have a good understanding of the specifics of Part 3 of the Mental Health Act and other criminal justice legislation. Post-qualifying education programmes should be developed to support this. Universities and fast-track programmes should ensure that social workers have a good understanding of these issues as they start their careers.



RECOMMENDATION 5: FSWs and clinical tasks

Where FSWs working in the health service can be expected to engage with clinical tasks, it is important that recognised and accredited training is delivered so that practitioners are undertaking tasks they have formal recognised training in. Failure to do this places the social worker and the client in a vulnerable position and potentially puts the social worker's professional registration in jeopardy. The HEE guidance on supporting social workers in mental health services provides a clear framework for employers to develop this. The LGA guidance for the employment of social workers is also a helpful document for this purpose.

RECOMMENDATION 6: Pooling of training resources

Mechanisms need to be put in place so that training is available across the public sector (trusts and local authorities). A shared resource tool across the services would be an efficient way to manage and deliver specific forensic training.

RECOMMENDATION 7: Opportunities for movement

There is considerable scope for more creative approaches to skill development through secondment opportunities and role development within and across services. For diversification and enhancement of skills this opportunity could be usefully explored by local authorities in partnership with trusts, particularly regarding Care Act 2014 responsibilities and safeguarding.

RECOMMENDATION 8: Specific legal training

FSWs need further training in the delivery of the Care Act 2014, which specifically caters for the client group they work with. This is particularly important in settings where Care Act 2014 activity has lessened because of the split in partnership arrangements. Practitioners also need to be legally literate in core areas, including mental capacity and human rights legislation and the change from Deprivation of Liberty Safeguards (DOLS) to Liberty Protection Safeguards (LPS).

RECOMMENDATION 9: *Social supervision*

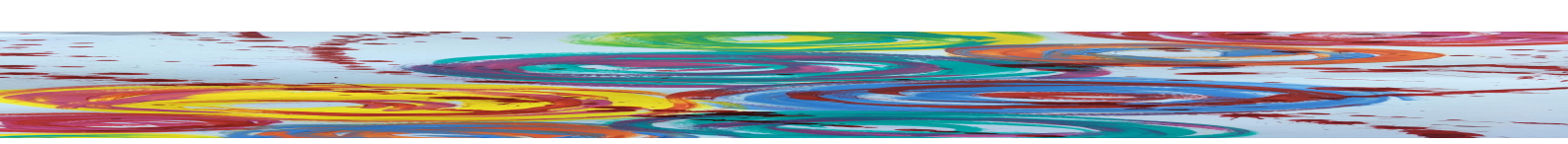
Social supervision is a specific role and skill undertaken by FSWs on behalf of local authorities and subject to Ministry of Justice guidelines; it is also open to other professionals. Social supervision arrangements can be increasingly complicated. People can be discharged to new areas away from the LA with initial responsibility. We recommend a review of this guidance and clear arrangements between the responsible authority and the host authority whereby the host authority provides social supervision on behalf of the responsible authority under a contractual arrangement under a memorandum of understanding or section 75 partnership arrangements (Mental Health Act 2006). We would also recommend that the MHA review consider the option of reviewing and developing the social supervision role.

RECOMMENDATION 10: Identified needs and CPD

Forensic social work requires skilled working with people with learning disabilities and autism as well as mental health issues. Where FSWs do not have experience in a particular area, this needs to be developed as part of their CPD.

RECOMMENDATION 11: AMHP training to increase knowledge of criminal justice

Approved mental health professional (AMHP) training programmes provide very high-quality training on the Mental Health Act and a range of other legislation. We have identified,



however, that candidates need more intensive training on Part 3 of the act as part of their AMHP training programme and we suggest this includes the role of the social supervisor.

Possible options include:

- a pre-qualifying module as preparation for those intending to work in settings, or are currently working in settings, where they are likely to exercise this role
- a post-AMHP training module looking at Part 3 and the social supervisor role
- extending the AMHP training so that Part 3 is covered in more detail.

RECOMMENDATION 12: Social supervisor training

Social supervisors need to have an in-depth understanding of Part 3 of MHA 1983. In preparing for this role, a module could be explored to cover the core elements of the legislation, the role of the social supervisor and other legislation that is necessary. In addition to this, a legal refresher course annually would be helpful to support CPD and keeping up to date. This would be in the context of professional supervision relevant to the task and activities associated with this. As part of the ongoing review of the Mental Health Act, we recommend that the review considers whether the role of the social supervisor is developed to a specific regulated skill set.

RECOMMENDATION 13: Line management supervision of social supervisors

In the case of line managers who are responsible for the supervision of social supervisors, particularly where the social supervisor role is not familiar, such as within community mental health teams (CMHTs), it is important that they also receive training on the role.

RECOMMENDATION 14: Explore future recruitment pathways for FSW

Higher education institutes (HEIs) have an opportunity to develop specialist modules for forensic social work as a follow-up to social work training. The Think Ahead MHSW programme may consider linking up with forensic services to support the training of future FSWs or to develop this within their current participant training. The specialist nature of the FSW role requires bespoke training from either HEIs or fast-track providers. The development of the NHSE Community Mental Health Forensic programme does present an opportunity for expanding multidisciplinary team service delivery by including forensic social workers as part of the integrated service provision across health and social care.

RECOMMENDATION 15: Redressing the salary differences

The issue of salaries of FSWs is presented as a problem in this scoping exercise. In particular, local authority salaries compared less favourably with those of NHS trusts. This anomaly needs to be addressed as it is identified as being a significant hurdle for forensic social work services run by local authorities in recruiting FSWs and operating them in partnership with the NHS and other agencies. This is, however, an ongoing issue for social work staff in integrated services.

SECTION 3: CONTINUING PROFESSIONAL DEVELOPMENT

3.1 Introduction

This section explores the CPD needs of FSWs. The data was obtained from questionnaires sent to managers and forensic social workers. Managers and forensic social workers each completed different questionnaires, with the questionnaire for managers having questions that were broader in remit and the questionnaire for forensic social workers looking at CPD from an individual practitioner's perspective.

3.2 Continuing professional development (CPD)

In order to explore the CPD needs of FSWs, the approach taken in this scoping exercise was to first look at a selection of job descriptions (JD) and job specifications (JS) for FSWs at bands 5, 6 and 7. Fifty-two job descriptions and job specifications from across England and Wales were looked at in depth.

The purpose in looking at these was to obtain data related to what was expected of FSW practice at point of entry into the role up to advanced practitioner level in the professional capabilities framework (BASW, 2016) and the forensic capabilities Framework (Bogg, 2016). This also allowed for core competencies required for forensic social workers to be drawn out and provided an overview of the complex nature of this role. It was noticeable in this exercise that a number of competing frameworks were being used including the professional capabilities framework, forensic social work professional capabilities framework, NHS key performance indicators (KPIs) and the [Knowledge and Skills Statement for Social Workers in Adult Services \(2016\)](#).

RECOMMENDATION 1: A post-qualifying framework

There is a complex landscape of advice and guidance from different sources for FSW and different stakeholders are using different knowledge and skills frameworks, and some stakeholders are using none. This is also an area where NHS guidance on multidisciplinary working shapes the picture and must be harmonised with professional requirements. While this complexity is part of the mental health context there is scope for a more coordinated and strategic approach. A clearer post-qualifying framework for the career development and skill advancement of FSWs, which is universally agreed upon and which may be embedded in any setting, would provide coherence for the role of CPD. For any framework to succeed there must be a universal recognition of its currency and Social Work England has a clear role in this area.

The rationale for completing this exercise first was so that core elements and requirements of the role could be seen as a basis from which to explore CPD issues; and whether participants contributing to this scoping exercise feel that these needs are currently being met. Information gleaned from this may also be relevant to recruitment and retention, particularly if there are concerns expressed about practice requirements in relation to training deficits in specific areas of importance. A more detailed breakdown of this process is available in the main report.

3.3 Regional differences between job descriptions and job specifications

The exercise of analysing 52 job descriptions (JD) and job specifications (JS) was valuable in that other factors emerged.

Firstly, it was noticeable how markedly different the content of JD and JS were compared with each other, and there were geographical differences. Specifically, JD and JS from the northern parts of England required higher levels of competency, skills and knowledge compared with London and the South. This was particularly evident at the entry level to forensic social work positions at levels 5 and 6. Submissions from service managers, in response to questions related to recruitment and retention, seem to suggest that services in London and to a lesser extent the south of England, experienced more difficulty in recruitment compared with services in the north of England and the Midlands.

Secondly, it was noticeable that some band 6 JD and JS were very similar to band 7. This was particularly the case in examples provided from the Midlands and the North. However, JS and JD bands 5, 6 and 7 from London and the South were more distinct from each other and it was possible to see more clearly the differences between the levels.

Overall, however, the JD and JS suggest different expectations by employers of FSWs in different parts of England and Wales. This is an important observation within the scoping exercise that invites further exploration. In addition to this, the place and context in which FSWs practice is diverse and includes: high, medium and low secure psychiatric hospital facilities; private sector hospital facilities; community mental health teams; and forensic community mental health teams.

RECOMMENDATION 2: Gathering data for workforce planning

Because of the disparate nature of work situations for FSWs and MHSWs, who can be employed by NHS trusts, local authorities, and the private and voluntary sectors, it is difficult to ascertain currently the actual numbers of FSWs in England. It is therefore worthwhile exploring with Social Work England or Skills for Care to include as part of their data collection process to capture this information more accurately.

3.3.1 Observation

Nearly all FSWs highlighted the importance of having professional supervision. Participants also shared that supervision was from their perspective also part of CPD and included reflective practice, critical reflection, and generation of new knowledge along with skill development. Some participants shared that for them supervision had become increasingly more aligned to bureaucracy, with less time to reflect.

RECOMMENDATION 3: *Supervision*

Supervision is a core element of social work knowledge and development. The opportunity for critical reflection is an essential element of practice that impacts upon professional activity and development for FSWs. This needs to be central in any supervision process for FSWs, either individually or as a group. It is recommended that all employers of forensic social workers follow the 2020 HEE employer's guidance for social workers in mental health services, which specifically deals with this issue and is linked to the LGA employer guidance.

Throughout the scoping exercise, different sources of information gathered pointed towards the importance of having continued professional development in legal knowledge and skills. Data sources included responses to the two questionnaires; job descriptions; person specifications and different publicity materials produced by Trusts or LAs.

RECOMMENDATION 4: Legal knowledge and skills and CPD

All of the job descriptions reviewed for this document refer to legal skills as a requirement, and in some cases advanced knowledge, for the FSW role. It is recommended that clear professional development pathways are linked to this core knowledge base for FSW. FSWs should have a good understanding of the specifics of Part 3 of the Mental Health Act and other criminal justice legislation. Post-qualifying education programmes should be developed to support this. Universities and fast-track programmes should ensure that social workers have a good understanding of these issues as they start their careers.

Many reports, reviews and research have identified the increased generic focus of MHSW, including FSW. This raises questions about competency and public recognition of clinical tasks where these are completed by MHSWs who have not received any formal recognised accredited training.

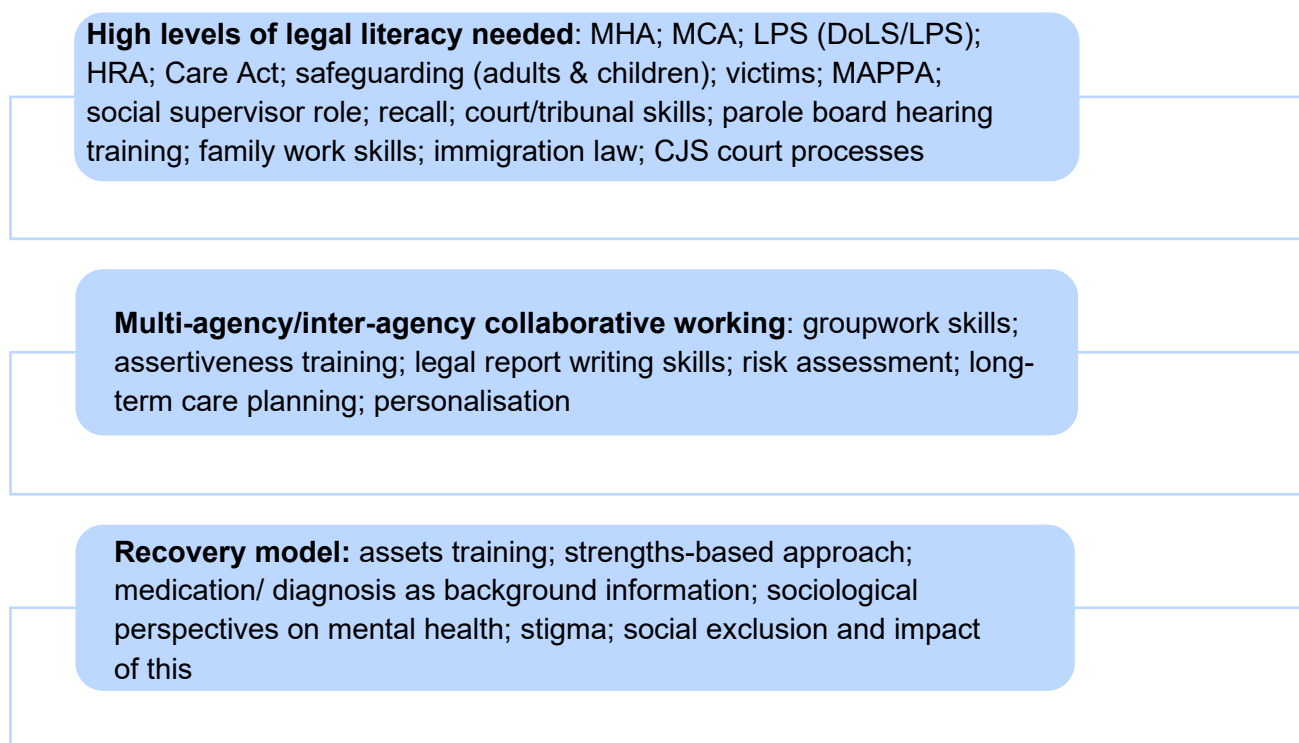
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Where FSWs are expected to engage with clinical tasks, it is important that recognised and accredited training is delivered. Failure to do this places the social worker and the client in a vulnerable position and also potentially puts the social worker's professional registration in jeopardy. The HEE guidance on supporting social workers in mental health services provides a clear framework for employers to develop this. The Local Government Association guidance for employers of social workers is also a helpful document for this purpose.

3.4 Management perspectives on CPD for FSW

In the next part of this scoping exercise, there is an illustration of what service managers and equivalents considered to be important in terms of CPD for their FSW workforce. The views of the service managers and equivalents have been separated out from those of practitioners.

The illustration below highlights skills and competencies of need from a hierarchical perspective, with the top tier illustrating more importance in terms of degree and requirements. This is not to suggest that other areas are less important, but rather that they are important in the context of being able to understand and deliver the top tier competently.

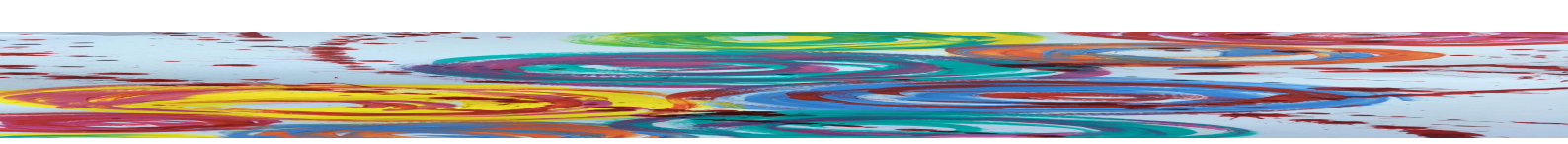


[Illustration 1: Management perspectives on CPD]

3.5 Practitioner perspectives on CPD

3.5.1 AMHPs

FSW respondents to this question provided a mixed picture. Some participants who were not AMHPs shared that they struggled to access legal update training. Explanations provided by practitioners for this included the belief that community mental health social workers needed to be prioritised over FSWs when it came to AMHP training because the latter group was less available to commit to an AMHP rota. Participants who were employed by trusts shared that they struggled to get trust approval to do AMHP training, with trusts assuming that this was a local authority responsibility. This issue is explored in more detail in the 2018 King's College London document [Who wants to be an Approved Mental Health Professional?](#)



Participants who were AMHPs shared that they were able to attend their legal updates each year. However, non-AMHP FSWs and/or non-warranted AMHPs shared that they too would like to be able to attend AMHP legal updates. Local authority-employed FSWs have opportunities to attend legal updates on the Mental Capacity Act and the Mental Health Act. Most forensic training for trust-employed social workers is delivered through various routes including, in some trusts, a quarterly forensic social work forum, and in others, bespoke generic training open to all professionals (which might also include social work specialisms). For LA-employed FSWs, legal update training, Care Act, Mental Capacity Act, safeguarding, personalisation and strengths-based approaches were usually of a high standard.

RECOMMENDATION 6: Pooling of training resources

Mechanisms need to be put in place so that training is available across the sector (trusts and local authorities). A common shared resource tool for training across the services would be a more efficient way in managing and delivering training across the services.

3.5.2 Taking the initiative

Participants in this scoping exercise were also able to seek out their own CPD opportunities, with many accessing online resources. This included SCIE, NICE and BASW online resources, the *British Journal of Social Work* and the *Journal of Social Work Practice*. Two out of the 22 participants were already doing a professional doctorate.

3.5.3 CPD pathways in NHS trusts and local authorities

One of the key themes that emerged from the scoping exercise was the value placed by participants on the opportunities NHS colleagues had to transfer across to different services and develop skills. Participants also commented upon research opportunities.

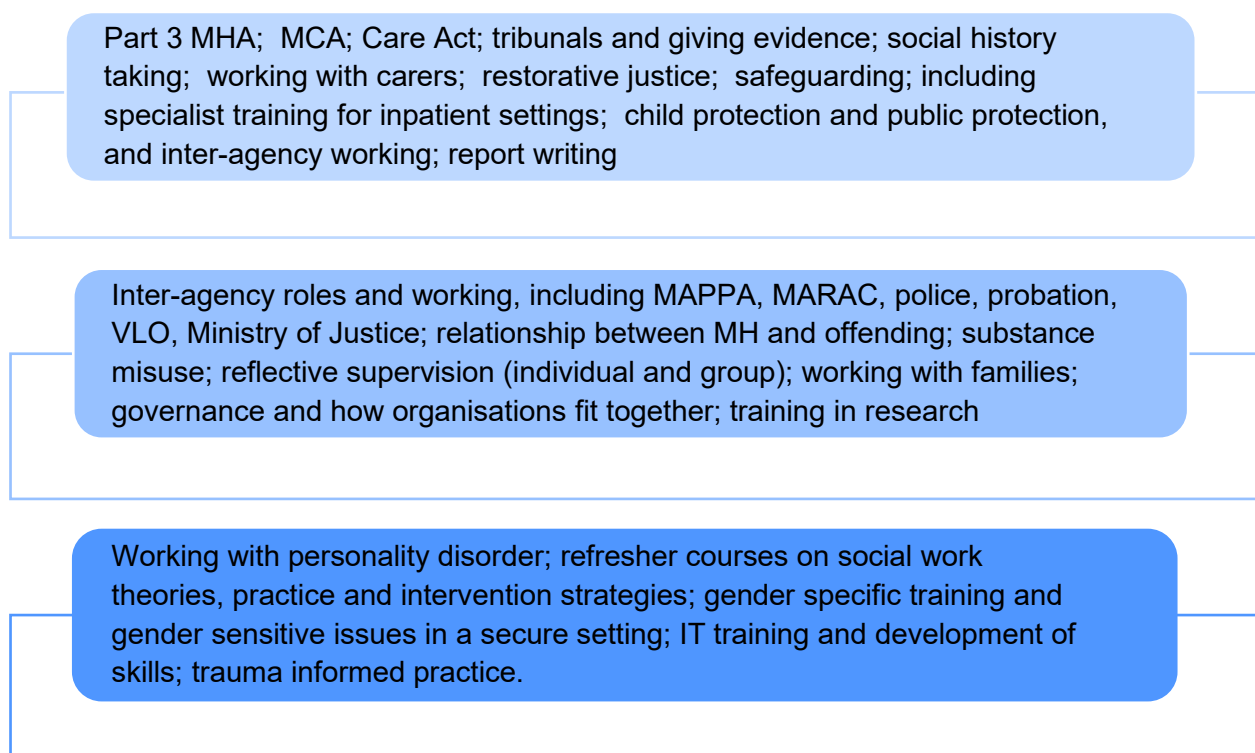
RECOMMENDATION 7: Opportunities for movement

There is considerable scope for more creative approaches to skill development through secondment opportunities within and across services. In some NHS trusts, colleagues can transfer between services and this is often considered a very useful way of developing skills. For diversification and enhancement of skills, this opportunity could be usefully explored by local authorities in partnership with trusts, particularly regarding Care Act 2014 responsibilities and safeguarding (children and adults).

LA-employed FSWs shared that they experienced a disadvantage in this regard and that there were limited opportunities either to transfer anywhere else and/or engage with research unless you took the initiative yourself and were willing to pay for your own training. Participants that were trust employed shared that while there were opportunities to engage with research, and this was encouraged, there were difficulties in getting research approval from NHS research ethics committees for qualitative research studies. Participants shared that the nature of

evidence from a social work perspective was not always easily understood or accepted within a health-dominated model of service delivery where FSW and social care is in a minority.

The illustration below is a summary of CPD issues identified by forensic social work practitioners in this scoping exercise. The subject areas are in descending form, with the top tier reflecting the most important areas. It is notable and not surprising that many of the issues identified have a strong practice component. In this respect, practitioner responses are slightly different to responses shared by managers, which tended to be more focused upon knowledge. Practitioners also highlighted knowledge, but they also identified the need for mentoring and training in the practical application of knowledge.



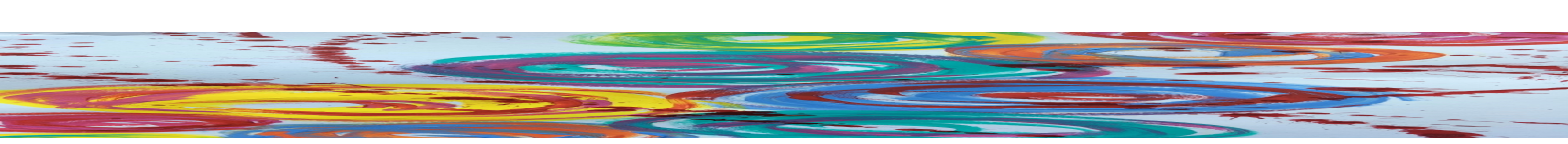
[Illustration 2: CPD that FSW participants would like to see]

SECTION 4: THE SOCIAL SUPERVISOR ROLE

4.1 The role of social supervisor

The role of the social supervisor, within the context of the Ministry of Justice Casework Section guidance document (2016), is an important one that requires professional skill, knowledge and experience. It is a role that practitioners, managers and different services need to understand. People who have been discharged from secure mental health hospitals under Part 3 of the Mental Health Act are often subject to social supervision. This is an especially important role with considerable legal powers and responsibilities.

Historically it has been undertaken by social workers but because of changes in formalised partnership arrangements under s75 and the withdrawal of some local authorities from



partnership arrangements with trusts, it remains difficult to identify how service users are allocated a social supervisor across a different forensic landscape. For example, prior to 2005, service users would have been followed up by an inpatient doctor, a social worker who was likely to have been the social supervisor, and a nurse who was likely to have been the CPACC. The roles were distinguishable. The same applied to forensic outreach services.

However, with an increased focus on community-focused rehabilitation and a desire for service users to return to their communities, we also see an increase in conditionally discharged service users being discharged to the care of community mental health teams, and often to areas away from the local authority with ordinary residence responsibilities. Participants in this scoping exercise have suggested that the social supervisors allocated in community settings are more likely to be CPACCs, with a concern that the difference between the CPACC role and the social supervisor (SS) role may not be fully understood.

This section of the report explores some of the key issues about the way in which the role of SS is exercised in relation to patients who are subject to the special restrictions (restricted patients) set out in s41 of the Mental Health Act 1983 (the Act) and who have been conditionally discharged from hospital by either the Secretary of State under s42(2) or by the First-tier Tribunal (Mental Health) under s73(2) of the Act. A number of issues have been identified as part of this scoping exercise that affect the exercise of the SS role to varying degrees.

4.2 Review of guidance document for social supervisors

At the time of this scoping exercise, the Ministry of Justice Casework Section was also planning a review of the guidance document for social supervisors relating to conditionally discharged patients. The Ministry of Justice Casework Section receives many enquiries relating to: circumstances around recall; case enquiries related to conditions and whether these can be changed; the role of the Ministry of Justice; and the extent of its powers in determining events at ground level.

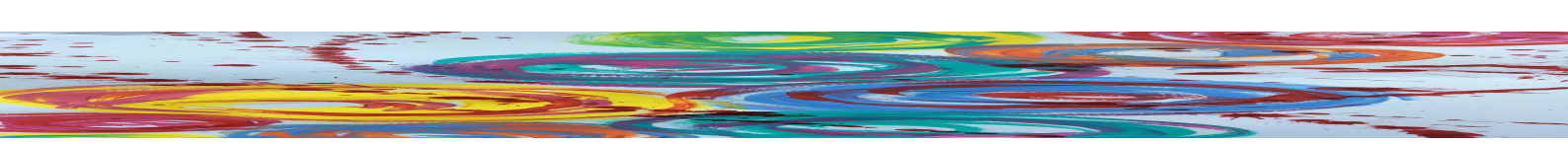
The Ministry of Justice has felt the need to issue a clarification on each of these points and it is within this context that the guidance will be amended. The Ministry of Justice is not planning a review of the role of the social supervisor but rather more in-depth advice on areas where it is receiving queries from social supervisors (conversation with Ministry of Justice Casework Section, 5 March 2020).

The Ministry of Justice will be engaging with stakeholders on this task. This scoping exercise therefore does not conflict with what the Ministry of Justice Casework Section plans to do and goes hand in hand with its intentions.

4.3 Legislative and social policy context relating to the social supervisor role

The following is an examination of the legislative and social policy background that has relevance to the current scoping exercise and in particular some of the issues relating to the role of the social supervisor.

4.3.1 Care Act 2014



The aim of integrating health and social care has been a long-held aspiration of governments of all political persuasions. However, with the introduction of the Care Act 2014, an unforeseen consequence arose whereby some local authorities have increasingly sought to remove their MHSWs, including FSWs, from integrated partnership arrangements. Years of reduced funding due to austerity policies have also contributed to this issue. This has resulted in some difficulties in relation to: how social supervisors are currently identified; which profession exercises the role; and some confusion between the Care Programme Approach care coordinator role (CPACC) and the role of the social supervisor. The change has also inadvertently impacted upon the ability of FSWs to practise under the Care Act 2014 in a number of NHS trust settings or arrangements between NHS trusts and local authorities.

RECOMMENDATION 8: Specific continued training

FSWs need further training in the delivery of the Care Act 2014, which specifically caters for the client group they work with. This is particularly important in settings where Care Act 2014 activity has lessened because of the split in partnership arrangements. Practitioners also need to be legally literate in core areas, including mental capacity and human rights legislation and the change from Deprivation of Liberty Safeguards (DOLS) to Liberty Protection Safeguards (LPS).

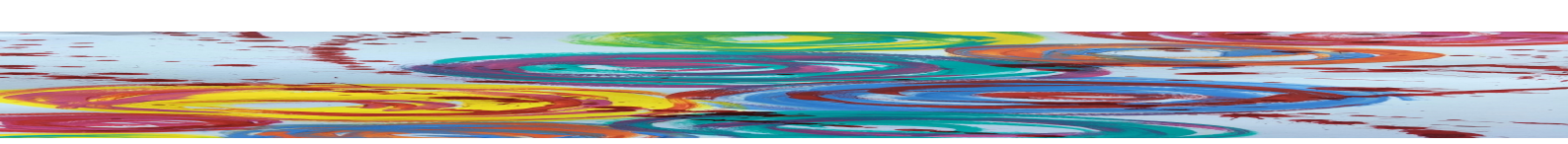
4.3.2 CDP and out of area

Another concern identified as part of this scoping exercise is where services users move locations. In the event of a service user subject to conditional discharge moving away to a location that is geographically removed from the responsible authority, there is a question around who is responsible in terms of social supervision.

The scoping exercise also revealed a number of concerns about lack of training for social supervisors and their line managers, particularly in cases where service users were discharged to community mental health services that might not have the experience of working with service users subject to Part 3 of the MHA 1983.

RECOMMENDATION 9: *Social supervision*

Social supervision is a specific role and skill undertaken by FSWs on behalf of local authorities and subject to Ministry of Justice guidelines; it is also open to other professionals. Social supervision arrangements can be increasingly complicated. People can be discharged to new areas away from the LA with initial responsibility. We recommend a review of this guidance and clear arrangements between the responsible authority and the host authority whereby the host authority provides social supervision on behalf of the responsible authority under a contractual arrangement under a memorandum of understanding or s75 partnership arrangements. We would



also recommend that the MHA review consider the option of reviewing and developing the social supervision role.

4.3.3 Working with specialist groups

Where FSWs are working in the social supervision role with service users with learning disabilities, autism and Asperger's syndrome there is a need for professional competency in these areas of specialism.

RECOMMENDATION 10: Identified needs and CPD

Forensic social work requires skilled working with people with learning disabilities and autism as well as mental health issues. Where FSWs do not have experience in a particular area, this is needs to be developed as part of their CPD.

4.3.4 Organisational policies

The scoping exercise identified the need and importance of having robust organisational policies in place to support social supervisor. These issues are of significance because there are currently 7,675 restricted patients in England and Wales. Of these, 4,874 are detained in hospital and 2,801 are conditionally discharged in the community (data obtained from the Ministry of Justice Casework Section, 6 March 2020).

This means that 2,801 patients have social supervisors. What we do not know is how many of the social supervisors are forensic social workers and how many belong to other professional groups, for example, community psychiatric nurses (CPNs) and occupational therapists (OTs). This information is not available from NHS Benchmarking, Skills for Care, the Association of Directors of Adult Social Services (ADASS) or Social Work England. We are therefore left at this point looking at conjecture in seeking to estimate the numbers involved.

4.4 Allocation of the role of social supervisor

The Ministry of Justice Casework Section does not specify which professional should exercise the role of social supervisor. For example, paragraph 50 of the guidance produced by the Ministry of Justice Casework Section on the role of the social supervisor, has this to say:

The social supervisor will usually be the key worker in liaison between those involved in the patient's care and support. Before discharge all those practitioners involved with the future care and support of the patient should be invited to a multi-disciplinary meeting at which a comprehensive plan of care and strategy for intervention will be agreed. Subsequently the social supervisor will need to arrange regular meetings to review aftercare arrangements. [Ministry of Justice Casework Section, 2016, Guidance on the role of the social supervisor, paragraph 50].

4.4.1 Workforce planning and the practice of genericism

Workforce planning strategies increasingly focus upon generic activity and this directly impacts upon allocation of social supervisors, who may be an MHSW, CPN or OT. The role of the social supervisor has therefore become conflated with that of the CPACC role and this scoping exercise has identified some difficulties as a result of this trend.

The Ministry of Justice guidance regarding the role of SS is in keeping with workforce planning strategies that have an emphasis upon genericism, shared capabilities and new ways of working. However, the Mental Health Act 1983 revised code of practice (2017), while not contradicting the Ministry of Justice guidance, makes the interesting observation that social supervisors *“will be allocated by local authorities who will determine that their agreed social supervisors have the correct knowledge”* (22:80).

The code of practice for mental health is advisory and needs to be considered. However, it does not have the same statutory footing as the previous MHA code of practice, the content of which, if ignored or not observed, risked challenge on grounds of breaching statutory requirements.

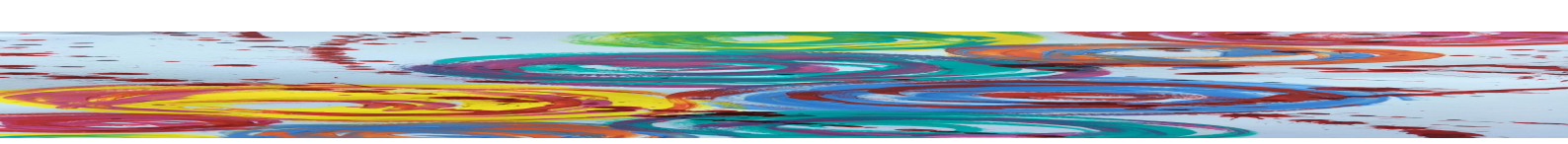
The Ministry of Justice does not stipulate the professionals who can undertake the role of social supervisor. Social supervisors should have received adequate professional development, be resourced to be able to produce prompt, accurate reports and raise any concerns with regard to the patient's behaviour in the community. Social supervisors will be allocated by local authorities, who will determine that their agreed social supervisors have the correct knowledge, expertise and skills to undertake this role, in line with the efficiency and equity principle. [Mental Health Act code of practice, 2017, 22:80]

4.4.2 Social supervisor role – a generic or specialist role?

It is reasonable to assume that the required level of practice for a social supervisor is experienced/advanced practitioner level. In order to address some of the issues raised by this study in relation to the role of SS, more clarity is needed as to whether this role is a generic one that can be practised by different professionals or whether it is a distinctly social work task that should only be practised by FSWs who have training and expertise in this area.

There is a danger that with changes to the workforce planning landscape in mental health and social care services, allocations to the role of social supervisor might not necessarily be to professionals (MHSWs, CPNs and OTs) who feel confident in this role either from a knowledge or practice perspective. The level of responsibility and skills needed as a social supervisor requires ongoing training and development in the area of law in addition to social work expertise. Where FSWs are allocated to the role of SS it is important to acknowledge that a core element of social work training is law-based, with candidates assessed at qualifying and post-qualifying levels.

The role of the social supervisor is a quasi-legal role that has since its inception been linked to FSW, with social supervisors being approved social workers/AMHPs in the past. With changes in legislation, policy and practice, services have moved towards a broader definition of capabilities, with a broadening out of different roles to different professions. With the role of the social supervisor, however, it does seem that this may have happened by accident rather than design, and practices reflect local reality on the ground.



Whoever exercises this role does need to have a broad understanding of relevant legislation in addition to the MHA 1983/2007, for example, the Care Act 2014 in relation to the criminal justice system, prisons and secure hospitals, and housing or care within the community of conditionally discharged patients. Some knowledge of the interface and the practical application of the Care Act 2014 is therefore required, with Spencer (2019) arguing that it is not possible to look at law in isolation and that there will always be areas of connection, cross-reference and relevance between different sources of relevant legislation. The Care Act 2014 is a pertinent example of this in action, particularly when we look at things like safeguarding, ordinary residence, personalisation and continuing care needs.

4.4.3 Social supervisor role and (vis a vis) CPA care coordinator role

There is a recognition that on the front line there is a blurring between the role of the social supervisor and the role of the CPACC, with the two roles becoming conflated into one role, particularly within community mental health team settings. Feedback received from service managers and other managers as part of this scoping exercise did point towards there being some difficulty in terms of practical application of the social supervisor role on the front line.

The key question is whether the role of the social supervisor is a generic role that may be practised by other professions, and in particular those who are CPACC, or whether it is a distinctive role that is different to the role of the CPACC. The second question that is linked to this is, what type of training is needed for this role? Reviewing the information available, it is clear that the social supervisor role itself is different from that of the CPACC.

The CPACC role has become increasingly more generic in nature. It is understandable how the merging of these two roles (CPACC and SS) might be an attractive option that could be practised more broadly by different professions. However, the level of training and the link to the responsibilities of the local authority are key.

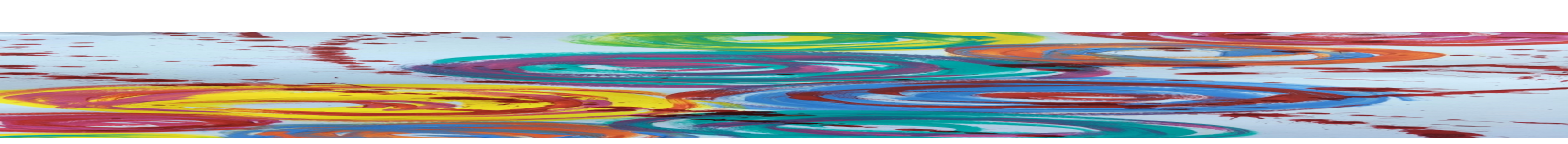
4.4.4 Suitability of social work training to the role of social supervisor

This report does not argue that only FSWs should perform the role of the social supervisor. We recognise the skills of other professionals in this area. However, it does argue that social work training has at its core legal understanding, applied social studies, a personalised and strengths-based approach, all within the context of human rights, plus an understanding of the role of local authorities. This means that FSWs are uniquely placed to undertake the role. That said, the Lewis report (1999) does recommend that the role of the social supervisor be undertaken only by the then approved social worker, now the AMHP.

Some clarification is needed to address the potential for confusion in this area. It is unlikely that local authorities would in practice be overseeing social supervisors that they have not allocated as part of their own service provision. The issue of social supervisor therefore becomes one of role, task and responsibilities and training in relation to this role.

4.5 Approved social worker/approved mental health practitioner training

Both the previous ASW and the current AMHP training include some input in relation to Part 3 of the MHA 1983. However, in looking at four syllabi from different universities covering AMHP training it was noticeable that only two days were given to the delivery of Part 3 of the MHA 1983/2007 around criminal justice issues. The majority of the AMHP training



understandably focuses on the civil proceedings. That said, two days alone is a short time to spend on such a complex area. However, given that the majority of service users will fall under the remit of civil proceedings within the MHA 1983/2007, it is not surprising that the majority of the focus of AMHP training is on this. It is recommended, however, that including Part 3 of the MHA 1983 in a more substantive way does need to be considered.

RECOMMENDATION 11: AMHP training programmes to increase their Part 3 delivery

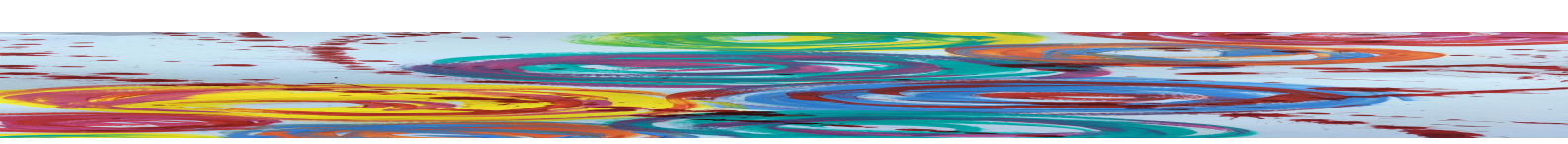
AMHP training programmes are required to provide training that is value for money in as short a period as is possible. However, for candidates receiving Part 3 training as part of their AMHP training programme, this needs to be extended or at least altered to cover in more depth the Part 3 of the Act and specifically the role of the social supervisor.

Options could possibly consider:

- including either a pre-qualifying module as a preparatory module for those intending on working in settings, or who are currently working in settings, where they are likely to exercise this role
- a post-AMHP training module looking at Part 3 and the social supervisor role
- extending the AMHP training so that Part 3 is covered in more depth as part of the overall AMHP training
- a consideration as part of the ongoing review of the MHA, looking at the role of the social supervisor as a distinctive statutory activity similar to AMHP and/or best interest assessor (BIA), which has its own formalised training.

Participants in this study shared mixed views regarding whether the role of the social supervisor should only be practised by AMHPs. Some participants were clear that this was not necessary, and others thought that it was. This picture was also reflected in the JD/PS. However, at band 7, there was an increase in expectation that applicants would have AMHP experience/training but not necessarily be expected to practise as an AMHP.

After completing this review, my own conclusion is that the role of the social supervisor is a distinctive role in its own right and is different to the AMHP role. I am drawn towards the final suggestion in Recommendation 11, which suggests future consideration of the social supervisor role as part of the ongoing review of the MHA. This would involve looking at the role of the social supervisor as a distinctive statutory activity similar to AMHP and/or BIA, with its own formalised training.



RECOMMENDATION 12: Social supervisor training for non-AMHPs

Social supervisors need to have an in-depth understanding of Part 3 MHA 1983. In preparing for this role, a module could be explored in order to cover the core elements of the legislation, the role of the social supervisor and other legislation that is necessary. In addition to this, a legal refresher course annually would be helpful in order to support CPD and keeping up to date. This would be in the context of professional supervision relevant to the task and activities associated with this. As part of the ongoing review of the Mental Health Act, we recommend that the review considers whether the role of the social supervisor is developed to a specific regulated skill set.

Because of some degree of conflation between the role of the social supervisor and the CPACC role, there does need to be some form of training for managers not familiar with the social supervisor role to receive some training in this. Training in this is necessary in order that the statutory requirements and practical requirements are fully understood and not confused with the requirements attached to the CPACC role, which are different.

RECOMMENDATION 13: Line management supervision of social supervisors

In the case of line managers who are responsible for the supervision of social supervisors, particularly where the social supervisor is not familiar, such as within community mental health teams (CMHTs), it is important that they also receive training on the role.

SECTION 5: RECRUITMENT AND RETENTION ISSUES

5.1 Introduction

In this section of the scoping exercise, issues around recruitment and retention have been explored. Once again, an effort has been made to separate out responses received from managers and practitioners. While some of the observations converge, there were some distinctive contributions offered by both parties that were different from each other and for this reason some attention has been given in seeking to understand their meaning.

5.2 Perspectives of managers/service leads on recruitment and retention

With regards to the recruitment of staff, some regional variations exist, with recruitment of suitably qualified staff in London and its environs being more difficult. This was also reflected in the JD/PS, which did show some differences between London and the rest of the country. London JD/PS, particularly those from LAs, asked for less in terms of competencies and in addition they also advertised lower salaries.

5.2.1 Payment disparities

Pay differentials were also apparent with NHS trust salaries paid in line with Agenda for Change pay scales, which were higher when compared to LA pay scales. Local authority pay scales were therefore less attractive, with some local authorities abandoning supplementary environmental allowances or forensic lead payments. Forensic posts advertised by local authorities responsible for FSW provision compare less favourably financially to NHS positions advertised for FSW. This has led to a decrease in the numbers of applicants for forensic social worker posts where these have been advertised by LAs, with many participants indicating that they were struggling to successfully recruit.

In addition to this, the removal of the forensic lead payments has been interpreted by those on the front line as minimising the particular nature of the work that forensic social workers do, the emotional impact that this work can have upon professionals, and the element of risk involved. In short this has led to ill feeling on the front line by many FSWs employed by local authorities.

A review of the salary scales on the front line seems to support many of the observations shared during this scoping exercise. There were notable differences between NHS trusts when compared with local authorities and the private sector pay scales. There was a noticeable difference in the bandings and scales used by local authorities. None of the private sector job descriptions and specifications specified banding scales and the salaries were markedly lower.

Salary	Allowance	Grade	Region	Employer
£30,401 - £37,267	None	Band 5	North	Trust
£34,961 - £42,010	None	Band 6	Midlands	Trust
£36,481 - £44,044	£2,448	Band 6	London	Trust
£37,570 - £43,772	None	Band 6	South East	Trust
£36,481 - £44,044	£2,448	Band 6	London	Trust
£36,000 - £43,000	None	Band 6	South	Trust
£36,000 - £44,044	None stated	Band 6	South East	Trust
£36,000 - £43,000	None stated	Band 6	South	Trust
£37,571 - £43,772	None	Band 7	North	Trust
£37,886 - £43,772	£2,448	Band 7	London	Trust
£37,886 - £43,772	None stated	Band 7	Outer London	Trust
£44,347 - £50,449	None stated	Band 7	Outer London	Trust
£42,313 - £48,515 (SFS)	None stated	Band 7	North London	Trust
£42,313 - £48,000	None stated	Band 7	East London	Trust
£33,291 - £38,799	£2,448	Grade 9/10	London	Council
£33,291 - £38,799	£2,000 (AMHP)	PO5	Home Counties	Council
£33,291 - £38,799	£2,448	Grade 9/10	London	Council
£34,000 - £37,000	None stated	Level 2/3	South	Council
Forensic SW lead	None stated	Level G	South West	Council
£33,291 - £38,779	None stated	PO5	London	Council
£38,000 - £43,000	(incl 5k market supplement for AMHP)	Level 4/5	Midlands	Council
£30,000	None	Not stated	Midlands	Private sector
£27,000	None	Not stated	Home Counties	Private sector
£35,000	None	Senior FSW	London suburbs	Private sector
£30,000	None	Not stated	Home Counties	Private sector
£27,000	None	Not stated	Midlands	Private sector
£35,000	None	Senior FSW	Midlands	Private sector

[Illustration 3: Salary differentials]

5.2.2 Increased workload

Where there are longstanding vacancies, this has led to increased workload for existing practitioners, leading in some instances to “excessive” caseloads. This in turn impacts upon morale, with staff moving to services that are better paid and have better working environments.

5.2.3 Possible reputational damage

Where there are sustained shortages in terms of recruitment of forensic social workers, participants have indicated that this has led to reputational damage because managers and teams remain powerless to alter the status quo. Services provided to clients, carers and families are also impacted negatively because forensic social workers in these contexts have less time to engage with them because of increased requirements to cover additional duties and take on extra cases. This has resulted in a shortfall in service provision and in some cases a waiting list for allocation. In addition to this, a reliance on agency/locum social workers has been necessary in some cases in order to fill the gap in service provision.

5.2.4 Newly qualified social workers and ASYE

Some local authorities have employed newly qualified social workers (NQSWs) as part of their assessed year in practice (ASYE) programme within forensic services. While this has helped fill the gap and is a good opportunity for those employed, it has meant that less experienced people are now being employed in a complex work setting. It has also meant that high levels of support are required in order to ensure that NQSWs on their ASYE receive the in-depth support needed so as to be able to effectively complete their ASYE. Given the pressure on services already, seeking to fill the shortfall of recruitment means that additional time is now needed to ensure that NQSWs are competent in this specialised area of work.

The benefits to services in employing NQSWs are medium to long term if colleagues on their ASYE remain with the service. Some LAs that took part in this scoping exercise abandoned the approach of employing NQSWs on ASYE because a number of the participants in this programme either did not complete their ASYE, needed to move, or left the role soon after completing the ASYE. Where this has been the case, these services have reverted to including two years' experience as a person specification in the job role requirements, believing that knowledge, experience, resilience and skills are a prerequisite to anyone wishing to work in forensic services. However, there were other cases in this scoping exercise where employing an NQSW on the ASYE proved successful – these were services outside of London.

RECOMMENDATION 14: Explore future recruitment pathways for FSW

The higher education institutes (HEIs) have an opportunity to develop specialist modules for forensic social work as a follow-up to social work training. The Think Ahead programme may consider linking up with forensic services to support the training of future FSWs or to develop this within its current participant training. The specialist nature of the FSW role requires bespoke training from either HEIs or fast-track providers. The development of the NHS England community mental health forensic programme does present an opportunity for expanding multi-disciplinary team service delivery by including forensic social workers as part of the integrated service provision across health and social care.

5.3 Perspectives of forensic social workers on recruitment and retention

5.3.1 Closed communities

A number of participants shared that FSW teams can be sometimes a closed community where people tend to stay long term. This generally means that vacancies are not as readily available as in other areas of mental health service provision and therefore forensic social workers can become more isolated and opportunities for career progression are less frequent.

5.3.2 Distance to employment

Because FSW posts are not in abundance, and because of the specialised nature of the posts, participants shared that it can be necessary to have to travel long distances for vacant posts, especially hospital-based posts in the regions, in order to secure jobs. This was shared as a potential factor mitigating against potential candidates applying for FSW posts, therefore reducing the potential pool of prospective suitably qualified candidates.

5.3.3 Limited career pathways

Restricted career pathways were shared by participants as being problematic, with few management posts available to apply for. This was linked once again with people staying long term in posts. AMHPs employed by trusts found accessing training was a struggle because prospective applicants are unlikely to get trust approval and/or payment to do AMHP training. A number of participants shared that there are no management training schemes for FSWs either in the LA or in the trust, adding that nurses have schemes for management training, and they also have access to research funding and visibility within their organisation.

In addition, participants across both groups (trust and LA) shared that they thought trusts struggled to understand the language of social work and social care, and that conceptually social work activity is still a developing work in progress. However, it was clear that some of the trusts in this scoping exercise demonstrated significant development in expertise in this area, for example, Merseyside, which clearly has a social care pathway with a large workforce delivering social work as part of an integrated service.

5.3.4 Pay scales

Loss of forensic lead payment has impacted negatively on recruitment, as have competitive pay structures elsewhere that tend to be higher in the trusts. This has reduced applications for vacant posts for forensic social workers advertised by local authorities.

“If you want experienced staff then you need to pay them. Why would an AMHP/BIA trained FSW come to a forensic setting on less pay than they would otherwise earn in another setting including community mental health services? It feels like experience in social work is not valued in this regard and it needs to be. You need FSWs who are used to using legislation in practice, have training in this area and have the skills and knowledge to challenge other professionals confidently. These skills cost money and organisations need to be able to recognise this.”

[Participant observation]

RECOMMENDATION 15: Redressing the salary differences

Salary presented as a problem in this scoping exercise. In particular, LA salaries compared less favourably with those in NHS trusts. This anomaly does need to be addressed as it is identified as being a significant hurdle for forensic social work services run by local authorities in recruiting FSWs.

5.3.5 Impact of locums

Participants shared that there can be an issue in having temporary locum social workers to fill employment gaps.

5.3.6 Views about the role

Participants shared that potential applicants are often reluctant to come forward in applying for FSW posts because of concern about the client group. In addition to this, prospective candidates might be concerned by the level of risk assessment involved in the role and the fear that they might get something wrong in an area with a high public and media profile. Participants in this scoping exercise did highlight these as being issues for them that they needed to work through in a supportive environment.

5.3.7 Image of social work

Participants shared about the impact of negative publicity around social work in general and the impact that this has upon professionals. Participants cited press coverage of social workers as having an adverse impact upon potential applicants. Participants cited their perception that other professions had a poor view in relation to their professional status as FSWs, believing that other professions viewed them as similar to the role of a support worker. Participants also identified the issue of clarity of purpose in their role, indicating a level of vagueness:

“If we don’t know who we are, what we are and what we do, how can we expect to attract applicants to vacant roles in FSW teams?”

[Participant response]

Participants in this scoping exercise employed by LAs showed higher levels of dissatisfaction compared to participants employed by trusts. While no generalised assumptions may be gleaned from this, the findings are similar to research and policy review findings more generally related to local authority MHSWs working in partnership arrangements. Issues around identity, genericism, oversight, and lack of opportunity to engage with social work practice are all linked to low morale for MHSWs (Cameron et al, 2012 and 2015; Liyanage, 2014; Moriarty et al, 2016; Lilo, 2016).

Change does not happen overnight, and it is likely that current policy initiatives (HEE guidance for employers of social workers) that are seeking to address many of these issues may take time before we will begin to see the fruits of the many reforms being considered currently.



SECTION 6: CONCLUSIONS

Forensic social workers are a specialised professional community of interest in their own right and they are situated within a larger, wider professional community of interest – mental health social work (MHSW).

Those that participated in this exercise worked mainly in: high, medium and low secure hospitals; community mental health teams; forensic community mental health teams; prisons; voluntary, community and social enterprise (VCSE) organisations; and private hospitals. Some were approved mental health professionals. Many of the needs identified in this scoping exercise are similar to those of the wider MHSW community. Others, however, are more reflective of the forensic social work community itself. They are summarised below:

6.1 Continuing professional development of FSWs

The issue of CPD is bespoke to the distinctiveness of the role of the FSW. Three observations have emerged in relation to CPD in this exercise:

1. The need to standardise in so far as is possible the different competency frameworks into one entity that is universally applicable for the sector and holds currency in NHS trust settings, local authority settings, and the private and voluntary sectors.
2. The need for legal expertise as a prerequisite for the FSW role. It is therefore important that any CPD framework embodies this in a more focused way. This could be from a module level up to graduate/postgraduate level recognised within a professional capabilities framework that has universal currency across the board.
3. FSW practitioners contributing to this scoping exercise suggested a need to consider not just knowledge-based activities in relation to CPD but also practice components and their application in a more focused way. This is an important observation that does need to be explored further in terms of CPD needs for practitioners.

6.2 FSW and the role of social supervisor

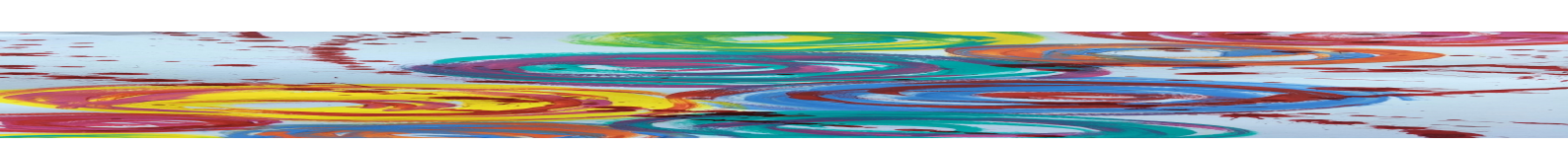
The role of the **social supervisor** is identified by participants in this scoping exercise as presenting with some difficulties in its execution.

In particular the potential conflation of the social supervisor role with the CPACC role is one aspect of concern that has been raised by participants in this scoping exercise. The collapsing of the two roles has created some ambiguity and confusion for parts of the FSW sector and suggests a need for distinguishing between these two roles so as to better serve each of their individual distinct purposes.

6.3 Recruitment and retention of FSWs

The exploration of recruitment and retention issues in relation to FSWs highlighted a number of areas that were problematic.

Primary amongst these was the evidence of **pay disparity** between trusts and local authorities in relation to FSW salaries. Local authorities paid lower rates compared to trusts,



with the latter using Agenda for Change pay scales. Local authorities by comparison used different pay scales that were at a lower rate.

Another issue identified was the **lack of FSW jobs** available in the labour market. Participants identified the lack of job opportunities as being linked with low turnover of FSW staff, which in turn leads to reduced vacancies and limited opportunity for career progression. Participants also cited the cost impact of having to travel long distances to secure work, and the negative knock-on effect that this has upon work–life balance and family life, as another factor that may mitigate against potential applicants applying for FSW posts.

One of the most notable issues to emerge in this scoping exercise is the **difference between the private sector compared with trusts and local authorities**. The differences identified in this exercise were substantive, with the private sector JS/PS having much less connection with recognised competency frameworks applied to social work and lower salary scales compared to both trusts and local authorities. To what extent this is generalised across the board is unknown, not least because there is no data available as to how many FSWs are employed by the private or voluntary sectors. This does invite further enquiry, not least to explore FSW activity in these settings, their CPD needs and how these needs are being met.

Finally, it is encouraging to note that NHS Benchmarking is going to produce data that quantifies the number of FSWs employed by trusts. However, it would be useful to know how many FSWs are employed in trusts, local authorities, and the private and voluntary sectors. One of the recommendations in this scoping exercise is to explore with Social Work England whether or not it might be possible to capture this information as part of the social work professional registration/renewal process.

Glossary of terms

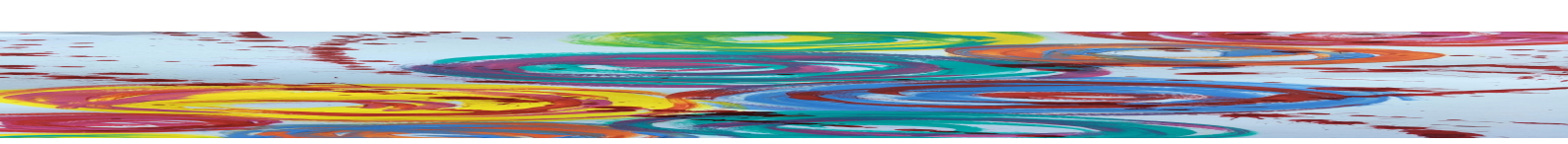
AASW	advanced award in social work
AC	approved clinician
ADP	anti-discriminatory practice
AfC	Agenda for Change
AMHP	approved mental health professional
AOP	anti-oppressive practice
ASW	approved social worker
ASYE	assessed year in practice
BASW	British Association of Social Workers
BIA	best interest assessor
CCA	Community Care Act
CINAHL	online database search engine
CDP	conditionally discharged patients
CMHT	community mental health team
CPACC	Care Programme Approach care coordinator
CPD	continuing professional development
CPN	community psychiatric nurse
DH	Department of Health
DHSC	Department of Health and Social Care
DoLS	Deprivation of Liberty Safeguards
FHEA	fellowship of the Higher Education Academy
FPCF	forensic SW professional capabilities framework
FSW	forensic social work/worker
GSCC	General Social Care Council
HA	Health Act
HEA	Higher Education Academy
HCPC	Health and Social Care Professions Council
IMHS	integrated mental health services
IT	information technology
JD	job description
JS	job specification
LA	local authority
LPS	Liberty Protection Safeguards
MAPPA	multi-agency public protection arrangements
MARAC	multi-agency risk assessment conference
MCA	Mental Capacity Act
MDT	multidisciplinary team
MHA	Mental Health Act
MHAA	Mental Health Act assessment
MHSWA	mental health social work award
MHSW	mental health social work
MHCS	Ministry of Justice Mental Health Casework Section
NHS	National Health Service
NHSB	NHS Benchmarking

NHS CCA	National Health Service and Community Care Act 1990
HEE	Health Education England
NICE	National Institute for Health and Care Excellence
NQSW	newly qualified social worker
OT	occupational therapist
PCF	professional capabilities framework
PS	person specification
PETS	practice educator training in social work
PG Cert Ed	postgraduate certificate in education
PQ1	post-qualifying level 1
PQF	post-qualifying framework
PQSW	post-qualifying award in social work
PSSWE	professional standards, Social Work England
ProQuest	online database search engine
PTA	practice teacher's award
PubMed	online database search engine
SCIE	Social Care Institute for Excellence
SCONUL	Society of College, National and University Libraries
SOPS	standards of proficiency (HCPC)
SS	social supervisor
SWE	Social Work England
TCSW	The College of Social Work
TOPPS	standards of capabilities (GSCC)
VCSE	voluntary, community and social enterprise

References

- Bailey, D. and Liyanage, L. (2012), The role of the mental health social worker: Political pawns in the reconfiguration of adult health and social care, [in] *British Journal of Social Work*, 42, pp. 1113–1131.
- Bogg, D. and Barcham, C. (2016), Forensic mental health social work: capabilities framework, Department of Health.
- Bradley, Lord (2009), The Bradley Report (Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system).
- Central Council for Education and Training in Social Work, (1995a), Achieving forensic social work competence, CCETSW.
- Central Council for Education and Training in Social Work, (1995b), Forensic social work competence framework: Workforce data, CCETSW.
- Central Council for Education and Training in Social Work, (1995), Achieving competence in forensic social work: guidance for the advanced award in social work, CCETSW.
- Department of Health, (1999), Review of social work services in the high security hospitals, DH Publications.
- Department of Health, (2014a), Knowledge and skills statement and the PCF, DH Publications.
- Department of Health, (2016), Forensic mental health social work capabilities framework, DH Publications.

- Department of Health, (2016), *Social Work for Better Mental Health – A strategic statement*, DH Publications.
- Department of Health and Social Care, (2018), *Post-qualifying standards for practice supervisors in adult social care*, DHSC Publications.
- Department of Health and Social Care, Skills for Care, NHS Education England, (2019), *Guidance on the support of mental health social work for NHS trusts and system leaders*, DHSC, SCIE, NHSEE.
- Fook, J. (2013), *Social work: a critical approach to practice*, [2nd ed], Sage Publications.
- Fook, J. and Gardner, F. (2007), *Practising critical reflection: a resource handbook*, Maidenhead: Open University Press.
- Great Britain, The Mental Health Act 1983, London: The Stationery Office.
- Great Britain, The Mental Capacity Act 2005, London: The Stationery Office.
- Great Britain, NHS Act 2006, London: The Stationery Office.
- Great Britain, The Mental Health Act 2007, London: The Stationery Office.
- Great Britain, The Care Act 2014, London: The Stationery Office.
- Great Britain: The Children and Social Work Act 2017, London: The Stationery Office.
- Great Britain, Welsh Office, Social Services Inspectorate, (1994), *An inspection of forensic psychiatric social work: a report of the social work input to the South Wales Forensic Psychiatric Service*, Great Britain, Welsh Office, Social Services Inspectorate.
- Lewis, R.J. (1999), *Review of social work in the high security hospitals (the Lewis Report)*, DH Publications.
- Liyanage, L. S. (2012), *Social work in community mental health teams: an ethnographic study with two community mental health teams*, Durham Theses, Durham University.
- Lilo, E. (2016), *Mental health integration past, present and future: a report of national survey into mental health integration in England*, Mersey Care NHS Trust.
- Linde, K. O'Regan, K., Trewin, M. and Allen, R. (2019), *Developing mental health social work as a core profession to meet Health Education England's mental health workforce objectives* [in] *NHS Health Education England final report from the Social Workers New Roles Task & Finish Group*, Department of Health and Social Care.
- Linde, K. (2019), *Social Work for Better Mental Health – draft self-assessment report*, Social Work for Better Mental Health (SWfBMH) and ADASS – South East Region.
- Linde, K., Adams, S. and Hatton, S. (2019), *NHS Institute for Mental Health Social Work Leadership – Achieving excellence, consistency, empowerment and leadership for social workers working in mental health settings in the NHS*, [in] *NHS Health Education England final report from the Social Workers New Roles Task & Finish Group*, Department of Health and Social Care.
- Maschi, T. (2019), *Educating for rights and justice: a content analysis of forensic social work syllabi* [in] *Social Work Education: The International Journal*, 38(2), pp.177–197.
- Ministry of Justice and HM Prison and Probation Service, (2017), *Mentally disordered offenders – the restricted patient system: background briefing*, DH Publications.
- Ministry of Justice and HM Prison and Probation Service – Mental Health Casework Section (2019), *Guidance: the designation and management of high profile restricted patients*, HM Prison and Probation Service.
- National Group of Social Work Managers in Medium and Low Secure Units (2017), *Best practice Guidance for the provision of forensic mental health social work services in medium and low secure units*, NGSWM.
- NHS London (2009), *Independent inquiry into the care and treatment of Peter Bryan and Richard Loudwell: a report for NHS London*, NHS London.



NHS England (2019), NHS Long-term Plan, NHS England.
NHS Health Education England, 2019, *Final report from Social Workers – New Roles Task & Finish Group*, Department of Health and Social Care.
Think Ahead (2019), Creating a workforce development package for specialist community forensic teams: Recommendations to NHS England, Think Ahead.

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