

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

**Dr Ruth Allen,**

**Chair of the Mental Health Faculty, The College of Social Work**

## Preface

**Lyn Romeo**  
*Chief Social Worker for Adults*



As a profession, social work has always played a key role in managing risk and complexity, working with people with the most profound and enduring health and social needs and who are often the most socially excluded and at risk of harm.

Social workers will continue to support people in crisis. However, as we move towards greater integration of health and social care with a focus on prevention and wellbeing to reduce demand for more intensive services, we have a unique opportunity to reposition social work at the heart of person-centred adult social care.

New approaches to the way local authorities' commission and deliver services, including mental health services, will create demand for new, innovative social work practice, working alongside individuals, their families and carers to provide the right support and to increase access to assets within their community.

This timely report by The College of Social Work makes a compelling case for modern social work in mental health services, based around earlier intervention, building resilience and reducing dependency rather than solely focusing on case co-ordination, case management or the Approved Mental Health Professional function.

Social workers already work in collaboration with other professionals in health, housing, employment and others to help identify and respond to people's needs at an early stage. Through their enhanced social perspective, social workers help to ensure services are appropriate and sensitive to the needs of the individual.

To do this well will require employers, particularly the NHS where many social workers in mental health are based, to provide solid organisational support for good social work practice, including robust arrangements for social work supervision and opportunities for continuous professional development.

I welcome this report which provides a clear statement on the priorities for social workers in mental health settings and look forward to working with the College and the sector to create a thriving social work profession, in mental health and across adults' services.

A handwritten signature in black ink, which appears to read 'Lyn Romeo'. The signature is fluid and cursive, with a long horizontal stroke at the end.

## Forward

**Norman Lamb**

*Minister of State for Care and Support*



Social work is crucial to delivering and maintaining excellent mental health services. Good quality social work can transform the lives of people with mental health conditions and is an essential part of multidisciplinary and multiagency working. Alongside professionals in health, social care, housing, employment and others, social workers play a key role in identifying and accessing local services which meet people's needs at an early stage, helping improve overall mental health outcomes and reducing the risk of crisis and more costly demands on acute health services.

I welcome this paper by The College of Social Work for its clear statement on the important role and contribution which specialist social workers make, to both adults' and child and adolescent mental health services and in building awareness and knowledge around mental health in the social work and social care sector more generally.

Social workers working in statutory mental health services provide a vital counterbalancing view to clinical models of illness and disorder and where this is done well, can have a powerful impact on NHS culture and practice.

The transformation of health and social care, particularly the importance of integrating care, will lead to profound changes for all of us who use or work in social care services, including mental health services. As with all changes, there are both opportunities and challenges. In modern mental health social work, as in other sectors of the profession, there will be a move towards earlier intervention, building resilience, reducing and delaying dependency and ensuring people have all the information and enabling support they need for better self-care.

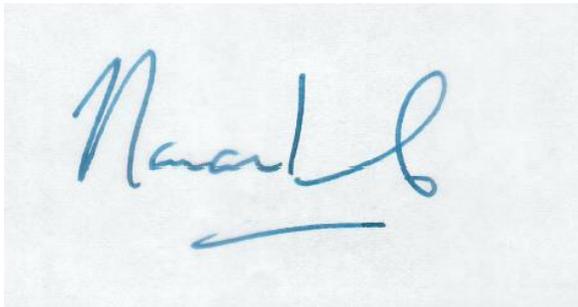
Social workers in the future will increasingly be located in a range of organisations and contexts, including the third sector and social enterprises, with greater opportunities for them to shape the social care market and enable co-production of services with individuals and communities.

The challenge for the NHS and other employers of social workers will be to create the conditions which allow quality social work to flourish. These include strong operational management of social work practice, professional leadership at all levels, clarity about roles and priorities for social work and opportunities for career advancement and continuing professional development. Wherever social workers are managed, the infrastructure has to be in place to ensure we make the most of what social workers can bring.

This publication is a reminder that individuals often have a complex range of social, mental and physical health needs, which do not easily fit into any neat categorisation. By focusing

on the 'whole person,' good social workers treat people as equal citizens, which is not only highly valued by those who use services but vital to aiding recovery and maintaining health and well-being.

I agree with The College that mental health social work needs to be more ambitious about the range of roles and the overall impact the profession can have on the future of mental health services. I very much look forward to working with the sector to help realise this ambition.

A handwritten signature in blue ink, appearing to read "Nancy L", with a horizontal line underneath.

**Thanks to the many people who contributed to this paper.**

These include individual social workers and social work leaders, groups of staff, colleagues from Higher Education and members of other professional associations (Royal College of Psychiatrists, British Association of Social Workers, College of Occupational Therapists and Association of Directors of Adult Social Services) who provided detailed written submissions to the consultation document.

Thanks also to colleagues from Higher Education who attended a roundtable discussion in July 2013, and to members of the Social Care Strategic Network for Mental Health and the London Social Care Leads Network for their verbal and written contributions.

Particular thanks are due to Emma Burgum for assistance in managing consultation responses and coordination of the HEI roundtable, and to both the interim and elected Mental Health Faculty Steering Group members for their insights on all drafts. Finally thanks to the experts by experience - both users of mental health services, and carers and family members - who provided critique and also encouragement through recognising the value of more empowered social workers within the mental health system.

We hope this paper will continue to be a source of debate and discussion. You can get in touch with the author and with the mental health faculty steering group at the College of Social Work by email at [CollegelInfo@tcsw.org.uk](mailto:CollegelInfo@tcsw.org.uk)

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

### Executive summary

Social workers have a crucial part to play in improving mental health services and mental health outcomes for citizens. They bring a distinctive social and rights-based perspective to their work. Their advanced relationship-based skills, and their focus on personalisation and recovery, can support people to make positive, self-directed change. Social workers are trained to work in partnership with people using services, their families and carers, to optimise involvement and collaborative solutions. Social workers also manage some of the most challenging and complex risks for individuals and society, and take decisions with and on behalf of people within complicated legal frameworks, balancing and protecting the rights of different parties. This includes, but is not limited to, their vital role as the core of the Approved Mental Health Professional (AMHP) workforce.

Yet the role and priorities of social workers in mental health in recent years have often not been well defined. Their status and authority within multidisciplinary settings has sometimes been undermined, and opportunities to realise professional potential have been underdeveloped. The question now is: **How can social work play an even greater part in improving adult mental health services and achieve better service user, family and community outcomes?**

The College of Social Work (TCSW) has high ambition for the future impact of social work within mental health – whether in statutory settings, the voluntary and community sectors, social enterprise or the private sector, across all ages and different work settings. For adult mental health in particular (although of wider relevance too), TCSW proposes here five key areas of practice that should frame the deployment and development of social workers. Under each heading specialist capabilities can be developed which are further described in the main document. Although focused on adult mental health, the five key areas are relevant across other areas of social work and other parts of the mental health sector – because social work is a unified profession that works across social and family systems. The five key areas are:

- A.** Enabling citizens to access the statutory social care and social work services and advice to which they are entitled, discharging the legal duties and promoting the personalised social care ethos of the local authority.
  
- B.** Promoting recovery and social inclusion with individuals and families.
  
- C.** Intervening and showing professional leadership and skill in situations characterised by high levels of social, family and interpersonal complexity, risk and ambiguity.
  
- D.** Working co-productively and innovatively with local communities to support community capacity, personal and family resilience, earlier intervention and active citizenship.
  
- E.** Leading the Approved Mental Health Professional workforce.

These areas of practice should shape role descriptions, continuing professional development (CPD) opportunities and curricula, and social work leadership in all adult mental health work contexts. The Professional Capabilities Framework (PCF) should be used to guide the development of increasingly effective practice, in breadth and depth. Examples of how to do this are given in Appendix One.

It is clearly not expected that all social work roles will reflect all five key areas. Rather, these are guides against which roles and professional development plans can be matched for coherence with the latest professional guidance from TCSW – with a view to nurturing, focusing and maximising the impact of this skilled resource.

However, ensuring social workers have greater impact on achieving mental health sector priorities cannot be taken for granted. It will only be achieved if social workers are well led and well supported day to day. Whether within local authorities, mental health NHS trusts or other settings, employers and managers need to ensure social workers have excellent supervision, direction, professional recognition and development support.

It is also crucial that service commissioners from social care and health are clear about

what social work brings to achieve whole system objectives and to meet the needs of local communities. Local authorities *and* the NHS (providers and commissioners) need excellent social workers to deliver their statutory and local priorities – not least to capitalise fully on personalisation and self-directed support to reduce unsustainable acute health demands through promoting better self-care and social supports. Social work is crucial to the future of care and support, and will increasingly have to operate in more integrated and diverse organisational contexts. TCSW is committed to ensuring social workers are prepared, supported and can flourish in the challenges ahead.

## 1. Introduction

Social work is crucial to modern mental health services. Excellent social work can transform the lives of people with mental health conditions and is an essential, highly valued part of multidisciplinary and multiagency systems of support. Yet across the adult mental health sector – from social workers, employers and educationalists as well as from other professions – there is a call for greater clarity about professional social work priorities and roles.

In this era of public sector austerity, enormous change in the organisation of health and care services and professional reform and reinvigoration, it is timely to reassert the distinctive value and purpose of social work in mental health. This paper aims to provide some answers to the question: **How can social work play an even greater part in improving adult mental health services and achieve better service user, family and community outcomes?**

Developing the impact of social work in mental health depends in part on the motivation and dedication of social workers ourselves. Being a developing profession means taking more responsibility for our practice, our learning and the quality of what we do. This is, in part, what The College of Social Work (TCSW) exists to promote.

Social workers in adult mental health are some of the most motivated, capable and well trained in the profession. With the right support, we can help to transform mental health services in England. But this crucially also depends on those with authority and influence in the mental health system recognising and harnessing the potential of the profession and setting the conditions for great social work.

### **Who is this paper for?**

This paper is aimed at social workers, social work leaders and educators, employers, managers, commissioners of mental health services, other professions and those using services and their families. The redefined roles for social work in mental health described

in this document have implications for all these stakeholders. It is also aimed at national policy makers as it lays out some of the ways social work can support the delivery of wider political and societal ambitions for mental health services to become more preventive and personalised, focused on recovery and ending stigma, and on a par with physical healthcare.

### **The focus and scope of the paper**

This paper has been shaped by consultation with a wide range of individuals and groups. Their input has been invaluable in focusing the content and emphases and ensuring the document is relevant across the sector.

This paper focuses on statutory, specialist social work in mental health with adults, particularly on those in local authorities or NHS employment. However, the themes explored are relevant to social work in mental health with other groups and in other settings. It is hoped this paper will be a resource for social workers in, for instance, older adults mental health services (with functional or organic mental health conditions), services for people with learning disabilities and children and adolescents mental health contexts. Indeed, this paper recognises throughout that social workers cross age and other boundaries in their daily practice, working effectively with the connections between people and their challenges in social and family contexts.

The relationship between substance use and mental health is also a key area of practice for social work. This paper does not define roles for substance misuse specialist social workers, but does recognise the importance of substance use capability within mental health services. Knowledge and skills to understand and intervene where mental health and substance use problems co-exist are important for effective and safe practice with adults and children, especially given what is known about the relationships between substance use, domestic violence and child safeguarding risks.<sup>1</sup>

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<sup>1</sup> See e.g. Brandon, M et al (2010) [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/192887/DFE-RB040.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192887/DFE-RB040.pdf)

## **Social work in mental health outside statutory services**

Increasingly social workers are working in contexts such as third sector organisations, social enterprises and the private sector. Diversified types of organisation across social care may provide new opportunities to meet people's needs and to build new responses co-productively with citizens. While social workers in these contexts may not necessarily hold statutory powers, the practice focus and priorities in this document are relevant to them too.

Indeed, the more aspirational aspects of this paper and description of future roles – working co-productively, preventatively and with communities – may often be best delivered in new forms of organisation free of statutory bureaucracy and constraints. So while not the focus of this paper, the current and future importance of social work in non-traditional settings is fully acknowledged and TCSW exists to support and promote best practice in all settings.

## **2. The context of social work in mental health now**

Social workers delivering statutory adult mental health services are currently most often employed or funded by local authorities to ensure their responsibilities and duties towards people with mental health problems are met and to contribute to the overall mental health support system. This means social workers in statutory services ensure eligible people can access social care resources and services and often act as gatekeepers.

However, social work in mental health is about much more than the judicious allocation of limited public resources. Social workers have a long tradition of using our professional skills to work in partnership with citizens and communities, often in very difficult circumstances, to protect human rights, to promote self-determination of solutions and to enable people to make change. Even where social workers use control powers vested in them (such as under the Mental Health Act) they should do so from a humanising perspective that looks forward to the possibility of change, always aiming for the least restriction and interference in liberty possible in the circumstances.

## The value of social perspectives

The Department of Health (DH)/Association of Directors of Adult Social Services (ADASS) publication on *The Future of Social Work in Adult Social Services*<sup>2</sup> suggested:

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

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

Social work brings a distinctive social perspective to mental health. This means recognising the social antecedents and determinants of mental distress throughout the life course – such as trauma, loss and abuse, and experiences in childhood and adolescence – that are often missed in purely medical, illness approaches. It also means going beyond this to acknowledge how illness-based and medical models can actually get in the way of recovery and change through focus on the illness rather than the person as a whole – their fundamental human potential and the opportunities they could access to bring about change.

Social perspectives are also rooted in acknowledging the importance of service users’ own expertise about their experiences and needs. Social work practice often involves working alongside people closely, using empathy and relationship-building skills to hear and see through the eyes of the service user, their family and friends.

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[http://www.adass.org.uk/images/stories/Workforce\\_Development/Joint%20SW%20statement%20v12%2024.5.10.pdf](http://www.adass.org.uk/images/stories/Workforce_Development/Joint%20SW%20statement%20v12%2024.5.10.pdf)

Service users and carers have expressed how much they value the social perspective that social workers bring to mental health services. Below is one example quote from Shaping Our Lives National User Network:

*‘People value a social work approach based on challenging the broader barriers they face; they place particular value on social work’s social approach, the social work relationship and the personal qualities they associate with social work. These include warmth, respect, being non-judgemental, listening, treating people with equality, being trustworthy, open, honest and reliable and communicating well.’<sup>3</sup>*

This suggests how social work can add great value to the mental health sector – through humanising and personalising mental health services, involving service users, their carers and families, and countering the institutional, objectifying norms of some clinical approaches.

Writing of the potential impact of social work on the culture of integrated health and social care systems (such as integrated NHS trusts), the Social Care Strategic Network paper on the *Positive Role of Adult Mental Health Social Work* suggests:

*‘... Social work, as well as holding distinct skill and knowledge, is more than the sum of its parts. Social work within an integrated mental health organisation provides a distinctive constellation of priorities and values-based practices that can profoundly improve an organisation’s culture – promoting human rights, empowerment and the citizen voice.’<sup>4</sup>*

Good social work is often characterised by the ability to maintain its humanistic and compassionate ethos even when working with very complex situations of social need and risk, including balancing competing views and rights. In such situations, high levels of expert social work skill and knowledge (e.g. of specialist legal frameworks) are needed.

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<sup>3</sup> Beresford, P. (2007) *The changing roles and tasks of social work from service users’ perspective*. London: Shaping Our Lives National User Network

<sup>4</sup> Social Care Strategic Network paper 1 2010

Social workers often work with complexity affecting not only individuals but whole families and wider social networks. It is perhaps right here to emphasise the particular importance of family focused practice in social work. Our profession's deep appreciation of the importance of family relationships, and the challenges and dynamics of family life, is part of our distinctive professional offer and fundamental to our capabilities in mental health, as in other fields. This includes, but is not limited to, our focus on the contribution and needs of carers in mental health, including young carers.

### **Protecting human rights and safeguarding**

The ethos of social work is to protect human rights and to intervene to prevent or end discrimination and inequality and protect vulnerable people from harm. In mental health, social workers often require particular expertise in the use of the Mental Health Act 1983 (MHA) and/or the Mental Capacity Act 2005 (MCA). Social work expertise with the MHA has been well defined by the AMHP role, although there is now the potential for social workers to also move into the Responsible Clinician (RC) role, providing a highly specialised role opportunity under the Act that is as yet hardly explored by the profession.

Expectation of social work expertise with the MCA is less well prescribed than with the MHA, outside the 'Best Interest Assessor' role for Deprivation of Liberty Safeguarding. The MCA is a vital area of distinct practice, which provides the legal and ethical foundation for many interventions in people's lives and which helps to protect people's autonomy and dignity. Yet it is often incompletely implemented in mental health services. Expert social work roles could be a more beneficial source of MCA leadership and advanced practice across mental health.

Providing expertise and leadership in adult safeguarding is another key area of complex work through which social workers have had a major impact on mental health services. Mental health services have been slow to fully embrace adult safeguarding practice and processes. This has sometimes been seen to be the result of social work and social care being delegated in many areas to NHS organisations that have only latterly taken on board

the vital importance of safeguarding at the heart of their work. The public and political outcry over lapses in safety, frank abuse and failures of care in the NHS and other health provider organisations<sup>5</sup> has raised awareness and prompted action over safeguarding in NHS and mental health services.

Social workers bring a clear focus on the rights of all service users and their families to be free from harm and exploitation, and should bring the skills to investigate, evaluate and learn from allegations to improve the safety, dignity and a compassionate culture within mental health services overall.

### **Working preventatively and maximising strengths and capacities**

As the discussion above suggests, social workers in adult mental health will continue to have an important role to play in managing risk and complexity, and reducing harm. But modern social work, in mental health as in other sectors, also needs to focus on prevention, earlier intervention, building resilience and self-care, reducing and delaying dependency and helping to stem avoidable acute demand on care and health services. This includes enabling people to take positive risks to promote their recovery and wellbeing. As TCSW's Adult Social Work Business Case paper (2012) says:

*'... Good social work is about maximising the strengths and capacities of people who would otherwise be highly dependent.'*

Social work is about working with the natural support systems and the capabilities that people bring to resolve their own problems and make their own sustainable support arrangements, whether or not they use additional social care and health resources. Some traditional approaches to social care, in mental health as in other fields, have fostered dependency. This has included professional restrictions on access to knowledge and skills and denial of the expertise of experience. With its ethical base firmly rooted in the belief of human potential and walking alongside service users and families in their journeys of change, social work's professional identity and discourse is distinctive for being grounded

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<sup>5</sup> Such as in Winterbourne View and the Francis Inquiry into Mid Staffordshire NH Foundation Trust

in working in partnership with service users wherever possible. Social workers should be well placed to help mental health services shift from professionals being 'on top' to being 'on tap',<sup>6</sup> a resource and collaborator, not a controller.

This does not take away from social work's key role in recognising the reality of disadvantages and oppression that people may face. This may come from racism, homophobia and other discriminations that compound the alienation and stigma people with mental health problems can often face. Social workers work explicitly against power abuse and discrimination and promote empowerment, equalities and social inclusion.

A very practical and contemporary aspect of social work's role now is working alongside service users, carers and communities as they face pressures arising from welfare and housing reforms, promoting routes to employment self-support, even within a restricted job market. Assisting people to maintain accommodation and work, and manage their finances and deal with debt, will continue to be key practical challenges for social workers in mental health as they strive to support social inclusion and resolve basic material disadvantages.

### **Building community capacity**

Community capacity building implies the rekindling of community social work skills, working with groups and networks of citizens to foster citizen mutual support and social capital, for instance, to develop greater acceptance of mental health issues. It also implies developing knowledge of diverse communities and their networks, to engage people earlier around the subject of mental health and wellbeing, especially those groups and individuals who may have been traditionally marginalised from support, perhaps experiencing the most stigma and isolation.

To achieve this, social workers need to use advanced relationship-based skills, working in partnership with service users, carers and the wider community to understand social networks and community dynamics.

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<sup>6</sup> 'On tap not on top' – a phrase usually ascribed to Winston Churchill talking about scientists, now used widely to describe the shift in our expectations of public servants and professionals generally

This focus for social work on community capacity, reaching out to diverse communities and helping to build social capital chimes with the change that is needed across the whole mental health system. For reasons of quality, sustainability, user experience and economy, the mental health service offer in England needs to become more preventive, personalised and responsive to diverse community needs. It needs to support autonomy, choice, social inclusion and self-determination for longer-term recovery. It needs to support wellbeing and recovery in the community and to tackle stigma and social exclusion that stand in the way of this.

To work towards this vision of mental health services of the future, the principles of co-production<sup>7</sup> are increasingly being used. This provides a theoretical and practical framework for how providers and commissioners can work together with citizens to make lasting improvements. This includes enabling people to be fully involved in any services they directly use and to be active contributors through determining their own care and support plans. But it also implies enabling people to contribute to the design and delivery of future services and beyond this, being supported to contribute to wider society. Co-production should be the natural territory of excellent, modern social work.

In a paper on the importance of co-production as a way of delivering the ‘no decision about me without me’ intentions of the Health and Social Care Act 2012, the NSUN reports on how a co-productive approach with service users and communities can:

*‘... add value because they are creative problem solvers; form their own networks; provide peer support; provide local leadership and learning; are experts about mental health and what works for them; [they] advocate and champion high quality services; challenge stigma and discrimination and act as ambassadors for their local communities.’<sup>8</sup>*

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<sup>7</sup> See e.g. SCIE definition of co-production in social care <http://www.scie.org.uk/publications/guides/guide51/what-is-coproduction/defining-coproduction.asp>

<sup>8</sup> <http://www.nsun.org.uk/assets/downloadableFiles/case-for-co-production-final-15.10.12.pdf> p2

## Using the Professional Capabilities Framework

So what does social work bring to enable the practice and perspectives described above? Social work's core capabilities, and the pathway of development for expert practice over time, are now laid out in TCSW's Professional Capabilities Framework (the PCF). This provides, for the first time, a coherent description of what can be expected of professional social work in England, across all areas of practice and at all levels of expertise and confidence.

Organised around nine levels of capability, and nine 'domains' that interact with one another, the PCF provides a common language for social workers, employers, educationalists, commissioners and policy makers to understand what can be expected from the social work workforce. However, to meet these expectations and the potential described across the levels of the PCF, social workers need to be supported and developed within the right organisational contexts and job roles.

### 3. Five role categories for adult mental health

On the basis of the consultation carried out for this paper and the expert view of TCSW, five main categories of social work role in adult mental health are proposed here.

It is not the intention or mandate of this paper to be prescriptive about the boundaries of social work in relation to other professionals. There will inevitably be some overlap with other professions, and also some overlap between the details of the categories. It should also not be assumed that the subcategories under each role heading are exhaustive. There will be things to add over time and in particular service contexts.

No social worker will work in or have equal capability in all the areas of practice defined. No social worker could undertake all these roles within one job. Some social workers may focus on a very small number of these areas in depth. The role categories outlined cover current social and policy imperatives where social work is skilled and capable of

contributing distinctively to mental health, and where TCSW will be particularly keen to promote and support practice development in the coming years.

### **Using the role categories**

It is suggested that existing workforce and development plans and social work roles in mental health might be reviewed and/or defined in relation to these key areas of practice to ensure social work can add most value and provide most professional expertise within the service system.

The capabilities needed to deliver these priorities at different levels of practice can be assessed and developed using the PCF. This also provides guidance on the different levels of skill needed within a workforce to assure supervisory capacity and expert advice, as well as entry points for new staff to ensure succession planning. The main elements of the five role categories are mapped against the PCF in Appendix One.

## The five role categories

### **A. Enabling citizens to access the statutory social care and social work services and advice to which they are entitled, discharging the legal duties and promoting the personalised social care ethos of the local authority.**

- i. Undertake assessments, determine eligibility and provide services under relevant social care legislation.
- ii. Facilitate fair access to social care funding.
- iii. Facilitate personalised support planning and personal budgets for eligible people.
- iv. Safeguard adults and children, providing practice expertise and systems leadership.
- v. Provide Mental Capacity Act expert practice and leadership.
- vi. Enable access to advocacy, especially where this is a right in law (e.g. Independent Mental Health and Independent Mental Capacity Advocacy).
- vii. Undertake review and planning for those in social care funded accommodation and residential care, supporting quality assurance of residential establishments.
- viii. Promote carers' rights and access to assessments and resources.
- ix. Provide access to other social services and resources, including local authorities' universal (non-means tested) offers and advice for self-funders.
- x. Ensure responsibilities across all care groups are met using social care rather than medical definitions of need.
- xi. Be involved and show professional leadership within statutory community and multiagency partnership forums (e.g. Multi Agency Public Protection Arrangements and Multi Agency Risk Assessment Conferences).

### **B. Promoting recovery and social inclusion with individuals and families.**

- i. Within assessments and interventions, identify and address social exclusion, its causes and effects on wellbeing and mental health (e.g. poor housing, poverty,

- racism, homophobia, social isolation, stigma, self-neglect, unemployment), including the compounded impact of multiple disadvantage and exclusion.
- ii. Work to support social inclusion and active citizenship in ways that promote self-determination and reduce long-term dependency on services, e.g. enabling people to set and achieve their own inclusion and recovery goals.
  - iii. Recognise and challenge mental health stigma and discrimination – within services, communities and wider society.
  - iv. Be skilled and knowledgeable about (multidisciplinary) recovery-focused practice, emphasising hope, control and opportunity<sup>9</sup> as core to the culture of the mental health system.

**C. Intervening and showing professional leadership and skill in situations characterised by high levels of social, family and interpersonal complexity, risk and ambiguity.**

(N.B. While managing complexity, risk and ambiguity are part of core social work at all levels of capability, the scenarios sketched below should be allocated to social workers with appropriate levels of capability and experience.)

- i. Lead practice with families where there are particularly complex care or health risks and often multiple needs, including working in a 'Think Family' way to support children and adults in families where there are parental mental health problems.
- ii. Lead practice in situations of violence and/or abuse – including complex safeguarding matters, domestic abuse, organised abuse, co-existing mental health and substance use problems.
- iii. Intervene in situations where social and environmental circumstances (e.g. housing, environmental services, financial matters, immigration or other legal problems) and psychosocial factors interplay and require a mature and containing holistic intervention.

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<sup>9</sup> See, e.g. SCIE (2007) Position paper 08 A Common Purpose. Recovery in Future Mental Health Services. <http://www.scie.org.uk/publications/positionpapers/pp08.asp>

- iv. Intervene in situations where a whole lifespan or intergenerational perspective is required (e.g. in situations where people are dealing with the lifelong impact of childhood trauma or abuse, or where patterns of risk between generations in families need to be understood).
- v. Provide cross-disciplinary supervision and/or management in situations of high social complexity and risk (e.g. around child or adult safeguarding).
- vi. Undertake specialist training to take on new, highly specialised, complex roles (e.g. the Responsible Clinician role, future MCA practice leadership roles, systemic and group interventions with families and social network).

**D. Working co-productively and innovatively with local communities to support community capacity, personal and family resilience, earlier intervention and active citizenship.**

- i. Develop skills and knowledge to undertake community-focused practice (e.g. working with community organisations to open up opportunities for people with mental health problems; breaking down the barriers to universal services and community assets; helping to stimulate opportunities for informal and voluntary sector support, volunteering activity and work opportunities).
- ii. Work with, e.g. primary care services, schools and other universal and community services and points of first contact, for earlier identification of mental health problems and intervention, e.g. making links across adults and children's services, supporting identification in adolescents, identifying and supporting young carers and supporting earlier intervention through primary psychosocial interventions.
- iii. Work co-productively with citizens, including service users and carers, to co-produce innovative projects, service models and approaches (e.g. that promote mental health in the community, identify unmet need or reduce stigma).
- iv. Use local authority and other local intelligence and information systems to ensure all relevant local resources can be mobilised for mental health service users and their families.

## **E. Leading the Approved Mental Health Professional workforce**

It is expected that a large proportion of social workers in mental health will continue to train as AMHPs and will work in roles where this is all or a significant part of their work. This is not a social work specific area of practice, but social work should continue to provide the lead as the curriculum for training is based on social work knowledge, values and perspectives. AMHP roles should be consistently supported by:

- i. An identified AMHP service lead or manager ensuring the availability of AMHP professional and legal advice, supervision and a development programme.
- ii. Workforce management and succession planning to ensure on-going sufficiency of AMHPs and good workload management.
- iii. Forums whereby systemic issues affecting AMHP practice can be resolved, e.g. with partners such as the police and ambulance service.
- iv. Collation and use of AMHP intelligence and data to inform best practice and improvement locally.
- v. The involvement of the local authority at a senior level in local strategic, multiagency planning for mental health services.

## **4. Organisational contexts**

As noted in the introduction, whatever professional expectations are laid out for social work in adult mental health in a particular locality, they can only be achieved with the right combination of:

- professional motivation,
- development opportunities and
- facilitative organisational context.

For over ten years, many mental health local authority-funded social workers have been located within integrated multi-professional teams managed within the NHS. In these contexts, social workers should bring a social perspective that ensures some of the most

important and powerful social aspects of experience and antecedents to mental health problems are consistently held in mind. Social workers provide a vital counterbalancing view to clinical models of illness and disorder and where this works well, it can transform the practice and culture of the NHS.

The College supports effective integrated care, but experience has shown that, even where individual social workers are well motivated and trained, social work can only flourish where there is:

- Very strong operational management of social work practice.
- High level and locally available professional leadership.
- Opportunities for social work and interdisciplinary career advancement.
- Access to continuing social work professional development.
- High-level organisational commitment to excellent social work practice.
- Clarity about the priorities and roles of social workers.

Wherever social workers are managed, this infrastructure must be available to make the most of what social workers can bring. Adherence to the Local Government Association 'Employers' Standards' for social work (and the companion guidance on the impact of social work reforms for health organisations) is a minimum for all organisations<sup>10</sup> to support their social work staff, laying out the development, supervision, leadership and accountability expectations of the reformed profession.

We have seen some partnership arrangements between trusts and local authorities recently dissolved and social work in mental health return to local authority management because these ingredients were not in place. Other arrangements have dissolved because the model of delivery had been mutually reconsidered and the concept of 'integration' has been rethought – for instance, considering whether structural and workforce integration (through secondment of staff) is necessary to provide integrated care experiences for service users and their families. For example, consideration may be given to whether real progress in 'integration' and personalisation will come when more people using services

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<sup>10</sup> [http://www.local.gov.uk/workforce/-/journal\\_content/56/10180/3511605/ARTICLE](http://www.local.gov.uk/workforce/-/journal_content/56/10180/3511605/ARTICLE)

have greater true control over how resources are organised by and for them, rather than through more structural integration.

Whatever local decisions are taken about structures, with further integration of health and social care high on the national policy and legislative agenda, it is time to learn from the positive and negative experiences of organisational integration in mental health. This involves dealing with issues such as lack of shared NHS/local authority objectives, senior leadership, and professional role confusion that has sometimes dogged integrated arrangements. Social workers should be able to use their capabilities to the full and work within clear social work roles to make their distinctive, enabling, empowering offer and help people achieve their own recovery goals – whether within the NHS or local authority teams.

It is suggested that both NHS and local authority hosts of social work in mental health use the five categories of practice and the 'Professional leadership' section of this document to review and refresh their deployment and support of social workers.

### **Social work within whole system commissioning in mental health**

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

Social work's role in delivering on NHS, Adult Social Care and Public Health outcomes frameworks needs to be understood and translated locally into (for instance) robust partnership agreements between NHS providers and local authorities. The key outcomes across the main outcomes frameworks and national strategy for mental health are given in Appendix Two.

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

## **5. Professional leadership**

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

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

More senior leadership of social work in mental health is also needed. The College

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

## **6. Conclusion and the way forward**

This paper has laid out key elements for the development of effective, focused social work practice in adult mental health and proposes job roles are organised around five themes. There is a great deal more that could be said about the changing face of mental health services and social work's role – and the challenges ahead. Nonetheless, what has been presented here provides a firm foundation for local services to review their use of social workers, to consider whether these valuable practitioners are best placed for maximum impact on user experience, and what their learning, leadership and management needs are to be able to practise at their best in the future.

Developing the workforce through the PCF will be important for all employers of social workers in coming years. This, in combination with the role categories offered here, should provide a framework for social work leaders, employers and educationalists to devise new CPD opportunities. TCSW is keen to support more effective and high quality CPD across social work.

There is a very strong foundation of high quality and high standards in mental health with the AMHP and BIA frameworks, but all the areas of practice in the five categories might benefit from a more comprehensive approach to CPD. We look to the future of the profession where specialist social work practice in mental health is developed in the round

– to promote social perspectives, human rights, recovery, and individual, family and community empowerment.

## Appendix One

### Role of social work in mental health aligned to PCF domains

*The following table sets out some examples of the links between the roles and functions outlined in this paper and the capability statements that can be found within the nine Domains of the Professional Capabilities Framework at the experienced level. The list should not therefore be seen as exclusive.*

Role of social work in MH	Relevant PCF Domain
<p><b>A. Enabling citizens to access the statutory social care and social work services and advice to which they are entitled, discharging the legal duties and promoting the personalised social care ethos of the local authority.</b></p> <p><b>1/ Wide LSSA statutory functions</b></p>	<p>1.4 Professionalism: Model and help others to demonstrate professionalism.</p> <p>2.2 Values and Ethics: Model and support others to reflect on and manage the influence and impact of own values on professional practice.</p> <p>3.1 Diversity: Inform, guide and model good practice in the application and understanding of identity and diversity to practice; identifying and taking up issues when principles of diversity are contravened in the organisation.</p> <p>4.2 Rights, justice and economic wellbeing: Demonstrate ability to interpret and use current legislation and guidance to protect and/or advance people’s rights and entitlements, balancing use of different legislation to achieve the best outcomes; support colleagues (both inside and outside the organisation) to do so.</p> <p>5.8 Knowledge: Demonstrate a critical knowledge of the range of theories and models for social work intervention with individuals, families, groups and communities, and the methods derived from them.</p> <p>6. Critical Reflection and Analysis: Model critical reflection</p>

	<p>and evidence-based decision making, and support others in developing these.</p> <p>7.4 Intervention and Skills: Be able to gather information quickly and effectively so as to inform judgment for interventions including in crises, and in response to challenge, or in the absence of complete information.</p> <p>8.6 Contexts and Organisations: Model and encourage positive working relationships in the team, promoting strategies for collaboration and a supportive team culture.</p> <p>9.1 Professional Leadership: Play a leading role in practice development in the team and help sustain a learning culture.</p>
<p><b>2/ AMHP role and responsibilities</b></p>	<p>1.6 Professionalism: Model and help others to maintain professional/personal boundaries and skilled use of self.</p> <p>2.5 Values and Ethics: Promote and advance, wherever possible, individuals' rights to autonomy and self-determination, providing support, guidance and challenge to others.</p> <p>3.2 Diversity: Model critically reflective practice and support others to recognise and challenge discrimination, identifying and referring breaches and limitations in the ability of your own or other organisations to advance equality and diversity and comply with the law.</p> <p>4.2 Rights, Justice and Economic Wellbeing: Demonstrate ability to interpret and use current legislation and guidance to protect and/or advance people's rights and entitlements, balancing use of different legislation to achieve the best outcomes; support colleagues (both inside and outside the organisation) to do so.</p>

	<p>5.2 Knowledge: Demonstrate knowledge and application of appropriate legal and policy frameworks and guidance that inform and mandate social work practice. Apply legal reasoning, using professional legal expertise and advice appropriately, recognising where scope for professional judgment exists.</p> <p>6.4 Critical Reflection and Analysis: Provide professional opinion, giving the rationale and knowledge base.</p> <p>7.3 Intervention and Skills: Sustain and model engagement with people in fluctuating circumstances and capacities, including where there is hostility and risk.</p> <p>8.7 Contexts and Organisations: Maintain and develop liaison across agencies at a more senior level.</p> <p>9.2 Professional Leadership: Provide supervision to colleagues as organisation determines. Support others to manage and prioritise work.</p>
<p><b>B.</b> Promoting recovery and social inclusion with individuals and families.</p>	<p>1.6 Professionalism: Model and help others to maintain professional/personal boundaries and skilled use of self.</p> <p>2.4 Values and Ethics: Demonstrate confident application of an understanding of the benefits and limitations of partnership work, support others to do so, and promote service user and carer participation in developing service delivery.</p> <p>3.3 Diversity: Demonstrate and model the effective and positive use of power and authority, whilst recognising and providing guidance to others as to how it may be used oppressively.</p> <p>4.4 Rights, Justice and Economic Wellbeing: Support others to enable individuals to access opportunities that may enhance their economic status (e.g. education, work, housing,</p>

	<p>health services and welfare benefits).</p> <p>5.4 Knowledge: Recognise the short- and long-term impact of psychological, socio-economic, environmental and physiological factors on people’s lives, taking into account age and development, and how this informs practice.</p> <p>6.1 Critical Reflection and Analysis: Model critical reflection and evidence-based decision making, and support others in developing these.</p> <p>7.5 Intervention and Skills: Maintain and expand a range of frameworks for assessment and intervention.</p> <p>8:2 Contexts and Organisations: Model and demonstrate the ability to work within your own organisation, and regularly work with relationships between the organisation, practice and wider changing contexts.</p> <p>9.1 Professional Leadership: Play a leading role in practice development in the team and help sustain a learning culture.</p>
<p><b>C.</b> Intervening and showing professional leadership in situations characterised by high levels of social, family and interpersonal complexity, risk and ambiguity.</p>	<p>1.9 Professionalism: Establish a network of internal and external colleagues from whom to seek advice and expertise.</p> <p>2.1 Values and Ethics: Demonstrate confident and critical application of professional ethical principles to decision making and practice, supporting others to do so using a legal and human rights framework.</p> <p>3.3 Diversity: Demonstrate and model the effective and positive use of power and authority, whilst recognising and providing guidance to others as to how it may be used oppressively.</p> <p>4.2 Rights, Justice and Economic Wellbeing: Demonstrate ability to interpret and use current legislation and guidance to protect and/or advance people’s rights and entitlements,</p>

	<p>balancing use of different legislation to achieve the best outcomes; support colleagues (both inside and outside the organisation) to do so.</p> <p>5.7 Knowledge: Understand forms of harm and their impact on people, and the implications for practice, drawing on concepts of strength, resilience, vulnerability, risk and resistance, and apply to practice.</p> <p>6.4 Critical Analysis and Reflection: Provide professional opinion, giving the rationale and knowledge base.</p> <p>7.12 Intervention and Skills: Anticipate, assess and manage risk, including in more complex cases, and support others to develop risk management skills.</p> <p>8.3 Contexts and Organisations: Anticipate, assess and manage risk, including in more complex cases, and support others to develop risk management skills.</p> <p>9.1 Professional Leadership: Play a leading role in practice development in the team and help sustain a learning culture.</p>
<p><b>D. Working</b>          co-productively and innovatively with local communities to support community capacity, personal and family resilience, earlier intervention and active citizenship.</p>	<p>1.6 Professionalism: Model and help others to maintain professional/personal boundaries and skilled use of self.</p> <p>2.5 Values and Ethics: Promote and advance, wherever possible, individuals' rights to autonomy and self-determination, providing support, guidance and challenge to others.</p> <p>3.1 Diversity: Inform, guide and model good practice in the application of understanding of identity and diversity to practice; identifying and taking up issues when principles of diversity are contravened in the organisation.</p> <p>4.1 Rights, Justice and Economic Wellbeing: Provide guidance and challenge to others about applying the</p>

	<p>principles of social justice, social inclusion and equality to decision making.</p> <p>5.6 Knowledge: Acknowledge the centrality of relationships for people and the key concepts of attachment, separation, loss, change and resilience.</p> <p>6.1 Critical Analysis and Reflection: Model critical reflection and evidence-based decision making, and support others in developing these.</p> <p>7.7 Intervention and Skills: Actively support and initiate community groups and networks, including professional ones.</p> <p>8.2 Contexts and Organisations: Model and demonstrate the ability to work within your own organisation, and regularly work with relationships between the organisation, practice and wider changing contexts.</p> <p>9:1 Contexts and Organisations: Contribute to organisational developments. Play a leading role in practice development in the team and help sustain a learning culture.</p>
	<p><i>The capability statements below are taken from the Advanced Level in recognition of the minimum level of capability needed to take on this role. As with the statements above they are examples and as such not exclusive.</i></p>
<p>E. Leading the Approved Mental Health Professional workforce.</p>	<p>1.8 Professionalism: Develop and maintain a network of internal and external colleagues, with whom to seek and share advice, expertise and new developments in social work.</p> <p>2.3 Values and Ethics: Demonstrate confident management and arbitration of ethical dilemmas, providing guidance and opportunities for professional development.</p> <p>3.3 Diversity: Model and contribute to the development of best practice in use of power and authority within your sphere of</p>

	<p>influence. Provide challenge in situations where power is used inappropriately.</p> <p>4.2 Rights, Justice and Economic Wellbeing: Ensure that practice is compliant with the law through the provision of or access to expert professional social work advice. Challenge situations where the interpretation of the law seems neither fair nor proportionate.</p> <p>5.1 Knowledge: Maintain a strong socio-cultural knowledge base, (including in relation to law, human development, social, psychological and spiritual issues) and apply confidently in practice.</p> <p>6.1 Critical Analysis and Reflection: Provide critical reflection, challenge and evidence-informed decision making in complex situations. Support others in developing these capabilities, and finding their own solutions.</p> <p>7.3 Intervention and Skills: Model effective engagement with a wide range of people in challenging situations, and support others to develop and maintain effective engagement, including in situations of hostility and risk. Promote a culture which supports empathetic compassionate relationships with other professionals, people who use services, and those who care for them.</p> <p>8.7 Contexts and Organisations: Develop and contribute to liaison across agencies at a local and regional level; maintain a collaborative working approach, resolving dilemmas actively where necessary.</p> <p>9.1 Professional Leadership: Promote and develop professional leadership within your area of responsibility.</p>
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## Appendix Two

### High-level outcomes from key framework documents

Below are cross-referenced elements from current/recent high-level outcome frameworks across health and social care, which may help to inform commissioning decisions about where social workers can particularly support the objectives of local integrated commissioning plans.

It is also important for social workers to understand the ambitions of high level policy for the whole mental health sector in which they work and to consider their contribution. The overall aims of mental health improvement across all sectors are heavily influenced by social and inclusion perspectives that match the vision of social work reflected in this document.

#### **NHS Outcomes Framework 2013/14 (NHSOF)**

- Reducing premature death in people with serious mental illness
- Improving experience of healthcare for people with mental illness
- Improving outcomes from psychological therapies
- Enhancing quality of life for people with mental illness
- Enhancing quality of life for people with dementia

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

- People manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs.
- People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation – including mental health service users in employment and living independently (PHOF 1.8, NHSOF 2.5).

- People who use social care and their carers are satisfied with their experience of care and support services.
- Earlier diagnosis, intervention and re-ablement means that people and their carers are less dependent on intensive services.
- Effectiveness of re-ablement services.
- Delayed transfers of care from hospital, and those which are attributable to adult social care.
- Proportion of people who use services and their carers, who reported that they had as much social contact as they would like (PHOF 1.18).
- Carers feel that they are respected as equal partners throughout the care process.
- People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.
- People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual.
- Dementia – a measure of the effectiveness of post-diagnosis care sustaining independence and improving quality of life (NHSOF 2.6ii).

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

- Adults with a learning disability/in contact with secondary mental health services who live in stable and appropriate accommodation (ASCOF 1G and 1H).
- People in prison who have a mental illness or a significant mental illness (placeholder).
- Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services (NHSOF, ASCOF).

- Self-harm (placeholder).
- Successful completion of drug treatment.
- People entering prison with substance dependence issues who are previously not known to community treatment.
- Excess under 75 mortality rate in adults with serious mental illness (NHSOF 1.5).
- Suicide rate.
- Estimated diagnosis rate for people with dementia (NHSOF 2.6i).

### **'No Health without Mental Health' 2011 National Mental Health Strategy**

- More people will have good mental health.
- More people with mental health problems will recover.
- More people with mental health problems will have good physical health.
- More people will have a positive experience of care and support.
- Fewer people will suffer avoidable harm.
- Fewer people will experience stigma and discrimination.

### **Closing the Gap: Priorities for essential change in mental health**

#### **Increasing access to mental health services**

1. High quality mental health services with an emphasis on recovery should be commissioned in all areas, reflecting local need.
2. We will lead an information revolution around mental health and wellbeing.
3. We will, for the first time, establish clear waiting time limits for mental health services.
4. We will tackle inequalities around access to mental health services.
5. Over 900,000 people will benefit from psychological therapies every year.
6. There will be improved access to psychological therapies for children and young people across the whole of England.

7. The most effective services will get the most funding.
8. Adults will be given the right to make choices about the mental health care they receive.
9. We will radically reduce the use of all restrictive practices and take action to end the use of high-risk restraint, including face down restraint and holding people on the floor.
10. We will use the Friends and Family Test to allow all patients to comment on their experience of mental health services – including children’s mental health services.
11. Poor quality services will be identified sooner and action taken to improve care and where necessary protect patients.
12. Carers will be better supported and more closely involved in decisions about mental health service provision.

### **Integrating physical and mental healthcare**

13. Mental healthcare and physical healthcare will be better integrated at every level.
14. We will change the way frontline health services respond to self-harm.
15. No-one experiencing a mental health crisis should ever be turned away from services.

### **Starting early to promote mental wellbeing and prevent mental health problems**

16. We will offer better support to new mothers to minimise the risks and impacts of postnatal depression.
17. Schools will be supported to identify mental health problems sooner.
18. We will end the cliff edge of lost support as children and young people with mental health needs reach the age of 18.

### **Improving the quality of life of people with mental health problems**

19. People with mental health problems will live healthier lives and longer lives.
20. More people with mental health problems will live in homes that support recovery.
21. We will introduce a national liaison and diversion service so that the mental health needs of offenders will be identified sooner and appropriate support provided.
22. Anyone with a mental health problem who is a victim of crime will be offered enhanced support.
23. We will support employers to help more people with mental health problems to remain in or move into work.
24. We will develop new approaches to help people with mental health problems who are unemployed to move into work and seek to support them during periods when they are unable to work.
25. We will stamp out discrimination around mental health.