Transforming mental health social work

HEE New Roles in Mental Health Programme for Social Work

August 2020

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Contents

Foreword

In February 2020 – just before the coronavirus pandemic started to affect all of our lives so dramatically, Health Education England and Skills For Care put on two major conferences about the role and development of mental health social work. This was based on the work of the HEE New Roles in Mental Health implementation group – that I have had the honour to chair for the last year.

Mental Health Social Work and Approved Mental Health Professionals have very important roles within mental health services. Working across the NHS, local authorities, voluntary and independent sectors, these roles ensure that the social model of mental health is at the core of our integrated services.

The New Roles workstream in Health Education England was designed to support key professional groups to consider how best to grow and develop the profession to meet the challenges of the NHS Long Term Plan, the Five Year Forward View, the ambitions of the Care Act and the new Mental Health Act.

Our group brought together a varied and diverse collection of experts from across a range of social and health care agencies. We worked to develop new approaches to mental health social work, forensic social work, trauma and family-based social work, leadership and continuous professional development. We commissioned our friends at NHS Benchmarking to explore the data behind the role of social work in the NHS and independent sector and incorporated the expertise of the DHSC sponsored Social Work for Better Mental Health programme of 70 local areas self-assessing their partnership arrangements.

The result of all this work was poured lovingly into the mix as we planned these two events and presented our findings to a range of interested parties from across mental health services. This summary of the two events will, I hope, give those of you who could not attend some insights into those conferences, and the issues raised – or remind those of you who were there of what a great couple of days we had together!

I would like to thank all of the organisers, speakers, communication team experts, artists, caterers and our enthusiastic audience who attended on the day.

Mark Trewin, Chair
New Roles in Mental Health Social Work Group

Speakers

Professor Dame Sue Bailey
Independent Chair of
Health Education England
New Roles in Mental Health
Implementation Group

Stephen Chandler
Director of Adult Social
Services, Oxfordshire and
Association of Directors of
Adult Social Services Lead
for Mental Health

Sue Hatton
New Roles Senior Project
Lead, National Mental
Health Programme
Health Education England

Sarah Adams
Head of Profession for Social
Work, Devon Partnership
NHS Trust

Cath Gormally
Director of Social Care
Salford Royal
NHS Foundation Trust

Carla Fourie
Director of Social Care
South London and Maudsley
NHS Foundation Trust

Zoe Morris
Programme Manager
NHS Benchmarking Network

Robert Lewis
AMHP service manager
Devon NHS Partnership Trust

J Ahmed
Poet

1. Introduction

There can be no health without mental health – and no mental health services without social work and social care. Social work has a distinctive contribution to make to the current challenges in care through its focus on the whole person in their social context and the significance of social networks to mental wellbeing.

That was the key message from two one-day events hosted by Health Education England (HEE) and Skills for Care in London and Leeds in February to share what more can be done to increase that contribution for the benefit of all and 'transform' mental health social work.

The focus was on social work roles in mental health, whether they are employed by a local authority, NHS or are in other settings, and to introduce tools and resources to help this key part of the workforce fulfil their potential The events also shared relevant learning from the HEE New Roles in Mental Health Programme, which was the lead group in organising these events.

1.1 Why does mental health social work need transforming?

For too long mental health social workers have been doing their jobs quietly in the background, sometimes unloved and often unnoticed, Stephen Chandler, the Association of Directors of Adult

> *Its supporting Interim NHS People Plan recognises the need to expand community multi-disciplinary teams. These are areas where mental health social work has an enormous amount to offer"*
>
> **Mark Trewin**

Social Services (ADASS) mental health lead, told delegates. You need to step forward and shout about what you do.

And now is a very opportune time to shine the spotlight on mental health social work, said Mark Trewin, who leads on this area at the Department of Health and Social Care (DHSC). The HEE events coincided with the publication of *Health equity in England: The Marmot Review 10 years on*, with its emphasis on addressing social determinants to reduce health inequalities and improve population health.

Sue Bailey. A similar link between mental health and social factors is recognised in a global context. The UN special rapporteur on extreme poverty and human rights, whose 2019 report following a UK visit, highlighted the impact on people's physical and mental health of damage to the social safety net and issues such as unemployment and homelessness.

This report noted that care for those with mental illnesses had deteriorated dramatically, and that society was facing previously unheard-of levels of loneliness and isolation.

Mark Trewin. Meanwhile, the wider UK health agenda – including the NHS Long Term Plan (LTP) – is all about prevention and early intervention. Its supporting Interim NHS People Plan recognises the need to expand community multi-disciplinary teams. These are areas where mental health social work has an enormous amount to offer, although it was frustrating to see social care left on the periphery of the LTP and further delays to the promised social care green paper.

Hand in Hand
A poem by 'J' Ahmed
Poet and Co-Production partner

The sector is moving away from a crisis-based view of social care and instead focus on the innovation going on.

Dame Professor Sue Bailey
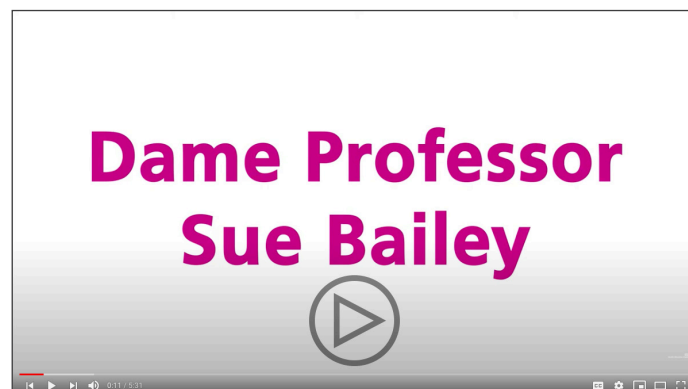
Sue Bailey. Addressing mental health is pivotal to creating a healthy society. It's about living well, beyond the diagnosis. My own early experience of working with social workers as a consultant psychiatrist showed what special value they could offer; there is practical help for someone transitioning into their own home, and legal knowledge, advocacy, non-verbal therapy as well many other individual instances of intelligent kindness and making a difference.

The World Health Organisation (WHO) recognises mental health as an integral and essential component of people's health. It's a state of wellbeing that is much more than the absence of mental disorders or disabilities. Yet the WHO and other organisations have been slow to appreciate social work's vital contribution. And such high-level definitions of social work and mental health are an important lever in developing services.

1.2 Fulfilling the potential of mental health social work roles

Of course, social workers have been supporting people's mental health for many years. But it's only in recent years that their specific contribution – both existing and potential – has come under the strategic spotlight especially within the NHS. In 2017 *HEE's Stepping forward to 2020/21: the mental health workforce* plan for England

recognised social work as one of eight key professions working in mental health. It set out plans for new roles to implement the 2016 *Five Year Forward View for Mental Health* and acknowledged the need to attract more social workers into mental health teams to address staff shortages and develop more effective models of care.

> " The top priority is to support a cross-sector, value-based workforce that can improve people's lives. "
>
> **Sue Bailey**

Speakers at the HEE events agreed that enhanced roles for social workers in mental health seem to have been a long time coming – and people don't seem to be getting the best from those that already exist.

Sue Bailey. HEE new roles in mental health implementation group is determined to see solutions, not problems. It aims to focus on both

the nature of individual roles and how to encourage and maintain uptake.

Mark Trewin. We need greater consistency in practice since research showed that mental health social workers receive varying degrees of support in the workplace, including to maintain their professional registration. In local authorities there might be a long history of support and structure for social workers, but many mental health social workers feel that they have lost their way when it came to mental health, where a lack of expertise within Local Authorities or an emphasis on NHS structures might mean they felt isolated and disconnected from both sides.

How to remedy this potential lack of support, recognition and learning opportunities in different settings was one of the main challenges discussed at the conferences (and covered elsewhere in this report). Speakers and delegates also shared their views on ways to build on social workers' special skills without diluting them, develop more effective social work and NHS partnerships, and ensure individual staff want to join, progress and stay in the profession.

> " The transformation programme is not just about creating new roles but placing social work and its specific values at the heart of mental health, and thinking both creatively and practically about how to do that, especially as the NHS moves towards more community-based care. "
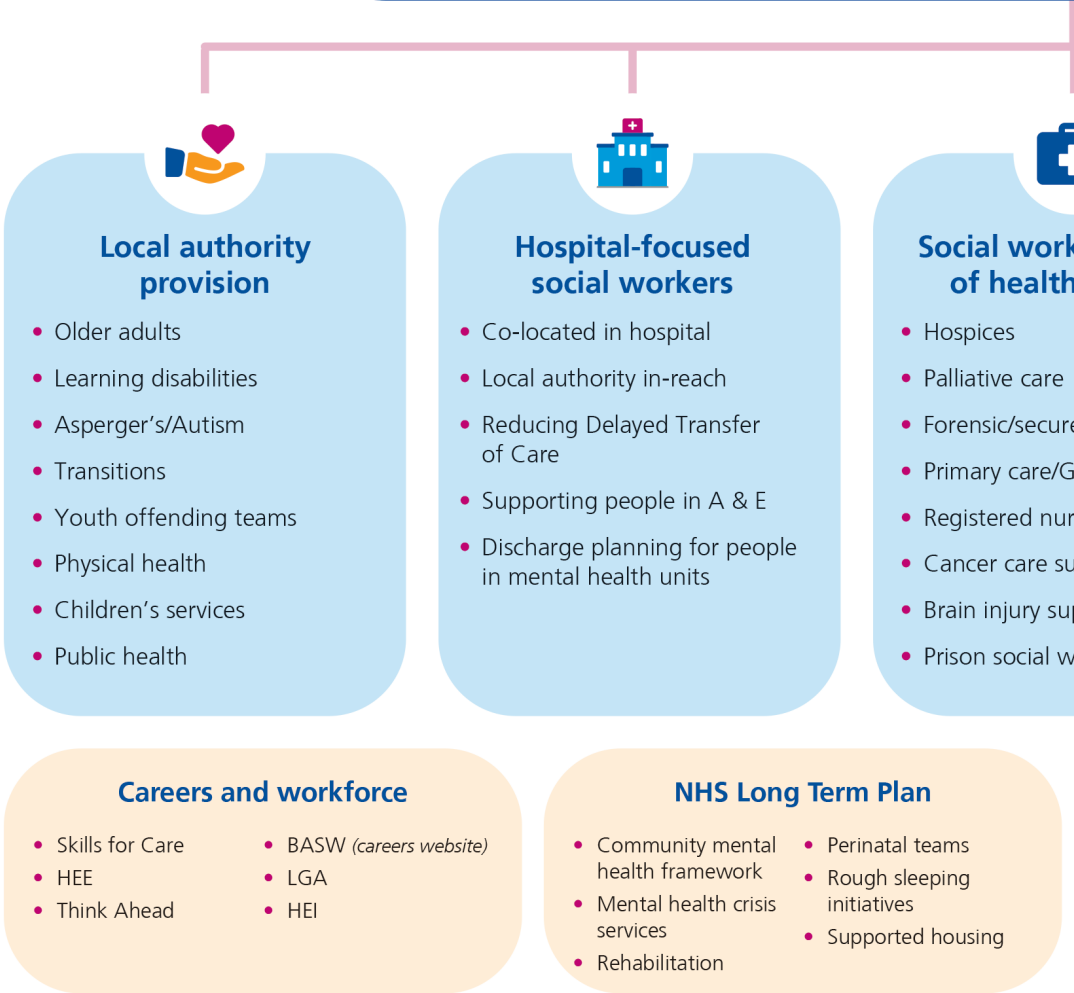>
> **Mark Trewin**

1.3 The purpose of this report

Both events welcomed a great mix of delegates interested in mental health social work, for themselves or as employers, trainers and educators, managers, workforce planners, project developers, service users, carers and many more. Participants all have the potential to be 'enablers' and 'influencers', and help transform

skillsforcare

The social work contrib

- Strength-based practice • A human rights-based
- Understanding the social determinants of health

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 of health

- Hospices
- Palliative care
- Forensic/secure
- Primary care/G
- Registered nur
- Cancer care su
- Brain injury sup
- Prison social w

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

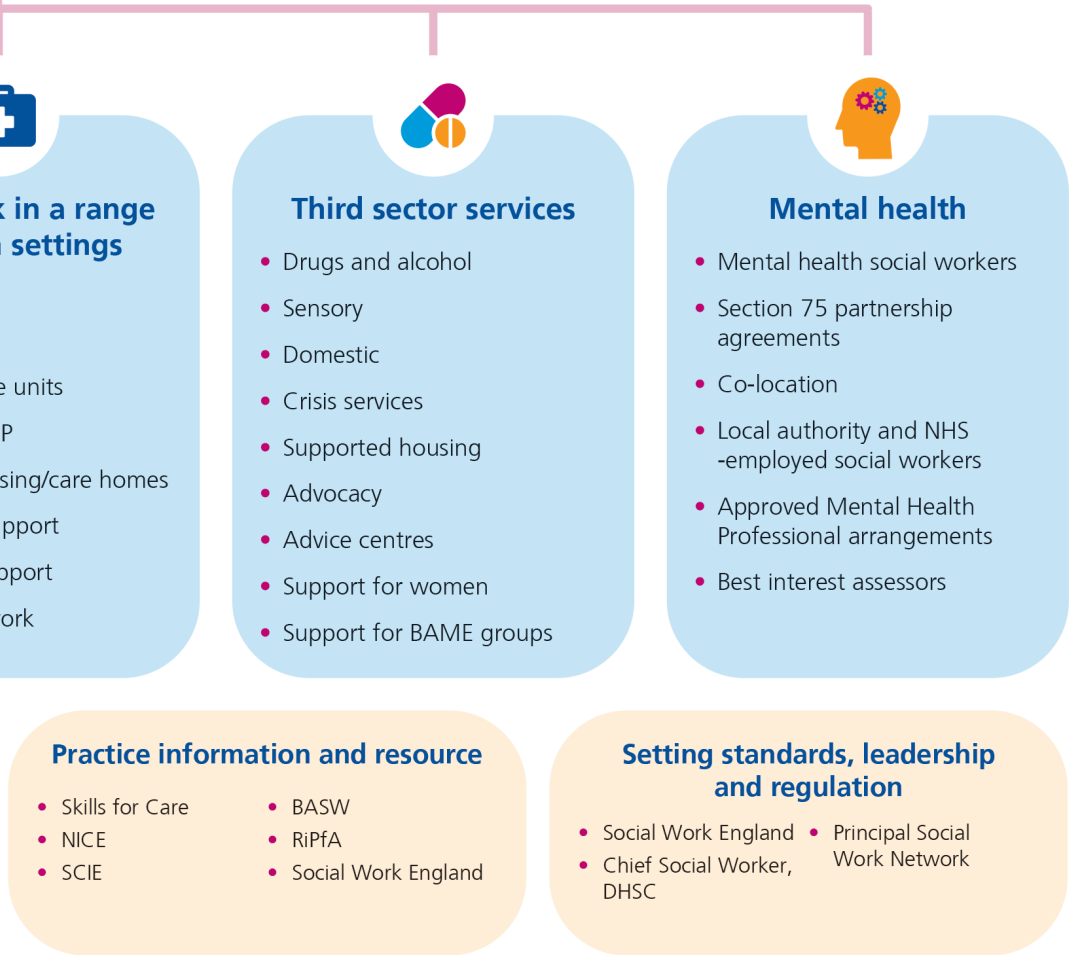**Acronyms** • BASW: British Association of Social Workers • DHSC: Department of Health and Social Care • HEE: Health Education
• HEI: Higher Education Institutes • LGA: Local Government Association • NICE: National Institute for Health and Clinical Excellence
• PSW: Principal Social Worker • RiPfA: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

and grow this valuable area of work. This is why HEE wants to share the key messages from the events more widely through this report, supported by links to more detailed information.

The report includes tweets generated by the events. Key points and quotes from the one in Leeds were also captured by 'visual minutes' depicting the unfolding narrative of the day.

ution to health settings

d approach • A community and family-led approach
• Personalised care planning • Legal knowledge

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settings

e units

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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 assessors

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

England
e

Health Education England:
New roles in mental health

Skills for Care: Mental health social work leadership

2. Focus on function not form

It's clear from both research and anecdotal evidence (including speakers' and delegates' own experience) that different organisational arrangements can have a real impact on the value of mental health social work in practice; they may be positive and supportive or negative and restrictive.

Either way, there's always a need for effective relationships within or beyond these arrangements and placing the needs of people who use and need services at the heart of them. Of importance are Section 75 (S75) arrangements under the Health and Social Care Act 2012 and the focus on partnership working within the Care Act 2014 and s117 of the Mental Health Act 1983. The 2014 Care Act covers social services' responsibilities for providing aftercare following detention under the Mental Health Act.

2.1 Variation in models of integration

Two of the Chief Social Worker's main aims for the programme are to strengthen social work in integrated mental health services (as well as other settings), and to promote new models of integration and partnership working where social work values are respected.

Several speakers drew on their personal knowledge of how integrated arrangements can work well and how they may fail.

Mark Trewin. I worked as a social worker in the NHS for nearly 10 years and then as a Local Authority manager alongside NHS colleagues for 7 years. We did provide people with good quality mental health services and easier access to support through our partnerships, but the local authorities and the NHS bodies behind them hadn't properly planned for the structure and consequences needed for these partnerships to be completely successful.

Karen Linde. There is a lot of shared learning from integration in mental health services (including multi-disciplinary teams) and how some organisations have successfully created new models and communities of practice, including innovation through integrated care systems (as in Salford, see Section 2.5).

Carla Fourie. Working in integrated systems is always going to be challenging. A critical mass of both social workers and social work leadership is needed to make a meaningful contribution to integrated outcomes. My experiences of integration at two NHS trusts (both of which engaged in the Social Work for Better Mental Health programme) was that one changed a lot over time, growing bigger and merging with other organisations, but had longstanding formal S75 partnership arrangements, and featured a mix of social care workforce models. My current trust has seen a coming together of NHS, local authority, housing and voluntary, community and social enterprise (VCSE) bodies through alliance agreements aligned to primary care networks.

Mark Trewin. Integration needs to be flexible and responsive. When it comes to integrated arrangements there are a number of different ways to do it, But it must be done in a way that suits the local circumstances.

Cath Gormally. Devolution in Greater Manchester has enabled much more local integration. Local plans can focus on how best to open up care, reduce inequalities and prioritise what matters most to people. The Salford Together integrated care organisation (ICO) brings together adult social care, acute services and mental health. It's not the form that's important, it's the function. This is right for Salford but it's not a blueprint.

> **"** My key tips would be to develop a shared culture, focus on system leadership and think about place not organisation"
>
> **Cath Gormally**

Collective leadership and collective responsibility have helped put the basics in place. There's no escape from what has to be done for S75 performance, so you've got to get the governance and framework right, even if the relationship disintegrates or is problematic.

My key tips would be to develop a shared culture, focus on system leadership and think about place not organisation. Strategic partnership is not the same as merger or acquisition, and partners should not feel they are in competition with each other. Genuine collaboration can make it easier to be brave. Holding each other's hand as organisations encourages you to take positive risks together, and to be less risk averse.

Robert Lewis. Everyone goes 'model shopping' but something that works in one area may be down to a couple of key people, whose pivotal input is not captured in broader policy and so would be hard to replicate. It's better to try to capture examples of what works in small areas, and then open up discussion to see how this might be equally effective elsewhere.

2.2 Why relationships matter

A widely-held view seems to be that when it comes to mental health social work, relationships and co-production are more important than integrated structures and arrangements.

Mark Trewin. Maybe it's time to start using the term partnerships rather than integration – you can be great partners, and equal partners, but still work within separate arrangements. It should be all about healthy partnerships, with different professions trying to talk to each other, not competing, and with people who use services at the centre.

Cath Gormally. Trust matters, and so does co-production. A key element of the Salford Together ICO locality plan is giving the population a say in design and delivery of services (see Section 6 for an example of how this works in practice). It's important to have open and honest conversations with partners, but don't try and shoehorn in mental health social work if it doesn't fit with operational and strategic discussions. An equal partnership means taking collective responsibility, with no barriers, not 'us and them', just 'us'.

Carla Fourie. To maintain good quality relationships and partnerships on a day-to-day basis there should be clear systems for managing and escalating conflicts. You want to be able to sit round a table with partners to discuss and agree these.

Delegates should consider carefully whose responsibility specific policy and practical areas might be and what would be better shared, particularly care programme approach (CPA) processes. Formal agreements may be required, such as a memorandum of understanding. Any such arrangements should be reviewed by all partners regularly, especially if they date back a few years or are a bit vague, to ensure clarity on details such as what will be delivered.

There are going to be challenges, of course. How can you get partners to come together to create a systems-based approach to issues like delayed transfers of care (DTOC), for instance? And it's worth looking at opportunities to strengthen partnerships, especially with local authorities, for example, through supplying statutory social workers, and commissioning social services, housing and public health.

2.3 The risk of isolation and skills dilution

Cath Gormally. Successful partnerships also need to provide professional leadership and infrastructure for social workers.

Karen Linde. We need to gain regular feedback from practitioners about their experiences of teamwork and consider how well all of the diversity in teams is being harnessed and everyone has a sense of belonging. Critical mass is important for smaller professions which are more 'counter cultural' and where possible lone social workers in large teams should be avoided or their support and links to peers carefully considered. Social workers may experience specific barriers concerned with knowledge transfer. They may

often feel that managers and colleagues don't understand their role (see Section 3). Or it may be felt that they are outsiders in the NHS despite longstanding partnerships.

Carla Fourie. Mental health social workers can experience a loss of identity, especially as a minority profession in a large NHS organisation. So it's important to try to articulate the value of social work in any integrated arrangement, making sure social workers have a voice and are listened to. Keeping the service user in their social context as a focus point can help social workers maintain a strong identity in what they do.

Equally important is making sure they get the right professional support and supervision to retain their specific skills.

Dr Mark Wilberforce. Research suggested creeping genericism could be reducing social work's particular status.

Robert Lewis. Genericism risks diluting different skillsets rather than enhancing them.

Karen Linde. Organisations have often drifted into generic roles and we need more sophisticated approaches to workforce design based on informed views of different skills sets. Strategic thought should be given to where genercism is useful and how professional strengths can be recognised and deployed alongside clarity

of purpose for different teams in the system. Greater attention also needs to be given to the individuality of staff so that professionalism is not used defensively to retreat from common ground including with support and peer workers.

Carla Fourie. There is a risk that social worker skills could be diluted in integrated systems; I've seen them increasingly taking on care coordination roles, for instance. Re-professionalising mental health social work provides the platform for greater social work evidence- and strength-based approaches.

Speakers gave examples of this managerial detachment in practice, such as the absence of a plan for social workers to be physically accommodated next to multi-disciplinary team colleagues on a day-to-day basis and yet to work alongside them with service users. This caused problems, not least because, as one person noted, when something goes wrong you need to respond collectively and quickly.

2.4 Case study: South London and the Maudsley NHSFT

Top-level buy-in, particularly from a proactive human resources (HR) department, is vital to ensure mental health social workers working in an NHS organisation get the recognition and support they need, Carla Fourie told delegates.

It took a while – and HR's help – to even identify exactly where social workers were employed and check if, and how, they were getting appropriate professional support and supervision, she said. It also required a lot of work to ensure social work key performance indicators (KPI) were seen at strategic level and to agree a framework that satisfied everyone in the integrated system.

Carla also pointed out the importance of developing consistent job descriptions that reflect broader social work ambitions in line with national plans such as the LTP. A further challenge was agreeing procedures and processes for day-to-day social worker management, especially specific responsibilities.

What has proved very helpful on a practical level in Carla's organisation is the forums that she has created, which enable social workers in various positions and from different parts of the trust to get together and discuss common challenges. This helps them retain their identity, by comparing how they see themselves working in integrated teams, for instance. It can be especially important to have forums to work together on S75 partnerships, even if no formal arrangements exist, said Carla.

2.5 Case study: Salford Together

Cath Gormally. The creation of Salford Together as an ICO means we jointly own the mental health social work agenda. We have a strong voice strategically and can influence things operationally too.

Links to local authorities are particularly important to the success of system-wide working, such as fortnightly advisory board meetings, especially as the culture of a large acute or mental health trust can be very different

> " *The creation of Salford Together as an ICO means we jointly own the mental health social work agenda."*
> **Cath Gormally**

One aspect of improving mental health in Salford Together has been drip-feeding the strengths-based approach that social workers can offer through to the rest of the system. The penny has dropped over time, starting with developing social worker assessments. Nurses have started to realise how deficits-based their assessments can be, and doctors are also beginning to consider a different approach that looks at what's strong and not what's wrong.

This new system-wide commitment to a strengths-based approach is also apparent in a programme of community-led support, with neighbourhood teams as well as mental health acute hospitals developing innovation sites around this approach. Hoped-for outcomes include streamlined processes and prompt decisions, the right conversations (led by skilled people) at first contact with a service user, so they get appropriate support soon afterwards, and generally a greater culture of trust and autonomy within teams.

The particular focus on people that social workers bring to teams is being reflected in various parts of the ICO, and in changing the language that's used and how service users are heard. For instance, meetings of the renamed Quality and People Committee used to begin with a recap of a rather dry patient story. The intention was good, but it didn't have any meaningful impact on practice. Now real people, including carers, come in to tell their stories, which is more helpful, especially as they don't all have happy endings.

The overview the ICO has makes it possible to spot where mental health social work can make a difference. Cath explained that there had been some serious incidents involving people in mental health crisis coming into A&E – they were frightened and so were the A&E nurses. Mental health social work now plays a part in doing rounds to offer a different perspective – we can't change the estate but we can make it more user friendly , explained Cath. There are regular engagement events so staff can take ideas for improving the service user experience back to their wards.

3. Clarifying new roles and managing expectations

We need to be really clear about where and how mental health social workers bring particular added value, isolating specific impacts wherever possible.

Dr Mark Wilberforce. This is not a matter of academic pedantry or self-pride but about enabling social workers to be at their most effective and giving both their colleagues and service users real confidence in, and appreciation of, what they do.

3.1 Why is it important to value social workers properly?

Perhaps most crucially, if their role is not fully recognised and appreciated by those around them, mental health social workers may suffer a loss of identity, which may in turn affect their resilience and wellbeing.

Mark Wilberforce. There is evidence of a strong relationship between 'role conflict' or 'role ambiguity' and job performance, and this can lead to stress and burnout.

In multi-disciplinary teams especially, not using mental health social workers' specialist skills effectively will reduce overall efficiency, and further lower the individual's confidence in their own abilities. Without clarity on the contribution of specific roles, it is difficult to measure the real impact of mental health social work on key elements of care such as prevention, early intervention and recovery and to take that into account when planning services and allocating resources.

> *social work is often hidden from view, and seen as doing society's dirty work in austere times"*
>
> **Mark Wilberforce**

Mark Wilberforce. My university has recently worked with service users and carers on a research study into what they really want from mental health social workers (see Section 6). It's important not to make assumptions, as this could have a damaging effect on both service users' confidence in successful outcomes and the design and delivery of services. For instance, the university's study found that what people really wanted was continuity of care – this may not be recognised by system leaders, and a lack of care continuity could further undermine social workers and the value they can provide.

If managers don't fully understand the mental health social work roles they are responsible for, they may not put the right supervision in place or ensure individuals can maintain their registration and access appropriate professional development opportunities. It may make it harder to keep hold of mental health social workers, or to attract new entrants.

> *People might be employed for their particular social work skills but not actually described or known as social workers."*
>
> **Karen Linde**

There are a number of possible reasons why mental health social work is not properly valued. Academic studies have suggested it is down to, among other things: management trends in public administration that are dominated by NHS performance drivers; a distorted portrayal of social work in the media; and the fact that social work is often hidden from view, and seen as doing society's dirty work in austere times.

3.2 Key roles for transformation

Jacob Daly. Independent mental health social worker and researcher. A number of roles have been identified by the group as having the potential to clarify and extend the role of mental health social work from generic care coordination or care management roles and supporting the future needs of mental health services.

Some of these already exist in some form in many areas but have perhaps not been properly recognised and promoted consistently in the past. A lot of work has been done around mental health social work in the past eight years or so that's identified the need for transparency about career development and more insight into how mental health social workers do things. The roles of approved clinician and approved mental health professional (AMHP) in particular were discussed in detail at the events (see Section 5) and are the focus of specific new resources.

Specialist social worker across perinatal, child and family services

Named social worker for discharge planning

enhanced social supervision role in forensic services

approved clinicians

Approved mental health professional

Specialist community mental health social worker

Specialist prevention and early intervention social worker

possibility of a dual qualified nursing and social work role

Mental health social worker on acute wards especially to facilitate family work, community connections, housing and discharge arrangements

3.3 What support do mental health social workers need?

Mark Trewin. A clearer and more comprehensive understanding of mental health social workers' roles will help their employer organisation, their managers and others provide them with the right support to fulfil their potential and deliver even better outcomes. A challenge for the NHS if it employs social workers is to know exactly why it's doing so, and not to forget they're regulated professionals.

> " *A challenge for the NHS if it employs social workers is to know exactly why it's doing so, and not to forget they're regulated professionals.* "
>
> **Mark Trewin**

Both South London and Maudsley and Salford (see Section 2 case studies) recognised and addressed the need for strategic, management and wider peer support, including from HR and decision makers.

Karen Linde. It's particularly important that organisations and managers are explicit about what support is available for social workers to meet regulatory and registration requirements, and who is responsible for this.

When it comes to specific roles, speakers told delegates that organisations and managers need to make it clear what's expected of an approved clinician before and after their deployment and to consider practicalities such as parity of caseload and whether someone has enough opportunities to carry out the role and maintain their approval status.

3.4 Guidance for system leaders

To address the issues outlined above, HEE, Skills for Care and the DHSC have worked with a wide range of professionals to develop guidance to help organisations and system leaders successfully

employ and support social workers in a variety of partnerships and settings.

Delegates were invited to give their views on the new guidance, which addresses specific issues at various strategic and operational levels, including how social workers should be supervised and supported to maintain professional regulation.

Karen Linde. We want to improve access to reliable information about the social work role to inform workforce and management decision making. This may seem as if we are returning to basics, but the work of defining professional and team roles needs to be more explicit and to become a regular practice of review in teams. Currently there is not consistency in workplace evaluation of the experiences and impact of mental health social work supervision, which raises quality assurance concerns.

Hopefully trusts will take note of this guidance because is clearly backed by NHS bodies and the Local Government Association.

3.5 Tools to support AMHPs

AMHPs can influence many issues raised in the Five Year Forward View and LTP, such as crisis services, inpatients, out of area placements and patient flow into acute care. Delegates felt that the NHS should work with local authorities much more closely to support the AMHP service and the organisation of systems in which AMHPs work

Robert Lewis. The job of an AMHP is to coordinate the process of assessing patients for possible detention under the Mental Health Act, and something similar has been around since the 1950s. AMHP responsibility sits with local authorities but has major implications for the NHS. Since 2007 the role has been opened up to a wider range of health and social care professionals, including mental health and learning disability nurses, occupational therapists and chartered psychologists, but the majority

(94%) of AMHPs are still social workers.

Mark Trewin. A few years ago there were particular concerns about the amount of pressure on AMHP services, especially from the police and acute trusts, and such services needed to work across organisations in a more integrated way.

In 2019 HEE, the DHSC, Social Work England and Skills for Care developed a national AMHP workforce plan covering current AMHP service provision, recruitment, retention and training challenges, and supporting data and research.

New national approved service standards linked to the AMHP workforce plan were previewed at the February conferences, the first specific guidance designed to focus on AMHP procedures and support.

Robert Lewis. We want to set out clear information and support for people developing their AMHP services. Our aim is for the AMHP workforce plan, AMHP standards, E learning and videos to support benchmarking, mapping and improvement of AMHP services across health and social care. The aim is to put the standards online to support benchmarking, mapping and improvement. (See Infographic 3)

Social Work for Better Mental Health is helping to develop and test these in a number of local authorities, and delegates were invited to give their views on the current draft. Once agreed, the standards will be available alongside an evaluation, mapping and planning toolkit to help local authorities and other organisation use them effectively.

- Other new resources are aimed at helping attract people to the AMHP role and offer practical help in carrying out their responsibilities and developing their careers (see Section 5).

AHMP standards

Among other things, they cover

safe working and the needs of individual AMHPs, their personal, physical and psychological safety

the scope of AMHP services

professional development

service development and ways to improve service users' experience

governance in 24-hour AMHP services

local authority governance and connection to AMHP networks

4. Promoting the mental health social work contribution

One of the main themes of the HEE events was finding more ways to address the challenges of measuring mental health social work's value and impact (see Section 7) and provide a strong basis for maximising its contribution and ensuring people across the system understand what that is.

4.1 Positive narratives needed

> **"** *We need to shout about the difference we can make or no one will hear. We need to put it front and centre."*
>
> **Stephen Chandler**

Stephen Chandler. For too long, mental health social work has been hidden away in the shadows. It's up to individuals to start promoting its positive impact. If we wait for someone else to bring us into the light, we may be waiting a long time. We need to shout about the difference we can make or no one will hear. We need to put it front and centre.

Dame Sue Bailey. The core values that mental health social workers can bring to services is your bread and butter – to go beyond diagnosis, understand the impact and risk. You bring both emotional and legal literacy, and influence beyond the system while shaping it. With an asset-based, strength-based mindset, you are top and bottom of a social identity and person-centred approach.

You don't moan about working with complexity – you would be bored if you didn't.

Robert Lewis. Developing positive narratives that raise the profile of mental health social work is especially important now. They can provide a key to the sort of innovation required by the LTP and other national strategies and policies with their wider focus on social determinants, community support, population health, early intervention and prevention.

Dame Sue Bailey. Social workers can play a big part in thinking ahead to the future shape of health and care and helping people understand shifts in services, such as integration. We want to liberate you to develop foresight, including thinking about possible work scenarios where mental health social workers could really add value in different settings.

Paul Peros. The need for professional identity was a key theme emerging from this early work. It is core to Social Work England to build, or rebuild, that; it's critical to underpinning the AMHP and new roles.

The HEE programme has developed several resources to support that ambition.

Robert Lewis. Running through these is the aim to increase mental health social work visibility, giving social workers a voice and pride in what they do, as well as to educate other professionals and support managers. The resources have also been created to reflect insight into the experience of working in the NHS, which can be challenging and involve dealing with broader issues such as stigma, discrimination, human rights and environmental issues.

Sections of the new AMHP toolkit involved co-production, although it is a challenge to get together with people who have previously been detained under the MHA to discuss their experience. This will help clarify what detention by AMHPs is about, including the timescales and the research and evaluation that form part of the assessment. It can dispel the perception that AMHPs just turn up to detain an individual when instead they may have been working on a situation for weeks, including trying to work out what's best for the person and considering options other than detention.

4.2 New online resource

There is a new dedicated mental health social work leadership website, hosted by Skills for Care, a useful resource for anyone who works in, manages, delivers or commissions mental health services that involve social workers, including as AMHPs. This aims to be the 'go to' place for people across local authorities, the NHS, and the independent and VCSE sectors, clarifying what mental health social work is all about, dispelling assumptions and increasing transparency. The website will also be a resource for system leaders and others to share information and learning.

Paul Peros. Close working with Social Work England will ensure everything aligns with its approach, which is to be an effective and responsive specialist regulator for social workers, taking into account our unique regulatory framework.

In a crowded landscape, Social Work England is keen to see standards and guidance fit together more clearly and be more digestible for social workers as well as bringing back their professional identity

We want to stop people being isolated, wherever they're working.

Pulling everything together and streamlining what resources are available will hopefully cut through any confusion. It should particularly help NHS managers who are feeling overwhelmed by frameworks.

The website's use is already being actively supported through engagement with HR departments and managers, in particular via NHS Employers, NHS England and peer support workers.

4.3 Targeted videos

Delegates at both HEE events were shown a short film introducing mental health social work and featuring interviews with individuals employed in different services and settings.

Karen Cook. The plan is to produce a series of short videos for organisations to use, focusing on a variety of specific themes and roles, such as AMHPs. Link to overarching film

The audience was invited to give their views on what picture of mental health social work they want such films to present and to flag up anything that could be misinterpreted.

One comment was that it shouldn't be implied that social workers have a monopoly on listening and compassion , especially as the video also featured NHS colleagues doing similar tasks. But overall delegates felt it gave out positive messages about different aspects of mental health social work and what it can offer in terms of guidance and support in diverse services (including forensic mental health) and wider aspects of provision like protecting people's human rights.
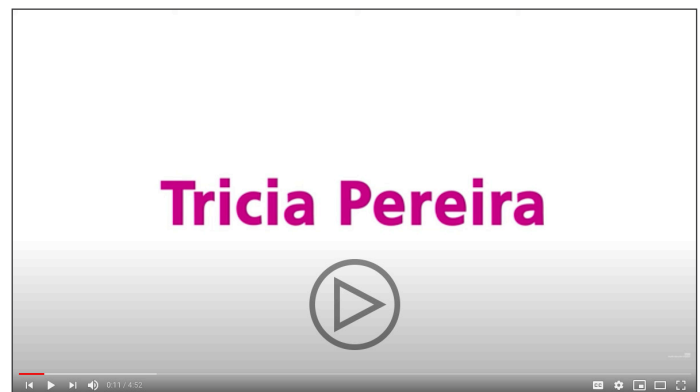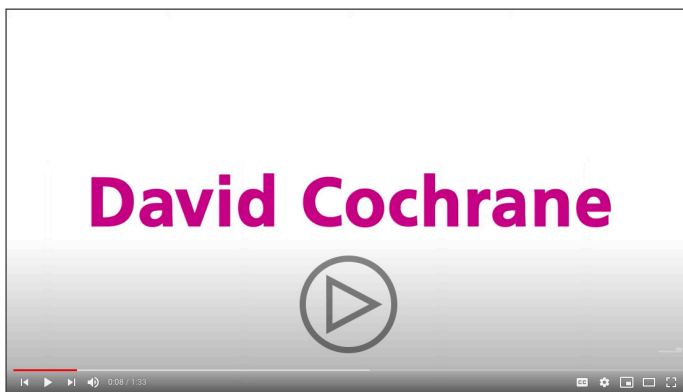
5 Supporting the career pathway

One of the aims of the HEE programme is to identify what stops social workers from moving into, and progressing in, mental health roles generally. How do we encourage and enable more people to pursue a mental health social work career and assume specialist responsibilities such as becoming AMHPs and approved clinicians?

Amendments to the Mental Health Act in 2007 allowed registered social workers and a range of other professionals to become approved clinicians, a role previously reserved for consultant psychiatrists. Whatever their previous training and qualifications, all approved clinicians share the same responsibilities, including making decisions on patients' continuing detention or discharge. But the development and introduction of multi-disciplinary professionals in the role have generally been slow – figures suggest they account for just 63 out of a total of 6,582 approved clinicians, but fewer than five of these come from a social work background. The New Roles in Mental Health Social Work implementation group identified that implementing multi-professional approved clinicians had been sidelined as too difficult.

5.1 Overcoming barriers

Historic and existing issues result in wariness among both individuals and organisations about progressing mental health social work careers.

Miles France. In my experience (see Section 5.2), it is important to plant the seeds of such specialist roles early on.

There are particular issues for talent mapping and succession planning, meaning, for example that people with lots of potential get stuck in local authorities on lower pay bands and can't go further. We need to open up opportunities to them, especially when they're really keen. More thought should be given to professional groups where talent mapping means they're not operating at a high enough level in the system hierarchy. It's about encouraging people, especially trainees on generic advanced clinical practice programmes, to think a few years ahead and consider the approved clinician role. I found it a natural transition in the AMHP career path to become an approved clinician as I wanted to stay in clinical practice rather than going into management. But I found it difficult to get approved status until I had peer support and received more relevant guidance.

When I first took on the role, some medical professionals were quite negative or hostile, which was partly a cultural issue and partly due to other organisational factors that made these colleagues keen to stick to the old systems. My advice to prospective approved clinicians is be true to your core abilities.

Robert Lewis. Testimonies from AMHPs suggest that their enthusiasm for the role and wider opportunities generally was first fired up during their training. Introducing an AMHP e-learning module (see Section 5.3) in induction training (for junior doctors, for instance, as well as social workers, nurses and occupational therapists), may help people gauge early on if becoming an AMHP is right for them.

Miles France. There has been an inconsistent approach to approved clinician training.

Sue Hatton. Some organisations selected people to take part rather than encouraging them to make their own decision to apply, which could affect their level of motivation. Organisations need to think how best to deploy individuals during their approved clinician training and find ways for them to spend time in key specialties (such as learning disability) where they can develop the more complex understanding they'll require. You're still going to have people lagging behind in supporting new roles, but most see how they can help. There has been similar initial reluctance about introducing new healthcare roles like nursing associates and advanced nurse practitioners but their positive impact is now being seen.

Social workers may be discouraged from becoming approved clinicians by the potential extra pressures of juggling roles and a larger caseload. One person had been considering applying for three years but had concerns about how the role would be used by the NHS trust.

The right support, at both individual and organisational level, seems to encourage people to progress in new roles.

One delegate, an approved clinician trainee on Northumbria University's professional practice in mental health law postgraduate programme, asked whether medical buy-in was necessary to succeed.

Miles France. explained that it took time to achieve that in Devon, and what really helped was having sympathetic consultants involved and being supportive.

Another delegate said that keeping approved clinicians in their AMHP cohort could help them maintain their AMHP status At the same time, encouraging more colleagues from outside social work into AMHP roles would enable broader conversations and learning. Sue Hatton suggested organisations should support small groups of people in the same profession to stop them becoming isolated.

> " *There has been similar initial reluctance about introducing new healthcare roles like nursing associates and advanced nurse practitioners but their positive impact is now being seen."*
> **Sue Hatton**

5.2 What does it take to be an approved clinician?

Devon Partnership NHS Trust began its multi-professional approved clinician programme in 2018, having secured funding and buy-in from heads of professions, with a conference to engage with people across the sector.

Sarah Adams. The initial strategy was to develop a suitable model for Devon, which has a geographically large spread but is demographically less diverse. We wanted to shift the traditional patriarchal approach. One challenge has been to attract new people who will remain in Devon; meanwhile, others may stay a long time and become very insular.

Plans for a whole new training programme proved unfeasible so instead the Trust recruited strategic lead Miles France to get funding for five approved clinician training posts, which will be funded for two years then covered by existing budgets as they are embedded.

So far, most applicants have been psychologists, but the Trust is keen to have other professions – including social workers – represented. One sticking point that needed addressing is that the approved clinician role is band 8b, reflecting the high degree of responsibility required even during training. Whatever their discipline, they're all doing the same job so should be on the same grade, but some social workers are blocked by the banding structure in their trust or local authority.. The requirement for applications has therefore been reduced to Band 6.

The Devon trainees benefit from formal study through Northumbria University, regular action learning sets, individual mentoring from Miles and workplace supervision. As well as finding trainees suitable shadowing opportunities in different parts of the system to enable them to develop an overview of each specialism, individuals may be offered additional study if they come from non-traditional backgrounds and lack experience in key areas. They receive three days of professional practice training every year, covering ethical and

> **Case Study**
>
> An example of putting the social worker approved clinician role into practice and looking at the whole person. Miles reviewed someone who'd been in an independent hospital with recurrent depressive disorder for a few weeks. After talking to the consultant about changes to the patient's medication, he delayed the Care Act assessment because the person was in transition and often monosyllabic. As well as asking standard questions (about suicidal thoughts, for instance), in a 45-minute discussion on the patient's needs, Miles looked at wider social issues and found incontinence problems were making the man socially isolated. Miles was able to arrange urology and other referrals and agreed a pathway with the patient to get him into his preferred work as an antique shop volunteer.

legal issues and any other topics the trainees think important.

Miles France. It can take two years to develop a portfolio while also working, and people need the right support to do that or they might just give up. Each person's portfolio should include two case studies, two official reports (such as evidence provided to a mental health review tribunal) and cover eight domains, including ethical practice and leadership. The DHSC's four regional approval panels assess portfolios (which can be submitted only once) against a core competency framework and standards.

5.3 Continuing support for AMHPs

In its recommendations, the implementation group pointed out that although the AMHP workforce is one of the most important in mental health, pay and conditions are poor and recruitment, retention and demographic issues affect the role. Data suggests that social workers make up 94% of the current 3,900 AMHPs.

A number of speakers at the HEE events pointed out that AMHP development had been neglected and their particular contribution not valued enough.

> " *AMHPs are probably better than any other professional in managing risk.* "
>
> **Stephen Chandler ADASS**

Robert Lewis. The challenge is first to attract people into AMHP work and then to protect them while carrying out the role. They might be doing something properly but others might not perceive it that way, or someone might start as an AMHP with good intentions but then struggle, especially when it was not possible to foresee specific patient outcomes. One aim of the HEE programme is to give AMHPs the tools to build their own resilience in the role, get help to deal with the pressures it can bring, and manage potential issues like burn-out and stress.

The programme is hoping to access NHS funding for AMHP training that would enable trusts to do something different by opening up the role as well as offering new opportunities to individual allied health professionals and nurses in addition to social workers.

> " *A short film has been produced to accentuate the value of understanding legislation and human rights to make someone's journey through the system as good as it can be* "
>
> **Robert Lewis**

A short film has been produced to accentuate the value of understanding legislation and human rights to make someone's journey through the system as good as it can be, especially when an AMHP sees someone who's reached crisis point, possibly for the first time. The film includes case studies intended to present positive AMHP role models to social workers, including during their initial training.

Some of the film footage is being added to a new open source e-learning module, part of a microsite that will provide information on how to become an AMHP, the purpose of the role, and aspects of the work such as relevant legislation and potential outcomes from an assessment.

We hope people will use this to promote the AMHP role within their organisation and among colleagues.

5.4 New dual roles

Universities are starting to offer courses leading to the dual-qualified nursing and social work role identified as one of the eight new roles that can play an important part in mental health social work transformation.

Students and tutors from an integrated mental health and nursing programme at Edge Hill University were among the delegates at the HEE event in Leeds. Successful completion of the four-year course will enable graduates to register both with the Nursing and Midwifery Council as a qualified adult nurse and with Social Work England as a qualified social worker.

The programme is delivered in collaboration with the Cheshire & Merseyside Social Work Teaching Partnership (which includes NHS trusts and local authorities) and combines perspectives from health, social care, education and related disciplines, as well as practical placements in both nursing and social work. It enables graduates to work highly effectively in a multi-disciplinary environment.

It recognises that adults with complex and long-term conditions increasingly require treatment underpinned by a more integrated health and social care perspective, and aims to give students the skills, knowledge and practical experience required to work in a range of settings.

Paul Rimmer. A master's course was integrated into the fourth year, an approach adopted from other professions (such as engineering) to galvanise students and make the programme more robust, especially when they go into practice. The university is working with prospective employers to identify appropriate existing and future positions for practitioners with dual registration. The programme is very relevant in the light of discussion about the social work not being properly recognised within organisations and multi-disciplinary teams. Our students know the role will not be without its challenges.

The first cohort of six students is due to graduate in September 2021. Students Emma and Rebecca, who are in their second year, said there were now 11 students in their cohort, down from 22 starters. Some drop-out is due to the demanding nature of the programme, and the 50% pass rate required at this stage to continue, which is intended to make sure they won't struggle with the Master's level study in their final year.

One delegate asked whether dual qualification might muddy the waters when integration was supposed to be about bringing together specific skills within different professions. Karen Linde replied that this was clearly intended as a combined role and the important thing would be to plan for its introduction in services in the right way.

HEE hopes to see plenty of positive follow-up

JUST DO IT!

including . . .
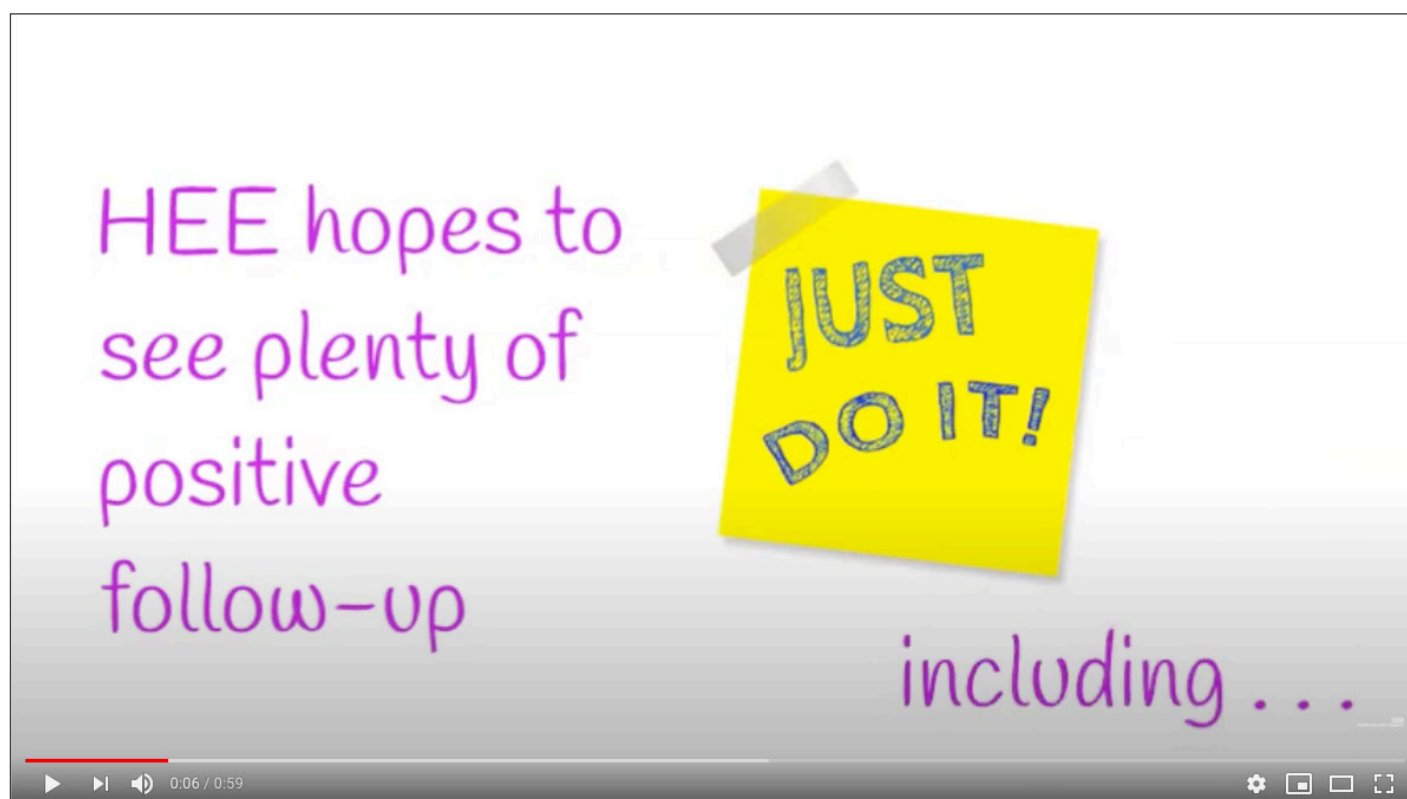
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6 Building on work with service users and carers

Delegates heard how actively involving mental health service users and their carers through co-production can shape and improve services and systems, and the way the specific contribution and value offered by social workers plays a part in individual outcomes.

6.1 Listening to service users in Salford

Salford is one of four areas selected (and funded) to develop new approaches to mental health support in the community and primary care settings as part of the three-year national Living Well UK programme. This aims to change the way the public and VCSE sectors work together so people get the right help when they need it in an integrated way, reducing the numbers going into residential care and focusing on recovery close to home.

Involving people in the design of the support they need for the future has been a key element of the programme in Salford and elsewhere.

Cath Gormally. The structure of the Living Well UK team locally includes a 'collaborative' of representatives from across the system, which makes decisions and briefs the 'design team' (including service user members) that develops and tests new ideas and feeds back recommendations. The initial process involves scoping, planning and engagement, including 'ethnographic research' carried out by observing and interacting with people in their day-to-day environment. A prototype service is piloted before going live, with service users continuing to play a part in evaluation, testing, learning and revising to ensure it meets local people's needs.

The project is firmly based on working principles of co-design, co-production and equality. There is no hierarchy; we don't ignore the power imbalance but we believe everyone has valid expertise through experience. On a practical level this is epitomised by all those involved adopting casual dress when working together, not wearing lanyards or name badges, and using first names only. The essence of our approach is that there are no hard and fast rules on co-production, and if you get everyone round the table, someone will take responsibility to get things done. The first new services introduced through Living Well UK are 'listening lounges' that offer safe spaces to share stories and build relationships.

Listeners are an ally who can see their strengths, help them believe change is possible, and support them to unlock answers and find their own solutions

J Ahmed. The idea for listening lounges came directly from service users. It's particularly about people being bounced away from the community mental health team when they really need someone to listen to them. 100% of people bouncing around between services had experience of childhood trauma, and if someone was just prepared to sit and listen, a crisis could be averted.

The underlying basis of listening lounges is that, although some may operate in community venues at various times, listening can happen anywhere, not just in a physical space. It could be over the phone, in a virtual chat room, in someone's home – whatever suits the person.

> "But what is important is that any conversation is always trauma-informed and based on what someone wants to tell the listener, who reflects this back so the person knows they have been heard."
>
> **Robert Lewis**

J Ahmed found writing has helped in his own recovery and shared some poems about his experience of being involved in co-production and the new service: *Sail forth Salford and Hand in hand: the masterplan*. As Cath pointed out, these are a great way of getting across what they're trying to do and what's different about the approach.

6.2 Carers contribute to core research

A recent University of Manchester research study (*What do service users want from mental health social work? A best-worst scaling analysis*, published in December 2019) gave service users and carers a voice to challenge assumptions of what people want in a mental health social worker.

Manoj Mistry was one of two carers and six service users on a public panel who brought their lived experience to the 18-month research project. He has supported his sister with her mental health issues for over 30 years; she has had a social worker for the past five.

The aim of the study was to identify the specific impact mental health social workers have on service users and carers by drawing up a list of qualities, skills and behaviours and asking the panel to focus on the most important, from their perspective, and rate the top 10 attributes according to priority.

The academic researchers started with list of 46 statements summarising different attributes, then met the panel regularly to whittle it down and reframe them.

Manoj Mistry. We questioned everything, especially the rationale and assumptions behind what was on the list, and told it like it is.

A survey was also sent to practising social workers and researchers nationally, and Mark Wilberforce and his team engaged with wider service user and carer forums from various mental health trusts. All these responses were fed back into the public panel, which drew up the following top 10.

Click to play

27

The panel and wider forums' responses showed that the most important attribute for service users was reliability and continuity. The least important was help to access other support.

Mark Wilberforce said the panel acted as critical friends. They kept him grounded by questioning everything and looking beyond his findings.

The university also carried out a second study of user experiences, measured using its 'person-centred community care inventory' (PERCCI). This looked at the differing views of people supported in community mental health teams whose lead care coordinator was a social worker compared with those whose care was led by a mental health nurse, occupational therapist or other professional. Feedback generated by more generic measures like the friends and family test or general satisfaction questionnaires was added to the overall findings, which concluded that social workers were seen as slightly more person-centred.

> A reminder of the importance of some basic human attributes, knowledge and skills. Simple things but so important to a positive experience. Keeping sight of courtesy and respect goes a long way.
> (AMHP lead Christina)

6.3 Emerging issues

The study brought common lived experience to findings that gave the researchers real insight into where and why people might believe services were currently not meeting their needs effectively, especially when service users and carers felt that certain statements didn't have much validity in their personal view. There was significant scepticism about the value of their social worker arranging access to other services. Many, especially those who'd been in the system for years, did not believe that the answer to their problems might be found locally.

We need to explain more clearly to people how the health and care system is changing generally, with greater integration and more emphasis on community support.

Mark Wilberforce. We have to win people over to new approaches. The process also flagged up the value of finding appropriate ways to measure user experience. It can't just be through a single question, like the friends and family test – you need to ask lots of things to get a fully-rounded picture of how people feel and what's really important to them.

Manoj Mistry. Different social worker attributes may vary from person to person depending on individual status and circumstances. For instance, I act as an advocate for my sister and she lives with family so is at less risk of isolation, but this may not be the case for other service users and carers. Similarly, required attributes may also fluctuate according to the severity of the person's mental illness at different times.

7 Developing and using evidence and data

There is a growing awareness of the importance of data and evidence in promoting and supporting mental health social work as a whole and developing and embedding new and existing roles.

7.1 The need for an evidence-based approach

At the moment, social work is not as evidence-based as clinical work.

Stephen Watkins. Although lots of data on mental health is collected, the specific contribution of social workers gets lost in an opaque image of mental health services. Assumptions are made that are not accurate or borne out by data. We need data for clarity so we can have realistic discussions about services, included how stretched existing local ones may be. This can support the business case for change, if necessary.

Mark Trewin. A robust evidence base will mean data can be used in various ways, such as supporting applications for government comprehensive spending review (CSR) money for the training and development of AMHPs.

A lack of quality data can lead to false assumptions about the career paths social workers follow, like the idea that they choose to work in either adult mental health or child

and adolescent mental health services (CAMHS) and never switch between the two. NHS Digital delegate

HEE has commissioned the NHS Benchmarking Network to carry out an audit of the mental health social work worforce, whatever the setting, to generate more comprehensive and in-depth evidence.

7.2 What we know and what we don't

There are approximately 4,200 social workers (3,100 in mental health and learning disability trusts) employed by the NHS, together with a larger number of local authority-employed staff working in partnership and based within the NHS. But what is not clear is exactly where those individuals work and their specific roles. Different models of employment – by the NHS, local authorities and other organisations – present a

> Let's all aspire to be this person and provide continuity of care for folk with long-term needs. (Jayne G)

particularly complex picture, and the electronic staff record (ESR) used by the NHS to support effective workforce management and planning does not always capture exactly what social workers are doing.

The HEE New Roles in Mental Health Social Work Implementation Group has called for the ESR to be updated to include all available information about social workers. We need to have a clear picture about where they are based and the tasks they are doing. The group also wants to see improvements in how data is collected on various social work roles within the NHS.

Stephen Watkins. Mental health social workers do appear in narratives and issues emerging from the data available. Different stories are playing out across different parts of the country and around types of service. For instance, the number of bank and agency staff used indicates a lack of care continuity, while local variation on mental health bed use suggests a 'postcode lottery' when it comes to inpatient services. The right data can flush out the rationale for an effective skills mix; for example, making the case that having more specialist skilled staff leads to shorter lengths of stay, and demonstrating to system leaders that it is not necessarily financially preferable to employ people in generic or more junior roles.

Great to hear from Manoj about how authentic the co-production research was. (Charlotte Goulding, NICE)

Data already collected shows that some mental health service users may stay for years in rehabilitation or secure beds. At the same time a lot of people get support in the community rather than being admitted to hospital admission (which is how it should be). But the workforce is roughly split 50:50 between community and hospital care because the nature of inpatient support requires more people to provide it. And social workers only account for 0.5% of the inpatient skills mix (according to the current mental health trust definition).

> "The right data can flush out the rationale for an effective skills mix; for example, making the case that having more specialist skilled staff leads to shorter lengths of stay."
>
> **Stephen Watkins**

7.3 Getting involved in benchmarking and profiling

Zoe Morris. The HEE-commissioned national workforce survey is trying to quantify the input of social workers in mental health, and their particular contribution to services. As at February 2020, a quarter of local authorities had submitted data. Using an NHS data questionnaire was expected to produce a better response from trusts and other NHS organisations familiar with providing data for benchmarking purposes.

The survey was gathering a variety of information in different areas:

- Workforce and skills mix – including numbers of fully qualified social workers, Think Ahead fast-track mental health social work trainees and best interest assessors, use of the assessed and supported year in employment (ASYE) programme to give newly qualified social workers extra support, and participation as AMHPs and approved clinicians

- Service models – to identify exactly how social workers are deployed in, among other things, inpatient care, community teams, crisis services, substance misuse, and services specifically for adults or children and young people

- Demographics – to get a clear picture of vacancies, use of bank or agency staff, and mental health social workers' pay banding, contract types, experience, age, gender and ethnicity.

All this data should produce many useful outputs that can fuel improvement and flag up opportunities to use existing and new roles more effectively. For instance, we expect to see differences in regional profiles; what lessons can we then learn about variations in local services? We can dig into what's happening in individual organisations, including the roles and skills employed in a particular service, such as community eating disorders support, and how mental health social workers are represented.

7.4 Making more use of available evidence

There is already plenty of evidence-based material that may be helpful to those working in mental health social work. The National Institute for Health and Care Excellence (NICE) is now developing guidance specifically for social workers.

Charlotte Goulding. Using national evidence-based guidance can support social work practice, and recommendations from national guidance can empower individual social workers to provide people with the best possible support in practice.

as improving people's experiences in transition to and from inpatient mental health settings and enabling autistic adults to lead positive lives. They are practical guides, ideal for use in training.

NICE also plans to share relevant case scenarios across a range of social work settings which show how NICE guidance can be applied to social work practice. NICE already has a number of webinars, podcasts and vlogs that could also be helpful for social workers, covering topics such as person-centred transitions between mental health inpatient settings and home for young people.

Around 54 NICE guidelines cover specific issues relevant to mental health social work, including self-harm, types of therapy and personality disorder. We have an example of an AMHP who used a recommendation from NICE's clinical guideline on the prevention and management of psychosis and schizophrenia in adults (CG178) to discuss support with her family relationships as an alternative to medication. As an AMHP, the clinical guidelines can, for example, support suggestions to psychiatrists and doctors that promote less medical and more psychosocial and person-centred responses to people's situations, especially where they are reluctant to take medication and seek talking therapy as an alternative.

The series of 'quick guides' for social workers NICE has developed with the Social Care Institute for Excellence (SCIE) cover topics such

Participants are now shouting out words that sum up the day - It's about time, inspirational, encouraging!

8. Where next?

The next step is to encourage all the different organisations that deliver mental health services to develop and enhance new models of mental health social work. The programme team asked delegates to talk about what they'd learned and share information within their own organisations and systems, and especially to be proud and positive about what social workers are doing now and will do in future.

Delegates were asked to start using the guidance and other resources launched at the February events and feed back any thoughts on what difference they make and possible improvements. Further products are due to be introduced within next few months, including a mental health nursing competency framework being developed with Skills for Health, peer support thought pieces and video interviews with social workers from across the system. There are plans for interactive AMHP guidance through the new website and lots of case studies to help people in the NHS (especially those new to a relevant frontline service, such as A&E consultants and paramedics) understand what AMHPs actually do.

Some delegates already have ideas on how to share information. One trust director of operations said she would show the promotional film at NHS board and non-executive director level to help them understand what the mental health social work they are responsible for really involves. Stephen Chandler pointed out that local authorities could apply the new resources to social work generally, not just in mental health.

Dame Sue Bailey. A key practical contribution by mental health social workers would be to help clinicians ask the right questions to get a conversation going with patients and service users about their wider issues, and ensure the 'carer in the corner' was not ignored. Many acute trusts still don't get it and are particularly reluctant to appreciate the value of mental health social workers, and that a way to address that

would be by highlighting their involvement as a safeguarding response, including in A&E.

Sue Hatton. It's important to get feedback on everything that has been produced so it could constantly evolve. We want practical people with the will and capacity to put it into practice – this is where plans have fallen apart before. We need positive group behaviour and connections, and frameworks as well as local flexibility to ensure things don't drift. Ongoing senior level support to keep people motivated and enthusiastic will be important.

> Excellent conference, energising to hear all the plans afoot for mental health social work. Great networking. Clear message that system wide commitment to a strength-based approach. (Melvena Anderson, Black Country Partnership NHSFT)

Legal literacy

SOCIAL IDEN[TITY]

you are

you
[sup]PORT CHOICE +
CONTROL

you are
TRUST
CONNE[CT]

[an]d COPING with STRESS
day in day out
MARMOT

and DISEASE

ME[A]

YOUNG PEOPLE
POST-NATAL
COMMUNITY
ATE

The new roles workstream of the HEE national mental health programme

Introducing new roles into mental health services, or expanding existing roles, form a key part of HEE's Mental Health Programme.

This national programme 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 workstreams which have been identified as having the greatest impact in mental health services in transforming the workforce.'

Transforming Mental Health Social Work

Working across the NHS, local authorities, voluntary and independent sectors, mental health social workers ensure that the social model of mental health is at the core of integrated services. The focus of the Mental Health Social Work group has been on expanding and enhancing the role off the mental health social worker, and providing support and guidance to NHS and other organisations on how best to recruit, retain and develop this key workforce.

Visit HEE's New Roles Resource Hub for more information, guidance and resources.

To see the full series of HEE's short films on mental health social work and its contribution to health and social care, please visit our YouTube page.

August 2020