Guidance on the support of mental health social workers working in NHS, independent or integrated services

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Foreword

For the last year, it has been my privilege to chair the Health Education England 'New Roles in Mental Health' social work group, alongside my wider role supporting mental health social workers and approved mental health professionals within the Office of the Chief Social Worker.

This group has given a range of professionals, leaders and organisations the opportunity to consider the strengths and expertise of social work within multidisciplinary services and how best to support it.

Social workers work across health and social care agencies, mostly within local authorities, but also in the NHS, independent sector and voluntary or charity sector. They have a vital role within mental health services. Social work is all about working alongside people and communities, supporting people to be independent and respecting their human rights. Good social work has the power to transform people's lives.

This guidance is designed to support all agencies that employ social workers. It has been produced to sit alongside the Local Government Association's employers' guidance, and to give detailed advice and support to develop the social work role across all mental health settings and organisations. It is based on the learning from the 'social work for better mental health' programme, working across over 70 organisations, assessing and developing their integrated arrangements.

I hope you find it helpful and would like to thank all of the social workers, Approved Mental Health Professionals, team managers and principal social workers who have offered us their time and suggestions in developing this guide. I am also grateful to the designers and editors who have taken our rough draft and improved it.

Mark Trewin
Mental Health Social Work Lead
Office of the Chief Social Worker
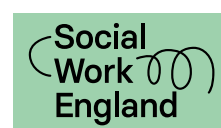*Chair, New Roles in Mental Health, social work implementation group*

Acknowledgements

Department of Health & Social Care

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Social Work England

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Part One:

The role of mental health social work

Introduction

A new vision for mental health social work

Transforming social work practice for improved wellbeing, care and prevention

There has never been a more important time for social workers to contribute to the development and delivery of contemporary mental health services in England.

Social workers are an essential part of the workforce in health and social care for both adults and children. The profession is recognised for its distinct values and the transformative, relational and rights-based principles that it brings to work with communities, families and individuals. These values and principles underpin the professional standards for social work, which are owned by Social Work England, the specialist regulatory body, and for which all social workers are accountable through their registration, which is a prerequisite to using the title 'social worker'.

This document is designed to support the NHS, the independent sector and other health and social care agencies who are employing social workers. Local authorities (LAs) will also find this document useful, but we recognise that social work has been well established in LAs for many years and so this is not the focus of this document.

The NHS Five Year Forward View for Mental Health, the NHS Long-Term Plan, the Care Act 2014 and new models of social care provision all envisage holistic mental health care that is place-based, personalised and community-focused.

In the future, policies and national drivers will require the expertise of social work to be implemented successfully (Appendix One). The move to asset-based, prevention and community-based services provides an impetus for social work to return to its core strengths in human rights and community development – working with key organisations such as housing and the voluntary sector to deliver community-focused interventions.

The NHS Long Term Plan includes £4.5 billion new funding for expanded community multidisciplinary services, aligned with new primary care networks and working alongside social care, housing and the voluntary sector.

It makes clear that no one sector, organisation or profession holds all the levers to facilitate change, or to produce a workforce sufficient to meet current need and future demand for mental health support. Although this document is about social work, we recognise that some of it will also be relevant to nurses and occupational therapists.

Effective social work roles in mental health rely on well-organised partnerships between local authorities, the NHS and other agencies. This remains the cornerstone of national policy. In recent years integration has proved challenging within the pressures of delivering complex services, but lessons have been learned about what works.

Challenges include:

- The significant pressure on the budgets of local authorities and clinical commissioning groups (CCGs) and the need to resource partnerships.

- Legal changes such as the Care Act and developments such as the Five-Year Forward View are increasing the need for prevention and community wellbeing. In some cases, partnership arrangements are no longer fit for purpose.

- Despite many positive experiences, partnership working can also be hampered by separate IT, assessment and performance systems.

- Social workers are highly valued in multidisciplinary teams, but often find barriers to the best use of their skills in integrated teams.

- The presence of a diversity of approaches in teams does not automatically lead to this richness being harnessed well in organisations. There has been too little investment in the resources needed to establish the foundations for partnerships over the longer term, such as support for shared learning and teamwork.

- Social work has a higher proportion of people from diverse communities joining the profession, but does not have a race equality framework and needs to improve development to senior leadership roles.

- Our models of multidisciplinary working need to evolve. Generic skill sets have proved a barrier to harnessing professional strengths and differences effectively within integrated systems.

- Social workers and Approved Mental Health Professionals (AMHPs) employed in NHS services need effective support, supervision and progression as a regulated profession to achieve their full impact.

- The NHS, independent sector and other agencies are increasingly directly employing social workers, but they sometimes do not have the structures consistently in place for these employees.

- Local authorities in partnerships need to understand the role of social work staff.

- Some NHS trusts are not supporting NHS-employed social workers to undertake various post-qualifying roles, including the AMHP or Best Interest Assessment (BIA) role.

- Integrated practice and leadership need stability but are often subject to considerable change. This includes the return of social workers to LA care management and the ending of integrated systems.

- Any transformation involving partnerships needs to articulate what this means for roles, team working and the practical realities of care delivery in which support for the role of the middle manager is key Social Work for Better Mental Health[1].

There are now many examples of partnerships which illustrate that integrated care does not necessarily need to rely on structures, but instead on clear purpose and expectations, role clarity and co-production with diverse networks. We explore this in more detail opposite.

Responses to the current COVID-19 emergency will also rely on effective partnerships, established at pace and harnessing resources across multi-agency networks. This will be an opportunity to learn and develop from this experience.

Organisations need to know how they provide appropriate support for the increasing complexity in the nature and arrangements of their workforce, as this reflects different professional requirements, employment conditions, partnerships and new roles.

The introduction of this guidance recognises that senior managers and system leaders in mental health services need clarity about what is required of their organisations in their role as hosts or employers of social work, whilst LA leaders, AMHP leads and principal social workers need to be clear about the reasons for placing and supporting social workers in integrated teams.

Social work is a qualified and regulated profession overseen by Social Work England, which sets social work professional standards and oversees social work education and training. 'Social worker' is a protected term. Social workers have substantial areas of responsibility for providing care and support, safeguarding and public protection, with considerable statutory powers.

Social workers may be employed across LAs, the NHS, independent sector or voluntary sector organisations:

- in a role that specifically requires a social work qualification;

- in a role that requires a professional qualification and social work is one such qualification, such as generic care coordinator or manager;

- in a role that does not require a professional qualification, but the individual chooses to maintain their social work registration, such as project manager or clinical governance lead. Social workers may operate in roles that are very valuable to organisations, such as NHS safeguarding lead; and

- in a range of non-social work roles, such as therapists, senior managers, etc. – but keep their registration.

Social workers bring specific skills and experience to health and care organisations because they work to a human rights- and strength-based model. This emphasises preventive care and independence for people who need care and support services. These skills are essential within the modern mental health workforce needed to implement the NHS Long Term Plan and may need to be developed over and above generic roles.

[1]The Social Work for Better Mental Health improvement programme has been working with 70 local systems to support effective partnerships and gather good practice

Purpose

The purpose of this document is to support and enhance the role of social work in health and social care organisations. To achieve this, the document will:

- **Advise** NHS trusts and other organisations how to successfully employ and support social workers in a variety of partnerships. It will be of interest to system leaders, HR leads, the voluntary sector, Accountable Care Systems, not-for-profit organisations and independent sector employers. It is also relevant to social work in other roles and settings.

  LAs are experienced employers of social work and benefit from clear advice in the Local Government Association standards. This guidance therefore complements the LGA Employers' Standards for Social Work and Adult Social Work Health Check Survey 2018, which was reviewed and published in January 2020 and links to this document.

- **Help** the NHS and other agencies to embed social workers as a key staff group, and to support registered social workers already employed in generic teams, addressing the complexity of integrated mental health settings, as outlined in the Interim NHS People Plan 2020.

- **Identify** the actions on leadership, engagement and workforce that strengthen social work's role in mental healthcare.

The document outlines eight **organisational considerations** for effective support of the social work profession in mental health services wherever they may work.

Consideration 1:
Ensure social work is well-led in integrated systems

Consideration 2:
Enable professionalism

Consideration 3:
Ensure all staff are equipped to deliver effective teamwork

Consideration 4:
Promote excellence in practice

Consideration 5:
Enable social workers' engagement and wellbeing

Consideration 6:
Fair and transparent performance systems that enhance and support staff and service users' experiences

Consideration 7:
Developing a workforce fit for future challenges

Consideration 8:
Demonstrate how the social worker role makes a difference in the NHS

The People Plan 2020/2021
The following sections from the Interim NHS People Plan complement this guidance:

- New ways of working and delivering care, emphasising that we need to make effective use of the full range of our people's skills and experience to deliver the best possible patient care.

- Belonging in the NHS; highlighting the support and action needed to create an organisational culture where everyone feels they belong.

- Enabling managers to support staff through compassionate, caring conversations about mental health and emotional wellbeing.

- Growing for the future, particularly by building on the renewed interest in NHS careers to expand and develop our workforce, as well as retaining colleagues for longer.

Applying the guidance

This guidance is designed for team managers, senior leaders, principal social workers, HR leads, commissioners and organisations who wish to work in partnership to maximise the impact of social work in health and care services. These include:

- NHS trusts;

- voluntary organisations who employ social workers or operate under delegated responsibilities with social work staff;

- independent sector organisations who employ social workers or operate under delegated responsibilities with social work staff;

- commissioners who are developing new services, or redesigning systems;

- higher education institutions (HEI) and teaching partnerships; and

- LAs working in integrated partnerships with other agencies.

We particularly feel that Integrated Care Systems will find this useful in developing their integrated workforce plans. Trust boards and health and wellbeing boards will also find this guidance useful to ensure their partnership functions are robust.

The role of local authorities

Local authorities (LAs) are the largest employers of social workers and have a 50-year history of developing social services departments and the statutory responsibility for social care and social work. The authors feel that this document is also relevant for LAs in a changing landscape as demographic, social and financial pressures change the employment of social workers. We also think that there are ways in which LAs can develop social work. However, we understand that social work is well established in many LAs and so this document will be most useful for the NHS, independent and voluntary sector.

Supporting colleagues in human resources

HR is a vital part of any organisation and the HR departments in NHS or independent sector organisations will be key to implementing some of the recommendations in this document – **especially considerations 5, 6 and 7**. We have designed this to give HR leads the information they need to understand the employment issues for social work. In integrated arrangements, we recommend close joint working with council HR departments. The authors will hold regular webinars for HR leads as required.

Social work in mental health services

Social work is a regulated, practice-based and evidence-based profession that works to empower people to take control of their lives.

Mental health social workers (MHSWs) advocate for the rights of individuals to live independently with their families, carers and communities and:

- play a crucial part in improving mental health outcomes for citizens through understanding the social determinants of mental health, a human rights-approach and expert knowledge of the statutory rights of citizens;

- use advanced relationship-based skills and partnership working, with a focus on personalisation and strength-based working, to support people to make positive, self-directed change and engage with their communities;

- sit alongside the health and emergency services and work in close partnership with these agencies, but their role in upholding the human rights and legal rights of service users means that the profession must sustain independent decision making and advocate for people to secure the best outcomes; and

- play an increasingly important role in local authorities, NHS and voluntary care sectors. They are employed to undertake core roles, owing to integrated partnership arrangements designed to fulfil local authority responsibilities.

There are 20,500 registered social workers, but there has been a lack of good quality data for the social work workforce to date (MHA Review, 2018; Skills for Care, 2018; APPG SW, 2019). The Electronic Staff Record used in the NHS and some independent sector hospitals estimates that there are **4,285** registered social workers in the health services, of which around **3,000** work in mental health and learning disability trusts. However, it is not clear:

- where they work by organisation;

- how many have been directly employed by the NHS to do NHS work;

- how many are seconded from the LA to do statutory social work in partnership with the NHS; or

- how many social workers are in the independent and voluntary sectors; and

- how many are engaged in a social work-related role.

Subsequently, there was a need for the collection of comprehensive data across all employing organisations. To achieve this, in 2019, HEE commissioned NHS Benchmarking to review the social worker profile across the NHS and independent sector.

The University of York has also undertaken a study, as per their findings below.

University of York, Department of Social Policy and Social work findings

Organisation Type	Number of Mental Health Social Workers
NHS Trust (England)	2,144
Local Authority (England)	4,105
Total	**6,249**

Number of mental health social workers in NHS mental health services

2,894 social workers Whole Time Equivalent (WTE) working within NHS mental health services at 30 September 2019, of which:
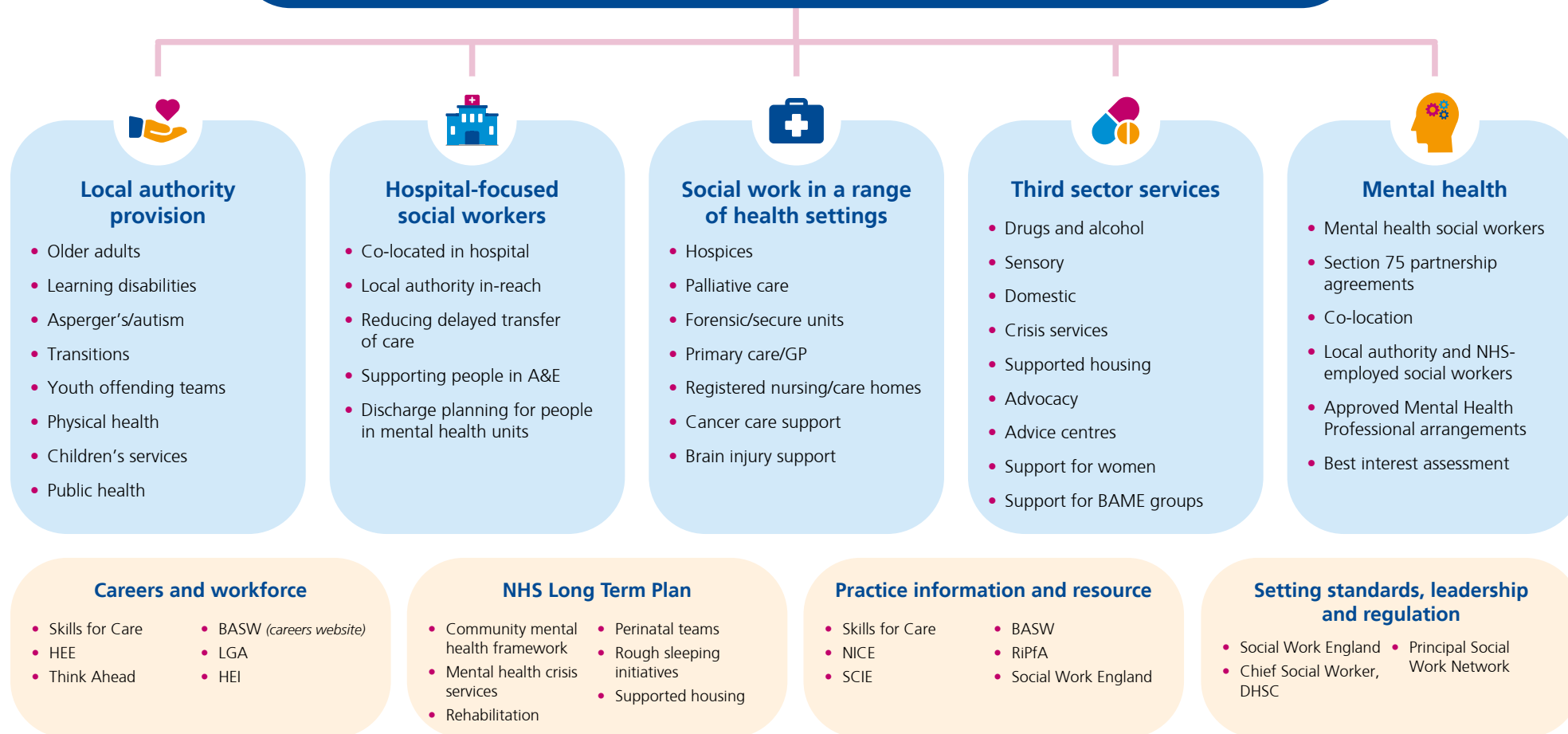
Employed by NHS: 2,211 (76%)

Employed by an external organisation: 683 (24%)
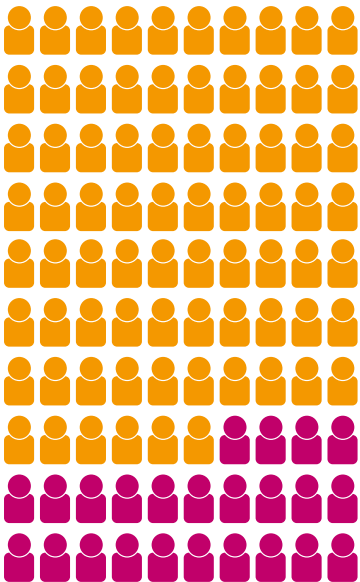
The social work contribution to care delivery

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NHS Health Education England

Strength-based practice • A human rights-based approach • A community and family-led approach • Understanding the social determinants of health • Personalised care planning • Legal knowledge

Local authority provision

- Older adults
- Learning disabilities
- Asperger's/autism
- Transitions
- Youth offending teams
- Physical health
- Children's services
- Public health

Hospital-focused social workers

- Co-located in hospital
- Local authority in-reach
- Reducing delayed transfer of care
- Supporting people in A&E
- Discharge planning for people in mental health units

Social work in a range of health settings

- Hospices
- Palliative care
- Forensic/secure units
- Primary care/GP
- Registered nursing/care homes
- Cancer care support
- Brain injury support

Third sector services

- Drugs and alcohol
- Sensory
- Domestic
- Crisis services
- Supported housing
- Advocacy
- Advice centres
- Support for women
- Support for BAME groups

Mental health

- Mental health social workers
- Section 75 partnership agreements
- Co-location
- Local authority and NHS-employed social workers
- Approved Mental Health Professional arrangements
- Best interest assessment

Careers and workforce

- Skills for Care
- HEE
- Think Ahead
- BASW *(careers website)*
- LGA
- HEI

NHS Long Term Plan

- Community mental health framework
- Mental health crisis services
- Rehabilitation
- Perinatal teams
- Rough sleeping initiatives
- Supported housing

Practice information and resource

- Skills for Care
- NICE
- SCIE
- BASW
- RiPfA
- Social Work England

Setting standards, leadership and regulation

- Social Work England
- Chief Social Worker, DHSC
- Principal Social Work Network

Acronyms/initialisms • BASW: British Association of Social Workers • DHSC: Department of Health and Social Care • HEE: Health Education England • HEI: Higher Education Institutes • LGA: Local Government Association • NICE: National Institute for Health and Clinical Excellence • PSW: Principal Social Worker • RiPfA: Research in Practice for Adults • SCIE: Social Care Institute for Excellence

The skills and expertise of social work in mental health services

Why we employ mental health social workers in health and care services

Social workers have specific expertise in:

- Assessment and care planning for people with health and care needs and the commissioning of personalised care and support plans.

- Understanding the legal and statutory responsibilities of local authorities and NHS trusts and the legal rights of people. This may include:
  - The Care Act 2014
  - The Mental Health Act 1983
  - The Mental Capacity Act 2015
  - The Equality Act 2010
  - The Human Rights Act 1998
  - The Children and Families Act 2014
  - Criminal Justice legislation.

- Understanding the social determinants of health, such as the impact of relationships, support networks, living arrangements, family and community, financial security and employment. Social workers are a key part of the bio-psychological-social approach that most mental health services strive to achieve. The Care Act is key to developing a social approach in mental health.

- Co-production with service users and families. Person-centred approaches that support people to take control of their own care.

- Social interventions that can include:
  - **asset-based community development:** supporting people to use and contribute to resources within their community for support and wellbeing;
  - **strength-based interventions:** recognising the strengths that individuals, families and social networks bring to their care and support, rather than focusing on a problem or illness/deficit-based model of care and support;

- Psychosocial interventions: social workers may be additionally trained in a range of psychological and therapeutic approaches, and integrate these approaches within their wider role;

- Safeguarding: supporting people with additional needs and who are at risk of harm, abuse or exploitation to access protection in line with legislation;

- Social supervision with restricted people under Part 3 of the Mental Health Act.

Social workers support public health and the physical care of service users. Social workers also bring specific capabilities to multidisciplinary teams, including working with complex cases involving multiple issues, risk and capacity and working with people in crisis. Social work's role in emergencies and disasters demonstrates the relevance of the skill set to community recovery from profound challenges.

The role of social work in emergencies

Social workers have a vital role in relief, recovery, and community resiliency, identifying at-risk groups and working to protect them:

- Resilient community capacity-building: social work can contribute short- and longer-term social support and be part of the immediate triage needed for relief.

- Social work is well-positioned to have a strong voice for disadvantaged or under-represented population groups' challenges.

- Social workers can promote healthy coping and recovery and are able to work with the impact on family systems.

- Ensuring that ethical and rights discussions happen in the emergency planning.

- Brokering and advocacy: social workers help link people to the multi-agency resources they need, disseminate information, and access support services.

- Harnessing networks and partnership such as volunteers and mutual aid initiatives.

Where we employ mental health social workers in health and care services

Social workers are largely employed in these localities and roles:

- community mental health teams, including early intervention, assertive outreach and perinatal teams;

- community social work teams;

- community primary care services;

- drug and alcohol services;

- forensic and criminal justice social work;

- hospital social work, Urgent and Emergency Care liaison and crisis resolution and treatment teams;

- physical health teams, such as cancer, brain injury, dementia services, etc.;

- acute and secure mental health hospitals, including in the independent sector;

- older people's community teams;

- voluntary-sector social care commissioned providers;

- palliative care; and

- child and adolescent mental health services (CAMHS).

There is an opportunity for the social work role to expand across health and care services.

Social work supporting the NHS Long Term Plan (LTP) examples;

- Using the Care Act to support people out of hospital. Social workers are increasingly employed in discharge and home treatment teams across UK for this. It is especially valued to reduce admission to out-of-area and private units, including returning people to locked rehabilitation services.

- Community place-based social workers, using Care Act principles, take a strength-based and asset-based approach to working with people who need care. This supports independence and is more likely to prevent relapse or deterioration. This is a core part of the LTP vision.

- Many crisis mental health incidents are driven by underlying social problems so the new liaison, crisis and alternative to hospital schemes need social work input.

- Social work can undertake a micro-commissioning role of co-producing a care and support package with people and their social network, which captures a person's goals and aspirations and works with providers to understand and deliver this within a strength-based approach.

- The pilot for the proposed 'Named Social Worker' model showed that people with autism and/or a learning disability in mental health units can be discharged more effectively if specialist social workers worked with them, the unit and local agencies.

Routes into registration

Social worker professionals must hold an approved qualification – either a degree (BA/BSc), a diploma in social work, certificate in social work or, for those entering after an undergraduate degree in another field, a Postgraduate Diploma (PGDip) or Master's degree (MA). Social work qualifications must provide a generic education in all types of social work but may emphasise types of practice or setting.

People may also engage in the fast-track, two-year pathway into social work. In mental health services this is operated by Think Ahead. Think Ahead is currently funded to support 160 participants from 2021 and we would encourage organisations to consider Think Ahead, alongside the HEI and work-based apprenticeship routes.

In adult social care, social workers often undertake intensive post-qualifying Approved Mental Health Professional (AMHP) training, practice education and BIA training (soon to be Approved Mental Capacity Professional).

Part Two:

Making the NHS and other key mental health agencies a great place to work for mental health social workers: Guidance and support

The following pages contain eight enabling considerations to assist organisations to develop, support and integrate social work, accompanied by a range of underpinning action points.

Consideration 1

Consideration 1: (strategic) Ensure social work is well-led in integrated systems

Summary

- Develop a partnership narrative for community and social wellbeing which describes how partners will harness social work's contribution. See NICE resources, which has integrated recommendations across health and social care, to promote partnership work, to articulate the value of social care, to raise the standards of care and support transitions between in-patient mental health settings and community or care homes.

- Ensure that there is senior social work professional leadership at strategic levels including the AMHP role, promoting the value of diverse leadership.

- Boards should consider the value of appointing a non-executive director with social care experience.

- Promote a multi-professional view of quality and understand the social work contribution, giving equivalence to social approaches as an area for evaluation and quality improvement.

- Ensure that partnership governance is fit-for-purpose and that there is enough senior capacity for partnership working, irrespective of the nature of the organisational arrangement.

- Encourage new ways of undertaking HR, workforce planning, CPD and leadership development that can help deliver more holistic care.

- Develop clear integrated joint working arrangements across agencies.

Organisations should ensure that a social wellbeing and prevention approach is central to mental healthcare

The Long Term Plan asks the NHS to show how it will build cross-sector, multi-professional leadership, centred on place-based healthcare in partnership with local authorities. Senior leaders need to work strategically to harness social work's contribution, as a direct employer and host to the social work workforce. The social and mental health impact of COVID-19 will require new responses to enable community resilience in the short and longer term.

Senior system leaders, ICS and trust boards should develop a new partnership approach giving parity of esteem (with clinical and medical interventions) for

> " NHS organisations need to move away from a 'fortress mentality' whereby they act to secure their own individual interests and future, and instead establish place-based 'systems of care' in which they collaborate with other NHS organisations and services to address the challenges and improve the health of the populations they serve."
>
> **The King's Fund**

social and public health approaches, showing how strategic partnerships can contribute to, and develop, community and social wellbeing.

- See NICE resource Community engagement: improving health and wellbeing and reducing health inequalities.

- NICE quality standard Community engagement: improving health and wellbeing.

- Working with local authorities People's experience in adult social care services.

- NICE social work quick guide Evidence for strengths and asset-based outcomes.

- See Our Place: Local authorities and the public's mental health.

Shared leadership is about transcending individual organisations and their interests and coming together to make a combined effort on behalf of local people. As an example, this may require the local ICS to develop an integrated workforce plan for all aspects of the local mental health workforce needs.

Supporting social work will involve an asset-based approach to the skills and resources of different

partners and communities, understanding and respecting different contributions, strengths and accountabilities, based on the evidence.

A focus on community resilience and new ways of sustaining social connectedness will also be a vital element of effective planning for recovery from the pandemic.

The Community Mental Health Framework provides a template for local discussions about what a shared model of care looks like. Organisations should convey how their care reflects attention to both social and clinical issues in their public narrative about mental health.

An objective of integrated care is to provide services to people closer to home. This requires the redesign of care pathways and the creation of new or expanded community-based services. Some services could be designed for delivery at home, and others might be accessed at a neighbourhood "hub", which could provide primary care, community health, mental health, social care and voluntary sector services all in one place. Access to specialist care would support the management of long-term conditions and urgent care, while an expanded offer of reablement would help people prevent unnecessary admission to hospital or care settings.

- See also NICE social care guidance on Intermediate care including reablement.

- Commissioners should involve local people, their families and carers, as well as health and social care providers, in their planning efforts, so that the resulting services are better tailored to local context and priorities.

- https://www.health.org.uk/publications/reports/reframing-the-conversation-on-the...

- https://www.health.org.uk/publications/reports/building-healthier-communities-role-of...

- Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services.

- https://www.centreformentalhealth.org.uk/sites/default/files/2020-08/CentreforMH_OurPlace.pdf.

Organisations should ensure that there is senior social work professional leadership at strategic levels

Senior social workers, AMHPs and public health and council leaders are an advisory resource for the NHS and independent sector to help improve partnerships. Organisations should ensure there is a senior professional social work lead/principal social worker (PSW) within the organisation who will take responsibility for higher-level professional and strategic functions.

Recent guidance on the PSW role makes clear that the governance structure needs to consider a direct report line to either the statutory PSW or to the director of Adult Social Services and provide assurance of practice in relation to all delegated functions to the mental health trust. This is because the Disability Advisory and Support Service will have legal responsibility for the social work and AMHP role working on behalf of the LA.

This role will need to be at senior manager level with either representation on the board or direct reporting to a board member. The LA mental health lead or PSW should also be invited to advise the board and professional groups about the role of social work and AMHPs. We recommend that NHS trusts who do not have s75 agreements with LAs should invest in a PSW-type leadership role and AMHP leadership.

Emergency planning responses should be joined up and ensure that social work leadership and LAs are involved in decision making and that system impacts are addressed.

Organisations should embed the contribution of social work in quality frameworks

Social work has a key contribution to make to quality outcomes in all organisations. The presence of social work contributes to improved decision making, protecting human rights, ensuring balance and reducing bias, as well as fostering organisation-wide compliance with legal and statutory frameworks. Social and community interventions should be given equivalence to clinical and medical interventions as an area for evaluation and quality improvement. The role of the Care Act 2014 is vital here.

NICE social care guidance is critical to support mental health social workers and supporting the social care model. There are also many recommendations in NICE clinical guidance relevant to mental health social workers working in trusts. NICE is working with an advisory group of national social work organisations and leaders to develop a toolkit for quality improvement for social workers. Links to NICE guidelines for mental health social work can be found here: Mental-health-social-work website/NICE-social-care-mental-health-guidance.aspx.

Organisations should have a clear view on how their approach to quality assurance facilitates alignment of partnership, professional and service improvement activities to promote transparency and clear roles in assurance. The Quality Matters digital resource Unlocking capacity: smarter together includes high-level steps and case studies on developing shared understanding of quality and working towards improvement.

Opportunities can be developed for a shared understanding of quality across partnerships, with service users and carers, regulatory and professional leaders as a spur to improvement and integrated governance.

The DHSC ethical framework introduced to guide decision making in the COVID-19 pandemic is a useful framework to guide partnership in the context of an emergency.

Ensure that partnership governance is robust and there is enough senior capacity for partnership working whatever the organisational arrangement

Integrated care does not just rely on structures and can be achieved through diverse arrangements. It requires equal dialogue, learning and negotiation of goals and outcomes. Mental health services are diversifying, requiring new forms of collaborative governance on a scale not undertaken before. Agreements such as memorandums of understanding are essential. Organisations should ensure governance follows purpose and is proportionate. If there are delegated functions, senior leaders need to be clear about roles and accountabilities at all levels of the organisation.

This document from the Local Government Association https://www.local.gov.uk/achieving-integrated-care-15-best-practice-actions-0 contains valuable advice on achieving a viable integrated approach.

Create a culture for innovative approaches to HR, workforce and people development to embed prevention

An important skill set for senior leaders is agility in modern workforce development approaches and partnerships. Trust boards, integrated care systems and senior leadership teams will need to encourage staff at all levels to initiate new ways of undertaking HR, integrated workforce planning, shared learning, CPD and leadership development that can help deliver more holistic care.

See NICE leadership recommendations in Workplace health: management practices, including recommendations in section 1.8 and quality standard Healthy workplaces: improving employee mental and physical health and wellbeing.

Achieving integrated care: 15 best practice actions

Realising person-centred coordinated care	Building place-based care and support systems	Leading for integration
1. Risk stratification Identify the people in your area that are most likely to benefit from integrated care and proactive support, and preventative support.	**6. Operational framework** Create an integrated care operational framework that is right for the local area, and which aligns service delivery and service changes to a clear set of benefits for local people.	**11. Common purpose** Agree a common purpose and a shared vision for integration, including setting clear goals and outcomes.
2. Access to information Ensure individuals and their carers have easy and ready access to information about local services and community assets. Also, that they are supported to navigate these options and to make informed decisions about their care.	**7. Integrated commissioning** Use integrated commissioning to enable ready access to joined-up health and social care resources and transform care.	**12. Collaborative culture** Foster a collaborative culture across health, social care and wider partners.
3. Multidisciplinary team training Invest in the development and joint training of multidisciplinary teams (MDTs) to transform their skills, cultures and ways of working.	**8. Shared records** Identify and tackle barriers to sharing digital care records to ensure providers and practitioners have ready access to the information they need.	**13. Resource allocation** Maintain a cross-sector agreement about the resources available for delivering the model of care; including community assets.
4. Personalised care plans Develop personalised care plans together with the people using services, their family and carers.	**9. Community capacity** Build capacity for integrated community-based health, social care and mental health services, focussing on care closer to home.	**14. Accountability** Provide system governance and assure system accountability.
5. Rapid response Provide access to integrated rapid response services for urgent health and social care needs through a single point.	**10. Partnership with voluntary, community and social enterprise (VCSE) sector** Foster partnerships to develop community assets to provide easy access to a wide range of support.	**15. Workforce planning** Lead system-wide workforce planning to support delivery of integrated care.

Consideration 1: (operational) Ensure social work is well-led in integrated systems

Summary

An impactful social work service relies on shared leadership and clear roles for professional and managerial leaders.

- Hold a clear view of the required professional functions.

- Ensure there is the right balance of professional roles and enough experience, capacity and seniority to have oversight of the range of functions.

- Support the middle management role in inclusive leadership practice, especially its role in harnessing diverse contributions and partnership behaviours.

- Promote effective career progression for social work and ensure the NHS recognises social work in recruitment.

Hold a clear view[2] of what professional functions must be fulfilled and enable access to advice and support from a registered social worker for all registered social work employees. There are resources which help to define the scope of professional leadership roles:

- Post-qualifying standards for supervisors;

- Professional standards guidance;

- Continuing professional development guidance.

Ensure there is the right balance of professional roles and sufficient experience, capacity and seniority to cover the range of functions and oversight.

Professional functions encompass a wide range of educative, influencing, supportive and quality-assurance activities. This is usually made available through a mix of roles: dedicated senior role, such as head of social care, AMHP lead, senior practitioners or consultant social work roles, NHS managers with a social work background, principal social workers, practice educators, practice supervisors.

Establish a support plan for how these roles are enabled to maintain purpose and impact. It may be useful to develop a local multi-professional leadership strategy.

The role of practice supervisor is also one of practice leader who helps to create the right culture for professional practice and learning via the post-qualifying standards for supervisors. Professional supervisors should be seen as a source of advice by operational management groups and their distinctive organisational contribution to the NHS, harnessed by senior management teams. These factors are important in upholding an impactful professional leadership function:

- Senior role with reporting to board;

- A 'critical mass' of senior and practice leaders with scope to form a virtual team;

- Local authority principal social workers providing advice and support;

- Active AMHP leadership;

- Social work presence at both operational and strategic levels;

- Stability of staff, including senior staff;

- Clear operational definitions of professional and team roles; and

- Develop workforce diversity including multi-professional senior leadership.

Support the middle management role within inclusive leadership roles as outlined in the NHS People Plan 2020/2021 and link to the LA's workforce plan. NHS managers can have a direct role in engaging with this staff group through their own learning about what the strengths, concerns and motivators of social work are. The role of team leaders and middle managers in harnessing diverse contributions and partnership behaviours should be clearly communicated and supported.

NICE recommendations focussing on integrated services set out what works in terms of collaboration, based on the best available evidence. See the quality standard Service user experience in adult mental health services.

[2]Social work does not necessarily identify as a 'clinical leader' and a preferred definition of 'professional leadership' is more commonly adopted in national frameworks

Inclusiveness in advance care planning is critical for empowering people. See NICE recommendations in this area:

- Decision-making and mental capacity guidance; see section 1.3 in Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services;

- What Do Service Users Want from Mental Health Social Work? British Journal of Social Work (2018) 1–21.

**Team managers' role in promoting effective roles and role clarity:**

- gaining direct knowledge from professional leaders about social work and its specific offer and accountabilities and promoting insights into team members' individuality, diversity and strengths;

- having an informed vision for how distinct professional skills contribute to team outcomes and what 'good' looks like;

- encouraging social work practice leadership, for instance, in advocacy and enablement, diversity practice and social inequality, safeguarding;

- ensuring that skills are deployed in a way that is congruent with the role;

- establishing meaningful team-based case management measures;

- developing recruitment and retention strategies that support an effective skill mix;

- ensuring regular reflection about roles within the team;

- advocating the value and parity of esteem for social and community interventions;

- undertaking audits of team skills, role and skill utilisation; and

- promoting effective career progression for social work.

Click here to watch short films of social work practice leaders discussing their role

Key barriers to career progression for social work in integrated teams

There is a mixed picture for social work progression into middle or senior management in the NHS and independent sector. Various factors have been cited by social workers as contributing to their decision on progression in the NHS:

- a perception that there is a glass ceiling with posts beyond a certain level seen as 'clinical';

- not seen as core staff and missing out on informal mentoring;

- not knowing where to get information about opportunities;

- not wanting to change terms and conditions;

- the high-pressure nature and health focus of team manager roles;

- a perception that the NHS does not understand the relevance of the social work skill set, especially at management levels; and

- NHS trusts not supporting key social work progression roles such as AMHP and BIA.
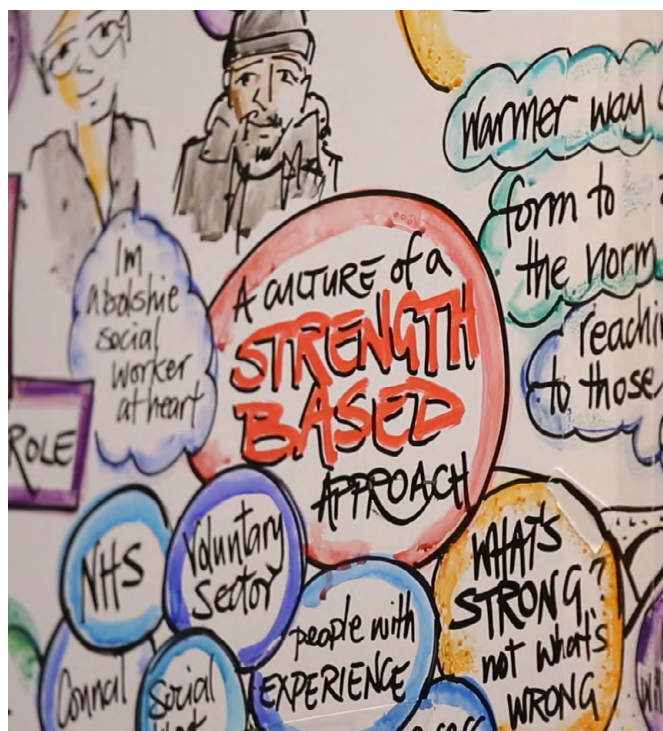
Consideration 2

Consideration 2: Enable professionalism

Organisations should have a clear view of their responsibilities to support professionalism within different employment arrangements.

Summary

- Ensure a clear description of the social work role.

- Support the conditions for continuing registration of employees with a social work background.

- Ensure that professional supervision and appropriate forms of CPD are available for all registered social workers (irrespective of who employs them).

- Support trainees and early career social workers working through partnerships to access advice and sharing of resources.

- Ensure supervision for other social worker roles is protected, building on the robust arrangement for AMHPs. Approved Mental Health Professional National Service Standards Evaluation, Mapping and Planning Toolkit.

- Enable recording and evaluation of supervision arrangements.

Ensure there is a clear description of the social work role within a social work workforce strategy to inform how the role is organised, managed and recruited for, based upon a nationally-endorsed definition.

Ensure that the LGA standards for employers of social workers are used to self-assess social work employment standards.

Support the conditions for continuing registration
The NHS and other agencies should make clear to employees with a social work background their support for their continuing registration. It is good practice to have a professional registration policy and link to Social Work England.

Ensure that professional supervision and appropriate forms of CPD are available for all registered social workers (irrespective of who employs them)
It is good practice to have, or include in existing

professional/clinical supervision policy, a multi-professional supervision policy, which outlines the expectations for different professions (and those with different employment status). This is key for all staff.

Ensure managers are aware of the quality indicators of good supervision for social work and its role in professional regulation
Supervision should include explicit reference to the context in which social work is placed and the key considerations/deliverables of the area of practice. There are great resources at https://www.researchinpractice.org.uk/.

Appropriate professional and core skills frameworks should be used as the basis for evaluating capability and identifying development needs. Examples are the knowledge-and-skills-statements-for-child-and-family-social-work and Knowledge and skills framework for social workers in adult services.

Organisations need to be clear about **all aspects** of the role of practice supervisor: see Post-qualifying standards for social work supervisors. This guidance should be used to audit and review skills and inform CPD to ensure that social workers receive supervision from appropriately-trained staff.

Ensure the availability of professional supervisory capacity
Trusts should work with LAs to establish availability and make best use of capacity in the system to promote access to supervision for all social workers.

Establish role clarity between managers and professional leaders
Addressing the difference between line management functions (sickness, HR issues, caseload management) where these usefully overlap; for instance, support for wellbeing and role clarity and scope for joint action on areas. It is good practice to have a three-way supervision agreement between line managers and professional supervisors to establish clear boundaries.

Support trainees and early career social workers
NHS trusts and other agencies should develop effective links with local universities and social work training initiatives locally and nationally. Newly-qualified social workers must undergo the assessed and supported year in employment (ASYE). Partnerships with LAs will form a basis for access to advice and sharing of resources. For social workers

who have demonstrated capability at Assessed and Supported Year in Employment (ASYE) level and above, provide supervision in line with identified needs and, at least monthly, monitor actual frequency and quality of supervision against clear statements about what is expected.

Experts by experience play an important role in delivering training, see Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services, in NICE recommendation 1.1.19:

When providing training about any aspect of mental health and social care:

• involve people using mental health services in the planning and delivery of training; and

• ensure that all training aims to improve the quality and experience of care for people using mental health services; evaluate training with this as an outcome.

Ensure supervision for other social worker roles is protected
AMHPs require specific supervision and it is good practice to establish a protocol and understanding of who will be providing this supervision, as responsibility may sit outside the NHS trust. The AMHP Service Standards and Evaluation and Mapping Tool is available to support LAs and NHS Trusts to self-assess their AMHP services.

Support for social workers can include group supervision, peer support and forums where social workers can articulate health and wellbeing concerns. See NICE resource on wellbeing, such as the quality standard, Healthy workplaces: improving employee mental and physical health and wellbeing For example, see SWE professional standard 4.

Encourage social workers to plan, reflect on and record learning activity, using recording tools such as an e-portfolio. Include feedback from people they are supporting, showing to inform their practice. See Social Work England CPD guidance.

Enable recording and evaluation of supervision arrangements
NHS trusts and other agencies should maintain a central database of social workers' professional registration and supervision arrangements and support timely registration. This database should form the basis of a report into NHS trust governance and quality systems such as that which exists for nursing and allied health professionals' registration. Evaluation and audit of the experience of supervision could be recorded in the database.

Social workers have a responsibility to work on their own professional development. This is outlined in the Social Work England professional standards.

Consideration 3

Consideration 3: Ensure all staff are equipped to deliver effective teamwork

Ensure organisations have the mechanisms and resources to support social workers to play a full part in multi-disciplinary teams and embed the skill set in workforce and CPD.

Social work impact depends on the foundations for effective teams being in place, and the profession has previously experienced significant barriers to making a full contribution. More is expected of staff to work through different team forms, as 'teams without walls' and in networks. This points to new and enhanced skills and managers operating reflectively to uncover assets and diverse skills.

Two aspects of effective team working are particularly important to social work outcomes and to the development of outward-facing teams. These are role clarity and a core social work skill set, such as working with conflict, promoting open dialogue and working with families.

Team diversity
Diversity in teams is defined in the widest sense of the range of differences, including protected characteristics, demographic and professional differences. Knowing how to fully harness these strengths is becoming a more important leadership skill. Diversity linked to an inclusive culture can make significant improvements to service provision. High-performing teams are both cognitively and demographically diverse.
Diversity's new frontier: Diversity of thought and the future of the workforce, *Deloitte, 2013*

Leaders need to be able to facilitate a reflective approach to culture and show awareness of different values, practice frameworks, languages and sources of belonging. Managers need to recognise that teams include people with diverse identifications and sources of belonging and accountability and to promote team identification with the value of partnerships and communities alongside a focus on NHS values. Identification with shared principles of care rather than uncritical loyalty to an organisation is an important aspect of professionalism, team safety and quality outcomes.
Social Work for Better Mental Health, *Department of Health, 2016.*

Role clarity is the degree to which employees have a clear understanding of their tasks, responsibilities and processes at work; it also includes their colleagues' roles. Role clarity is important for social work. The Social Work for Better Mental Health programme has demonstrated that social work in multi-disciplinary teams has been prone to role drift and unclear expectations in some areas. Team members need to clearly understand and review their roles and accountability regularly.

Consideration 4

Consideration 4: Promoting excellence in practice throughout social worker careers

Summary

- Organisations should support all registered social workers to sustain the considerations for CPD in their professional registration.

- Organisations should develop profession-specific learning opportunities and evidence-based learning.

- Organisations should support social work's educative role with trainees. This includes encouraging staff to undertake the practice education role for students, the consultant social worker role for Think Ahead and to support newly qualified social workers and trainee AMHPs.

Organisations should:

- support registered social workers working to sustain the considerations for CPD in their professional regulation. Expectations are laid out in the Social Work England standards;

- support profession-specific learning opportunities and a culture for reflective learning. Evaluate practice using integrated, quality-assured national guidance, such as NICE, and applying learning to practice. Social work has evolved some clear routes for career development, for example, AMHP, BIA, practice education, practice supervision and consultant social work roles;

- promote opportunities for shared learning in CPD. Social workers need to sustain inter-professional skills and reflective practice related to their role;

- encourage social workers with strategic and organisational influence to submit NICE shared learning examples and links to the Social Work England standards. This offers an opportunity to celebrate and recognise innovation and the complexity of social work;

- adopt national good practice in the support, recruitment and retention and development of AMHPs in line with the AMHP workforce plan and standards;

- support social work's educative role with trainees. Social workers have an active role to play in supporting the learning and education of NQSWs and trainees and supporting health colleagues, in relation to social care issues such as safeguarding,

best interests decisions, legal issues and the value of the social model of care. NHS employers should liaise with LAs to make best use of training and support for this role and adopt best practice.

Further guidance

- Professional development guidance for social workers (Social Work England).

- CPD for social workers (Skills for Care).

- Standards of proficiency for social workers in England (Health and Care Professions Council).

Supervision for specific roles

AMHPs require a minimum of 18 hours of AMHP-specific training a year to maintain their LA approval, along with evidence that they continue to meet the statutory competency requirements for re-approval. This will include one-to-one AMHP supervision from an AMHP manager, and attendance at regular forums. Both NHS and LAs must ensure that AMHPs are released from other roles to meet these requirements. A similar process is likely to be introduced for approved mental capacity professionals in 2021.

Consideration 5

Consideration 5: Enable social workers' engagement and wellbeing

Organisations should:

- **gather data on social workers' wellbeing** and use this evidence to help identify systemic patterns on absence, job satisfaction, stress at work, opportunities and discrimination. This should address the current challenges for social workers' wellbeing in the context of the COVID-19 emergency. The following are helpful:

  - NICE quality standard Healthy workplaces: improving employee mental and physical health and wellbeing;
  - Bath Spa University study of social worker working conditions.

- **support joined-up thinking about how wellbeing can be tracked and supported** across partnerships, using the LGA employer standards health check;

- **equip social workers with appropriate tools on wellbeing**. It is important that the health risks of social work are understood and recognised in management and professional supervision, including in the AMHP role, and minimised;

- **ensure social workers are informed about resources and support services** available to them by their employers:

  - NHS Employers' Health and Wellbeing Framework and diagnostic tool make the case for staff health and wellbeing in the NHS, and includes guidance on how organisations can plan and deliver a staff health and wellbeing strategy. NICE also outlines essential building blocks of good staff health and wellbeing;

- **ensure that induction processes** speak to a multi-professional context and welcome diverse professions, ethnicities and backgrounds and recognise the issues posed for cultural visibility by smaller professions and new roles;

- **have systems for social workers to report inadequate resources or difficulties which** might have a negative effect on the delivery of care and support; and to raise issues about working practices that are inappropriate or unsafe;

- **have clear policies and procedures** for lone working, reducing the risk of violence and managing violent incidents. The contribution of social work and AMHPs to public protection alongside emergency services should be recognised:

  - See NICE social care guideline Violence and aggression: short-term management in mental health, health and community settings;
  - quick guide Reducing the risk of violent and aggressive behaviours; and

- **support in the context of emergencies.** There are specific challenges to sustaining wellbeing in a pandemic and other emergencies. Social workers and AMHPs, like all staff, should receive appropriate care for their wellbeing and debriefing. Resources are available at the website also see: Looking after your mental health during coronavirus outbreak.

Consideration 6

Consideration 6: Fair and transparent performance systems

Performance management should be a golden thread linking appraisal and HR systems to wider partnership and corporate and system goals. This may need to include LA performance outcomes for LA staff based in the NHS.

Summary

- Develop opportunities to simplify, align and integrate service performance metrics across health and social care.

- Treat social and community outcomes, wellbeing, human rights, inclusion and social value on a par with clinical ones and as core business.

- Foster a collaborative approach to performance management.

- Have clear agreements/policies on who will take the lead in disciplinary and fitness to practise issues in integrated arrangements.

Aligning organisational performance and HR systems should foster dialogue about workforce and service improvement (including input from those receiving services) to ensure staff are clear about purpose and expectations made of them.

Organisations should:

- **develop opportunities to simplify, align and integrate service performance metrics** across health and social care. National performance frameworks are not integrated, which can lead to unintended effects on those trying to work in integrated ways;

- NICE recommendations, such as in baseline assessments, can be used to audit current levels of care across health and social care, to inform good practice and to improve outcomes for people with care and support needs.

  Refer to:
  - Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services;

- People's experience in adult social care services: improving the experience of care and support for people using adult social care services;

- **treat social and community outcomes on a par with clinical ones** and as core business to achieving health outcomes. Delegated functions and related metrics should be upheld and as visible to all staff as those in the host organisation. The LTP emphasises metrics on wellbeing, human rights, inclusion, social value, and the visibility of social work's contribution to services;

- **foster a collaborative approach to performance management.** Organisational and employee objectives should be aligned and reflect wider partnership goals;

- **reflect the modern social work capabilities** in job descriptions and guide employee goal-setting and appraisals;

- performance interventions should be a focus for improvement and regularly tested and evaluated for fitness for purpose and whether they are driving improvement;

- **have clear agreements/policies on who will take the lead in disciplinary and fitness to practise issues**, including addressing how staff will be supported. Data should be gathered on any systemic issues raised; and

- **have a system for dealing with complaints** and councillor and MP enquiries and ombudsman investigations, including the behaviour of colleagues.

Integrated performance management is receptive to:

- partnership behaviours and outcomes;

- the contribution of diverse professional skill sets, specialisms and new roles;

- the potential for tension and conflicts in different organisations' expectations;

- the team and multidisciplinary context and the significance of system goals and delegated functions;

- the impact of culture on performance, including discrimination and bias;

- feedback from service users and carers; and

- exit interviews: see Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services. Managers of health and social care providers should consider employing service users to monitor the experience of using mental health services.

Consideration 7

Consideration 7: Developing a workforce fit for future challenges

Organisations should ensure that workforce planning supports safe staffing levels, responds to new demands, and achieves the right skill mix and professional input for community-centred models of care.

- **Safe staffing.** Organisations should work in partnership to establish a clear view about what forms safe levels of staffing in different settings and agree systems for accountability and alerting to risks.

- **Include the social work workforce in organisational workforce intelligence and planning.** Access to appropriate workforce data is a key aspect in planning. Trusts should know how many social workers they directly employ, where they are positioned, roles they undertake and any risks associated with CPD, such as lack of senior social workers to support NQSWs.

The mental health social work workforce: a growing resource in the NHS

Social workers have been a core part of the mental health workforce in voluntary and independent sector organisations since starting as a profession in England in the 1920s. Today, more than 17,000 social workers currently work with adults in LAs with some specialising in mental health.

We have estimated that around 6,500 mental health social workers work across the LA, NHS and independent healthcare sector – with 2,800 employed in the NHS (National Workforce Stocktake). Social workers are a core part of the professionally qualified core community workforce. They are increasingly being employed in NHS trusts in multidisciplinary teams. They are also seconded or transferred by TUPE to NHS organisations, as part of innovative partnership arrangements between LAs, third-sector providers and the NHS.

- **Prioritise action on workforce innovation to build a stronger prevention and community offer.** Enhancing the range of community-centred roles is a key way of recognising the full breadth of issues that may prevent people from reaching their health and wellbeing potential. These can include advance care planning, housing, debt management, domestic violence and social isolation. See:
  - NICE resources Domestic violence and abuse: multi-agency working
  - quick guide for social workers, Recognising and responding to domestic violence and abuse
  - community-mental-health-framework-for-adults-and-older-adults.nhse

Social work's role in emergencies – especially in community support – could be a vital part of planning for resilience. The sustainability and coordination of such roles are also vital and could be enabled if social workers are supported to fulfil system leadership at community levels, (see Health Inequalities: place-based approaches to health inequalities).

- **Consider the opportunities for the NHS to directly recruit social workers** and set aspirational goals for a percentage increase in recruitment. This should be done jointly with LA partners to ensure strategies are informed by the wider local picture and avoid unintended effects across the system. The fast-track social work recruitment charity Think Ahead has a track record of working with NHS trusts and LAs to support the recruitment and employment of mental health social workers.

- **Undertake integrated workforce planning** though integrated care systems. See Skills for Care on workforce integration and NICE resources. Principal social workers and workforce leads in LAs and health and wellbeing boards are important links for integrated workforce planning.

- An assessment of the implications of the COVID-19 emergency for workforce capacity should be undertaken in partnership with stakeholders.

Integrated workforce planning

- Gaining a shared view on what the future workforce needs to look like to deliver place-based care.

- Reviewing skill mix to ensure workforce profiles are fit for purpose.

- Considering the potential for developing or expanding new types of role and using existing staff more effectively.

- Key activities can involve upskilling, releasing or enhancing capabilities and developing new ways of working that support enablement and independence.

- Plan for open career pathways across adult social care, the voluntary sector and the NHS through integrated workforce planning, shadowing and mentoring, joint roles, and new forms of leadership development and learning that break down silos for management and leader development.

The HEE Social work new role initiative identified the following opportunities:

- ensuring that the social work workforce is deployed more effectively through clear roles;

- upskilling teams in shared learning and system skills;

- rethinking the balance of generic skills to release professional strengths;

- strengthening social models across the care pathway;

- building leadership in prevention and asset-based approaches;

- specific new and existing roles roles highlighted, such as social workers based on acute wards to facilitate family work, community connections, housing and discharge arrangements such as advance care planning;

- see NICE resources on Care and support of people growing older with learning disabilities, recommendations on planning hospital admissions and support throughout admissions, which a social worker could inform:

  - specialist social workers working across child and family services in transition, autism, perinatal and eating disorders; and

  - specialist prevention and early intervention social workers.

- **Ensure approaches to workforce diversity are at the centre of workforce reform.** There are opportunities for aligning equalities approaches and sharing good practice across sectors. See the implementation of the guidelines in the MHA Review 2019 to introduce an Organisational Competence Framework – the Patient Carer Race Equality Framework (PCREF). NHS England will extend the work of the Workforce Race Equality Standard so that every NHS organisation will set a target for Black, Asian and minority ethnic (BAME) representation across its leadership team and workforce by 2021/22. Social work is currently producing a new Race Equality Framework through the Office of the Chief Social Worker.

- **Identify in the workforce plan the number of AMHPs** required from within the social work and wider workforce and ensure this is delivered and reflected in succession planning. Adopt best practice in recruitment and retention of AMHPs and embed the service standards for AMHPs.

- **Include support for social work student placements** and for unregistered social care staff to undertake social work training.

- **Have an informed view of the education and training pathways** for social workers. Several training pathways are available for people to become social workers and NHS providers who employ social workers will need to familiarise themselves with these and incorporate them into their recruitment and workforce plans. It is important to draw from all these supply sources to encourage diversity in the mix of NQSWs.

Pathways into social work

University pathway: Universities that train social workers are usually part of local 'teaching partnerships' with the LA and other stakeholders. NHS trusts or integrated care system groups should consider becoming part of these partnerships. The social work course is at BA (Hons) or MA level and includes teaching and practical experience in the workplace. NHS trusts should consider how they can provide and support placements that meet the criteria for these placements.

Social work courses: These attract bursaries under a government scheme. NHS trusts wishing to employ social workers straight from college should work in partnership via the Teaching Partnerships to ensure that they do not create an imbalance in the local employment market. Currently, most social workers entering the jobs market go into children's services, but most relevant posts within the NHS are working with adults. Both adult social care and the NHS need to increase the proportion of social workers working with adults and may wish to work together with universities on this issue.

Fast-track pathways: There are three pathways into social work that use fast-track methods: Frontline, Think Ahead and Step Up to Social Work. Think Ahead is already working with NHS trusts and LAs across the country and is an effective way to develop new staff with clear mental health skills.

Apprenticeship pathway: The apprenticeship pathway is a new initiative that supports people to access social work via a vocational route. Apprentices will achieve a degree in social work whilst gaining 'on-the-job' experience to develop the knowledge, skills and behaviour required to be a competent social worker. A minimum of 20% of the apprentice's paid working hours must be spent in off-the-job training. This is a good way for NHS trusts and other providers to encourage support workers to access the career.

Dual qualification pathway: A small number of HEIs are offering a degree-based course that will allow the participant to become qualified in both mental health/learning disability nursing and social work. We recommend that all employers consider how they would like to develop these staff as they qualify.
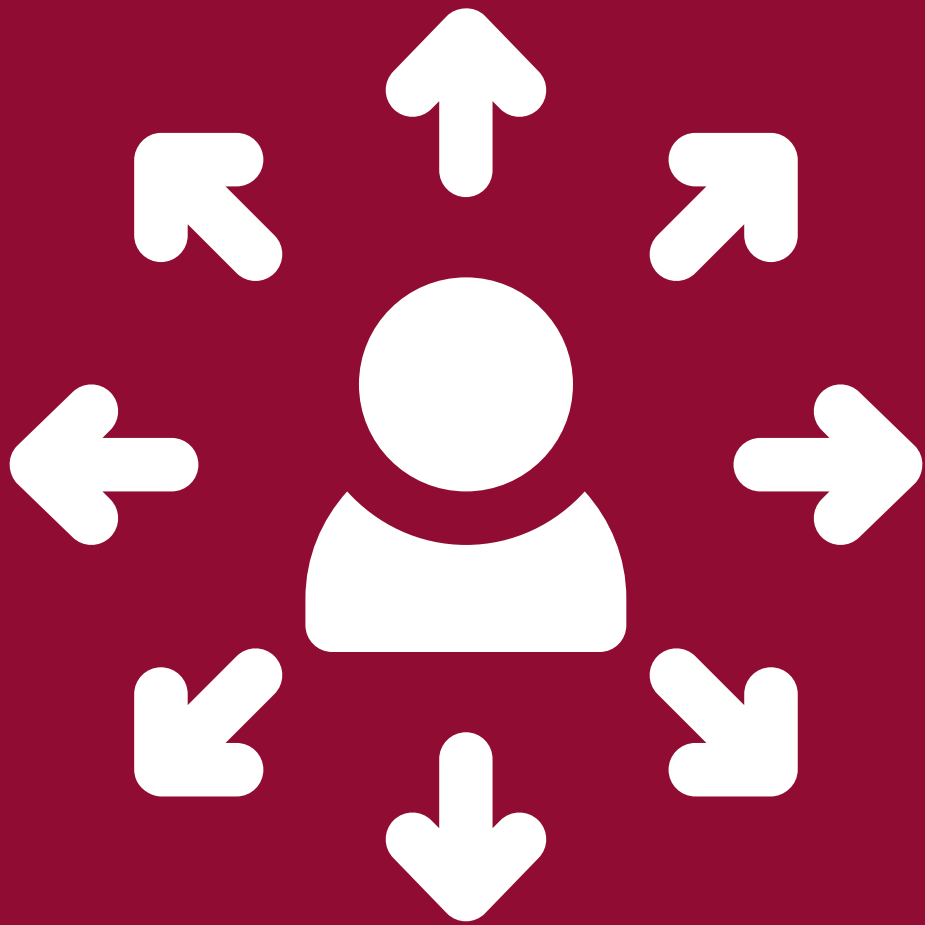
Consideration 8

Consideration 8: Demonstrate how the social worker role makes a difference

As regulated professionals, social workers are responsible for quality assuring their practice and should be enabled to undertake evaluation, improvement and research.

Organisations should:

- **encourage a collaborative approach** to quality improvement and ensure that social worker practice is incorporated into understanding of outcomes and quality. Social work contributions should include quality improvement activities, research, education and projects, especially where this concerns human rights practice and community health and wellbeing. Social workers should provide education to health colleagues about social care. Social workers can help foster the partnership projects that allow the NHS and other organisations to build greater capacity and bring in skills from outside healthcare for greater reach into local communities;

- **embed user feedback on practice** as part of a wider co-production strategy. User feedback is a key resource for social workers to sustain their professionalism. Service user and carer feedback is well embedded in trainee and NQSW programmes and should be incorporated throughout the career. See:

  - Making the difference together: Resources for engagement;

  - Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services;

  - People's experience in adult social care services: improving the experience of care and support for people using adult social care services; and

- **build research capability in social workers** and encourage practice inquiry and projects, using flexibilities in funding and research roles such as fellowships and Master's or PhD opportunities, to enable contribution of social care to the evidence base for mental health. Enable opportunities for social workers to take part in the development of NICE resources and to comment on NICE draft recommendations.

References

ADASS, 2018. Top Tips for Directors of Adult Social Care

APPG, 2019. Social Workers and a new Mental Health Act Final Report. BSAW

Allen, R., Linde, K., Carr, S., Sewell, H. 2016. Social Work for Better Mental Health: A Strategic Statement. DHSC

Allen, 2014. The Role of the Social Worker in Adult Mental Health Services. College of Social Work

Care Quality Commission (CQC), 2018. MHA 1983: Approved Mental Health Professionals

DH, 2008. Mental Health Act Code of Practice

DHSC, 2018. Mental Health Review Final Report. London

Health Education England (HEE), 2017. Stepping forward to 2020/21: The mental health workforce plan for England

National Collaborative Centre for Mental Health, 2017. ESCASS, effective, safe, compassionate and sustainable staffing

NHS Benchmarking and ADASS, 2018. AMHPs, MHA & the MH Social Care Workforce

NHS Digital, 2018. Mental Health Act statistics, Annual Figures: 2017-18

NHS England, 2019. The Long Term Plan for the NHS. London

Skills for Care, 2018. The Approved Mental Health Professional Workforce

Skills for Care, Skills for Health, HEE, 2016. Mental Health Core Skills Education and Training Framework

Stevens, M., Martineau, S., Manthorpe, J., Steils, N. and Norrie, C., 2018. 'Who wants to be an AMHP?'. London: Social Care Workforce Research Unit, King's College London

Stevens, M., Martineau, S., Manthorpe, J., 2018. Recruiting & retaining social worker AMHPs: evidence & research agenda. Social Care Workforce Research, King's College London

Wilberforce, M. et al, 2018. What Do Service Users Want from Mental Health Social Work? British Journal of Social Work (2018), 1–21

Appendix One : A summary of national policy drivers for increased social work in mental health services

Several national policy drivers are likely to affect social workers in the NHS and other organisations from 2019:

- The **Review of the Mental Health Act 1983** published its final recommendations on 6 December 2018 (DHSC, 2018). Several areas will directly affect or expand the AMHP role and support an underlying commitment to a more community-based and social model of mental healthcare.

- An **All-Party Parliamentary Group on Mental Health Social Work** produced a series of recommendations on the implications of the Mental Health Act review for mental health social work and AMHPs, including:
  - Mental health services should be based upon a social model of care and support;
  - There should be an expansion of the role of social work within community and acute mental health services; and
  - There should be a workforce plan for social work and AMHPs within NHS mental health services.

- The **Community Mental Health Service Framework** was been developed in 2019 by the National Collaborative Centre for Mental Health, having been commissioned by NHS England and the National Institute for Health and Care Excellence (NICE). This is a new framework for community mental health services designed to operate across primary and secondary NHS services, social care and housing within a preventive, asset-based and recovery-led model.

- The **NHS Long Term Plan**, (NHS England, 2019) has a substantial number of recommendations for NHS services that will require the expertise of social work and a renewed emphasis on partnership with local authorities and social care. The accompanying mental health implementation plan recommends that over 600 social work posts be created to deliver this.

- The **Green Paper for Prevention** is a consultation process by **DHSC** published in July 2019, reviewing the role of the NHS, public health and social care in creating positive, healthy communities.

- The **Green Paper for children and young people's mental health** outlines an integrated approach to developing services for children and young people.

- **HEE** and **NHS Improvement** are working on the NHS People Plan: a workforce plan for health and social care. To support this, HEE has instigated the New Roles in Mental Health social work group, as well as other professional groups.

- The **Office of the Chief Social Worker** in DHSC has published several knowledge and skills statements to guide social workers on issues such as working with autism and forensic social work.

- The new regulator, **Social Work England**, will regulate all social work staff and social work training courses.

- DHSC published an **AMHP workforce plan** that incorporates a set of **AMHP Service Standards and related audit tools** in 2019. This supports an agreed operating model for local authorities and their partners in developing and delivering AMHP services.

- The **Local Government Association (LGA) guidance for employers of social workers** has been reviewed by the LGA and a group of experts and will be published in September 2020.

- The **Mental Health Core Skills Education and Training Framework** was published by **Skills for Care, Skills for Health and HEE** (2016). It outlines the expected knowledge and skills required by all mental health professionals in the health and social care workforce.

- In 2017, **HEE** produced **'Stepping forward to 2020/21: The mental health workforce plan for England'** (HEE, 2017). This was designed to support the Five-Year Forward View and Long Term Plan. It recognised that *'To deliver this growth and transformation agenda, we will need motivated and multi-professional teams focused on delivering person-centred care'* and that social work and social care staff would have a key role in this.

- Development of **Think Ahead** Fast-track mental health social work model – recommissioned in 2020 and expanded to 160 placements a year.

Appendix Two: Local Government Association Standards for Employers Health Check

Click above to download the document

Appendix Three: List of terms used

Approved mental health professionals (AMHPs) are specially trained professionals who co-ordinate an assessment under the Mental Health Act to decide on possible admission for hospital or less restrictive support. An assessment under the Mental Health Act usually requires two doctors and an AMHP. The AMHP's role is to bring the social perspective, apply the law and make a final decision.

Assertive Outreach Teams are part of community mental health services but are separate from the traditional community teams (CMHTs). They are specialist teams working with adults with mental illness or personality disorder, who find it difficult to work with services, have been admitted to hospital a number of times and may have other problems such as violence, self-harm, homelessness or substance abuse.

Asset-based community development involves supporting people to use and contribute to resources within their community for support and wellbeing.

Co-production with service users and families captures a person's goals and aspirations and works with providers to understand and deliver this within a strength-based approach.

Human rights and social work. The social work profession shares a close relationship with human rights, because it adheres to values such as respect, dignity, and self-determination – strongly embedded in the code of ethics for all practitioners.

Integrated mental health settings. Developing integrated approaches to mental health is a key priority in England. Mental healthcare is often disconnected from the wider health and care system and, as a result, people do not always receive co-ordinated support for their physical health, mental health and wider social needs. Effective integrated care does not rely on structures and can be achieved through diverse arrangements if there are the conditions for equal dialogue, learning and negotiation of goals and outcomes.

Integrated workforce planning involves setting up collaborative discussions to consider shared challenges and the implications of new ways of working for how workforce is commissioned. Principal social workers and workforce leads in councils and HWB are important links for this work.

Place-based care. Providers of services should establish place-based 'systems of care' in which they work together to improve health and care for the populations they serve. This means organisations collaborating to manage the common resources available to them. (King's Fund, 2015).

Practice supervisor is a social worker whose role includes supervising frontline social workers. They may be employed in different organisational roles, such as senior social workers or team managers/leaders. They are also a practice leader who helps the NHS to create the right culture for professional and partnership practice.

Psychosocial interventions. Social workers may be additionally trained in motivational interviewing; Maastricht Interview Approach; solution-focused brief therapy; family group conferencing and Open Dialogue.

Social care refers to the personalised community-based care and support delivered under the Care Act, Mental Health Act, Equality Act or Mental Capacity Act by LAs, NHS and the providers they commission. Social care usually refers to staff working in support worker roles, such as residential care and housing-related support.

It also describes the unqualified social care workforce commissioned to provide personal care or community support in the independent and voluntary sector.

Social determinants of physical/mental health include impact of relationships, support networks, living arrangements, family community, financial security and employment.

Social wellbeing approach is based on the theory that there are five dimensions of wellbeing dimensions: social integration, social acceptance, social contribution, social actualization, and social coherence.

Social work is the regulated profession overseen by Social Work England. 'Social worker' is a protected term.

Social Work England is the new, specialist regulator for social workers in England. It is an independent public protection body, setting professional, education and training standards for social workers. Social Work England also investigates and manages 'fitness to practice' cases brought against social workers. All qualified social workers must register with the regulator before they can practise as from December 2019.

Strength-based practice is a social work practice theory that emphasises people's self-determination and strengths. It views clients as resourceful and resilient in the face of adversity, rather than focussing on a problem or illness/deficit-based model.

Systems theory in social work states that behaviour is influenced by a variety of factors that work together as a system. A social worker observes and analyses all the systems that contribute to an individual's behaviour and welfare, and works to strengthen those systems.

TUPE is an important part of UK labour law, protecting employees whose business is being transferred to another business. (The Transfer of Undertakings (Protection of Employment) Regulations 2006 (SI 2006/246) known colloquially as TUPE, are the United Kingdom's version of the European Union Transfer of Undertakings Directive.)

Health Education England's New Roles in Mental Health

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Health Education England New Roles in
Mental Health Resource Hub

Transforming Mental Health Social Work short films
series on social work leadership

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