

Capabilities Statement for Social Workers Working with Adults with Learning Disability



Department
of Health &
Social Care

BASW
England

The professional association for
social work and social workers

Introduction

This *Capabilities Statement for Social Workers Working with Adults with Learning Disability (the Capabilities Statement)* has been commissioned by the Department of Health and Social Care (DHSC) for England and developed by the British Association of Social Workers (BASW) with input from Research in Practice for Adults (RiPfa). It is landmark guidance filling a longstanding gap in this vital field of social work.

There are over 1.5 million people with a learning disability in the UK and the number is growing. Social workers support people with lived experience of learning disabilities in all fields of practice – in children and families and adults social care services, in hospital and community contexts as well as in specialist learning disability services. Generic social work capabilities are the essential foundation to good practice and good experience for citizens. Deeper knowledge and more specialised approaches are also needed, particularly in tackling the inequalities and poor services that people with learning disabilities often experience.

Social work values, ethics and skills are key to ensuring personalised care and support, human rights-based practice and robust advocacy are available for people with lived experience of learning disabilities. Inadequate and sometimes abusive institutional services are still being experienced by people with learning disability. Confident and effective social work is essential within multidisciplinary services and commissioning to accelerate improvements in the quality of care and support. Social workers need the capabilities to ensure community-based support is planned and provided, maximising people's potential for independence and self-determination, living the lives they want. This *Capabilities Statement* supports this vital social work contribution.

This *Capabilities Statement* is accompanied by a Continuing Professional Development (CPD) pathway and supporting resources (on the BASW and DHSC websites). These provide a practical framework to promote improvement of practice and positive impact of social work in this field.

Methodology

The *Capabilities Statement* was developed between October 2018 and March 2019 through literature review, consultation and involvement of stakeholders. The work was overseen by a Stakeholder Reference Group which included people with lived experience, their family, friends and carers, social workers, managers and academics. Principles of co-production, meaningful involvement and giving equal value to most marginalised voices were central throughout.

Consultation with a wide variety of stakeholders was undertaken through:

- An online survey
- Consultation and involvement discussions with people with lived experience via existing services and service-user led groups and organisations
- Deep-dive discussions/interviews with key stakeholders

The *Capabilities Statement* is also informed by the evidence base from research and practice. A literature review that informed this work can be downloaded on the BASW website). Key references are included in this document.

Who is this practice guidance for?

The *Capabilities Statement* provides guidance for professionals, managers and other stakeholders involved in delivering social work and social care with people with lived experience of learning disability. It outlines expected practice standards for social work. It will also be useful for people with lived experience of learning disability and their families to know what to expect from social workers.

The *Capabilities Statement* is particularly aimed at supporting:

- Social workers – to explore and understand capabilities associated with good practice in generic and specialist services; to promote the human rights, ethics and values driven purpose and practice of social work in this field and to frame social work CPD priorities to improve the practice and impact of social work
- Higher Education Institutions, researchers and providers of social work training – to develop and deliver curriculum content; plan the involvement of people with lived experience in teaching and research; develop assessment criteria and identify practice learning requirements in the qualified and qualifying workforce
- Local authorities – to develop services, effective commissioning and review capabilities and to provide learning and development for all social workers. Where services are being reconfigured (e.g. from specialist to generic or vice versa this *Capabilities Statement* can shape the training that social workers require
- Managers and leaders – to inform supervision and evaluation of practice through reflecting on components of the *Capabilities Statement*, to support recruitment and retention of staff and to inspire effective practice, organisational and systems leadership for excellence
- Practice Educators and University Staff – for teaching and assessing students' capability and suitability in practice with people with lived experience of learning disability.

Although aimed primarily at practice with adults, this guidance is also applicable to children's services in a number of ways including:

- People with lived experience of learning disability may be parents and may encounter social workers in their own right, or their children may have social workers
- Young people with learning disability often require support in the transition to adulthood and there will be an overlap between children and adult services at this point
- The new Liberty Protection Safeguards, part of the Mental Capacity Act 2005, apply to people aged 16 and above, requiring social workers in children and families to have more capability in this area of law and practice.

Links with the Professional Capabilities Framework and Knowledge and Skills Statements

The *Capabilities Statement* is framed by the Professional Capabilities Framework (PCF) – www.basw.co.uk/pcf. It also supports social workers to meet the expectations of the Knowledge and Skills Statement for Social Workers in Adult Services.

'Together, the PCF and KSS provide the foundation for social work education and practice in England at qualifying and post-qualifying levels and are used to inform recruitment, workforce development, performance appraisal and career progression.

The PCF guides the development of social workers' capabilities and confidence in managing risk, ambiguity and complexity at nine levels of practice across all specialisms.... The KSS set out what a social worker should know, and be able to do, in specific practice settings, in specific roles and at different levels of seniority'.

– From Joint statement on the relationship between the Professional Capabilities Framework (PCF) for Social Work and the Knowledge and Skills Statements for Children and Families and for Adults – April 2018

Read the full statement at

www.basw.co.uk/sites/default/files/basw-pcf-and-kss-joint-statement.pdf

Originating from the work of the Social Work Reform Board, the PCF outlines the generic capabilities that underpin *all* social work practice in England.

There are **nine domains** of capabilities in the PCF grouped under three overarching 'super domains' - *Purpose, Practice, Impact*. As shown in the diagram below, the Domains of the PCF are: 1. Professionalism 2. Values and Ethics 3. Diversity and Equality 4. Rights, Justice, and Economic Wellbeing 5. Knowledge 6. Critical Reflection and Analysis 7. Skills and Interventions 8. Contexts and Organisations 9. Professional Leadership.



All generic PCF domains are important for social work with people with lived experience of learning disabilities. However, the *Capabilities Statement* defines specific capabilities that enhance and deepen social work practice with adults with this lived experience.

Levels of practice and CPD

The PCF supports CPD by identifying and promoting different levels of capability from prequalifying to Advanced and Strategic levels. The PCF describes how social workers advance their practice through working with more complexity, ambiguity and autonomy. Further description of the capabilities for social work with adults who have learning disability at all levels of the PCF are contained in the accompanying online CPD resources on the BASW website.

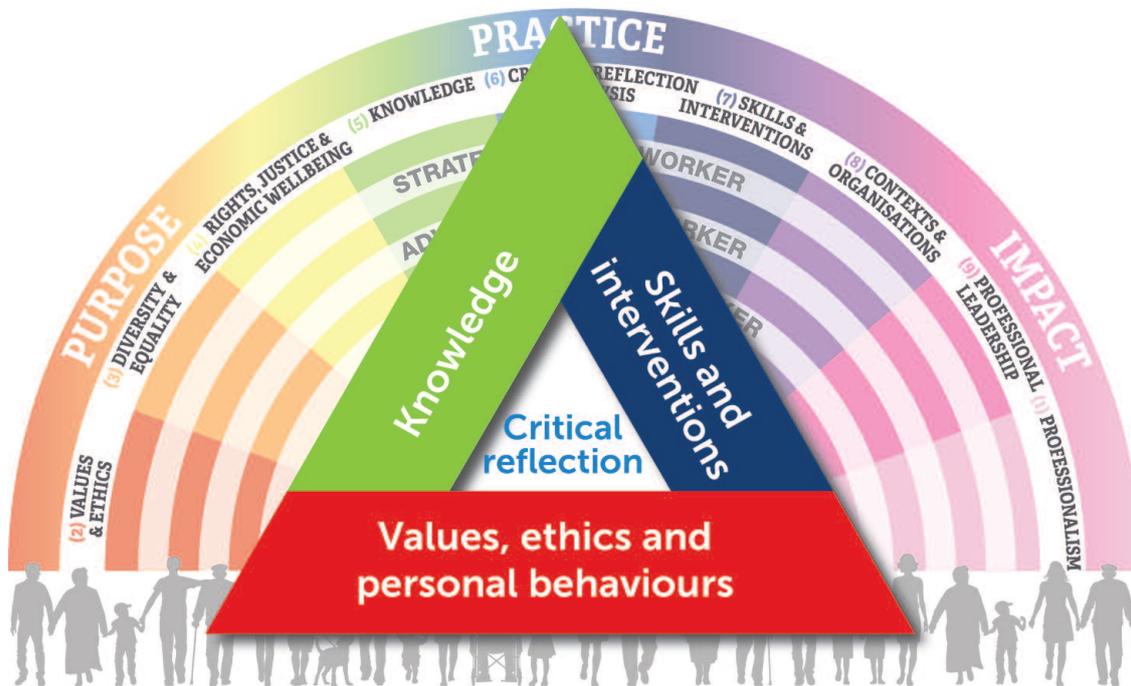
Structure of the Capabilities Statement

The *Capabilities Statement* is structured around the PCF 'super domains' **Purpose, Practice, and Impact**¹. These inter-relate, but each focus on three discrete areas of professional development.

- The **Purpose** section of the *Capabilities Statement* describes the values, ethics and approach to rights and equalities that social workers need to demonstrate to make a positive impact for people with lived experience who often experience (or are at risk of) social exclusion and discrimination
- The **Practice** section describes the knowledge, skills and critical reflection capabilities specific to social work practice with people with lived experience of learning disability
- The **Impact** section shows the professionalism, organisational, leadership, and self-management skills that are needed in this area of practice.

¹ <https://www.basw.co.uk/system/files/resources/PCF%20Final%20Documents%20Overview%2011%20June%202018.pdf>

What was most important to people with lived experience?



The diagram above illustrates the elements of social work capability that were emphasised throughout the co-production and development of the *Capabilities Statement* with people with lived experience, their families and professional stakeholders, particularly within the Steering Group.

The three sides of the triangle and its centre (critical reflection) are inter-dependent. Each dimension needs to be achieved simultaneously in practice to make the most positive difference for adults who have a learning disability.

The *Capabilities Statement* Stakeholder Reference Group emphasised the importance of Positive *Values, Ethics and Personal Behaviours*, placing this at the bottom of the triangle as the foundation of good social work. This means social workers building and sustaining positive relationships, taking time to:

- **get to know people with lived experience as individuals**
- **listen and know how to communicate effectively**
- **support their family and friends**
- **help them lead the lives they choose**
- **show respect and treat them as equal citizens**

Critical reflection is at the centre of the triangle. It enables social workers to use their Knowledge, Skills and Interventions (and all other elements of the *Capabilities Statement*) effectively. It helps social workers to plan and decide what capabilities to draw upon in each practice situation; it assists them to learn and gain further knowledge from their practice experiences; and it supports consideration and weighing up of ethical decisions and dilemmas which are often central to social work with adults with learning disability.

The Capabilities

PURPOSE

The Purpose section of the PCF relates to 'Why we do what we do as social workers, our values and ethics, and how we approach our work.' It includes the domains: 2 – Values and Ethics; 3 – Diversity and Equality; 4 – Rights, Justice and Economic Wellbeing.



KEY MESSAGE

Good social work practice occurs when social workers skilfully combine personal values, behaviour, knowledge and skills to help people achieve the outcomes that mean the most to them.

People with lived experience said that they do not want 'professional relationship' to be defined narrowly. Social workers need the ability to work with a professionalism that includes warmth, empathy, care and authenticity, skilfully and ethically bringing themselves into the relationship.

Recognising strengths and empowering people

Effective social work starts from recognising the abilities of people with lived experience, drawing on strengths-based perspectives. Social workers should empower and support people to pursue their life choices, including everyday decisions – what to eat, wear, where to go – as well as potentially life changing judgements about accommodation, relationships, care, education, and health.

They should support people to maximise control over their own lives and over the services and care they receive through the principles of coproduction and collaboration. This should be upheld even in situations where a person's self-determination and control over their own care at first appears, or has been judged by others to be, very limited. Social workers are key rights advocates in these situations.

Social workers should:

- Be committed to involving people with lived experience – and their carers, families and friends where appropriate – in every issue related to their care, through co-production and collaboration.
- Support people to identify, build and use their own strengths and abilities.
- Put their values and ethics into practice through effective advocacy to ensure blocks to people using their strengths and self-determination are removed.

PCF domain:

2 Values and Ethics

Promoting rights-based practice

Historically, many people with lived experience have been subjected to social exclusion and human rights abuses including in institutions, care services and the community and this risk continues to date (Joint Committee on Human Rights, 2008).

Social workers need to understand the entrenched nature of discrimination against people with lived experience and the many barriers they may face in achieving access to their rights. Social workers should uphold and promote access to the same human rights for adults with lived experience of learning disability as for any other citizens, embedding their values and ethics into rights-based practice that makes a difference to people's lives. This includes showing and developing commitment to promoting the right to family life, respect for their sexuality and sexual lives, right to choose their friendships, the right to make 'unwise decisions' when they have the mental capacity to do so, and the right to choose their own lifestyles.

Social workers should also seek legal redress for people when necessary and understand the range of relevant entitlements and legislation. Social workers must develop their advocacy skills to improve people's access to rights, entitlements and services. This may extend to supporting access to housing, welfare rights, healthcare, and employment support.

Social workers should:

- Develop an understanding of human rights legislation and welfare rights as they apply to people with lived experience of learning disability.
- Understand the particular kinds of discrimination and abuse that people with lived experience face and the impact of this.
- Develop ability to challenge all forms of discrimination and human rights abuses against people with lived experience.

PCF domain:

4 Rights, Justice and Economic Wellbeing

Respect and upholding dignity

Social workers should respect and enhance peoples' right to self-determination and dignity. People with lived experience involved in developing this *Capabilities Statement* said '*they [social workers] should listen to [your] needs, what you want and need, and notice' and '[they should] not be bossy'*.

Social workers should use the framework and protection of the Mental Capacity Act (2005) when a person lacks decision-specific capacity. Social workers should ascertain and follow an individual's previously expressed wishes, feelings, and choices where they do not have capacity to make current decisions. Social workers should seek consent and in situations where consent cannot be granted – for example in some safeguarding situations – they need to explain why and fully involve the person in as much of the processes and decision making as possible. To do this effectively, social workers need to know the person holistically.

Social workers have a particular role in ensuring services are commissioned, provided and reviewed to uphold dignity and rights. They are vital in leading on the oversight of service quality within multiagency service systems, shaping and challenging commissioning and care planning decisions as necessary.

Social workers should:

- Actively listen and learn about people's experiences, recognise people with lived experience are experts in their own lives, respond to their wishes, ensuring these inform social work decisions.
- Be empathetic and non-judgmental, using appropriate verbal and non-verbal communication skills summarising information.
- Challenge colleagues where necessary and be open to having their decisions and practice challenged by people with lived experience, their carers and families, changing their decisions where appropriate.

PCF domains:

- 2 Values and Ethics**
- 3 Equality and Diversity**
- 4 Rights, Justice and Economic Wellbeing**

PRACTICE

The Practice section of the PCF is about 'What we do – the specific skills, knowledge, interventions and critical analytic abilities we develop to act and do social work'. It includes the domains: 5 – Knowledge; 6 – Critical Reflection and Analysis; 7 – Skills and Interventions. Drawing on these, this section of the *Capabilities Statement* explains the theoretical, empirical, and practice knowledge and the skills required to intervene positively in the lives of people with lived experience.

This part of the *Capabilities Statement* particularly relates to the Knowledge and Skills Statement for Social Workers in Adult Services.²



KEY MESSAGE

SKILLS AND INTERVENTIONS: '(It's about) relationship based social work practice. Social work with people with a learning disability differs from generic adult social work... With people with learning disabilities the social worker gets much more involved in the person's life, dealing with the small stuff, as well as the main issues/concerns/ area of need... mental capacity is considered on a day by day (minute by minute) basis... the social worker is the co-ordinator, working in partnership with all other professionals, families, providers and most importantly the person themselves.'
Social work comment during consultation

Relationship-based practice

Social workers need to be able to develop, nurture, and manage their relationships with people who use services and their networks, including friends, families, and other professionals. Relationship-based practice requires skills in *building, maintaining and repairing, and ending relationships*.

Relationship-based practice with people with lived experience of learning disability

People with lived experience involved in co-producing the *Capabilities Statement* identified three aspects of relationship-based practice.

Building relationships: Being personable, listening, respecting wishes and feelings, and using value-based communication skills. This also includes being able to explain the role of the social worker within the multi-professional context and an ability to develop a personal relationship while keeping professional identity.

Maintaining and repairing relationships: Demonstrating empathy and understanding; showing willingness to listen to personal issues, allocating time for regular home visits and managing expectations. Social workers also need skills in fixing relationships with people with lived experience because they may fracture from differences of views. Alternatively, the end of professional relationships may trigger feelings of loss and disappointment which should be managed appropriately.

² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/411957/KSS.pdf

Appropriate ending of relationships: People with lived experience have frequent changes of social workers. People with lived experience involved in developing this *Capabilities Statement* suggested the following endings as appropriate: writing letters, home visits to inform and explain the end of the relationship, giving them copies of their care plan and explaining the work that will be carried out by the new social worker.

Social workers should:

- Be skilful in building shared understanding and trust in working relationships, using face to face communications where possible, appropriate written communication styles, eliminating jargon using language that is familiar.
- Display professionalism and use supervision and other sources of support to critically reflect on behaviour conducive to maintaining good relationships.
- Seek regular feedback from people with lived experience and their carers, colleagues, and managers about their approach and practice and act upon it.

PCF domain:

7 Skills and Interventions

Pursuing partnership and co-production

Good social work practice is dependent upon the building of an open and transparent relationship based on a foundation of trust and mutual respect. Social workers need to be able to utilise their relationship building and communication skills to build effective partnerships.

The Care Act 2014 statutory guidance defines co-production and identifies the role in implementing the legislation. Co-production is about developing equal partnerships with adults who have learning disabilities and social workers to ensure they're involved in all decisions about their care or support and all aspects of service provision and support. It also means understanding that adults with lived experience have the knowledge and experience to improve services for themselves and others. Coproduction is a move from 'doing to' and 'doing for' to 'doing with in an equal and reciprocal partnership' (TLAP, 2019). Co-production is the sharing of power equally between adults with lived experience and social workers and recognising that the person 'using' a service is also a direct and empowered contributor to their own solutions.

Social workers should:

- Understand co-production, the underlying principles and how to apply in practice.
- Ensure that people with lived experience are included in all aspects of social work intervention, service planning and delivery.
- Engage in critical reflection to explore the application of values of co-production in social work practice and apply learning to improve interventions.

PCF domains:

- 5 Knowledge**
- 6 Critical Reflection and Analysis**
- 7 Skills and Interventions**
- 2 Values and Ethics**

Assessment, support and care planning

People with lived experience require support to realise their choices and protect their human rights. This means assessments and care planning approaches that work in partnership with the person, rooted in appreciating they are experts in their own lives.

High quality care planning and appropriate support is essential to ensure people can secure and stay in a place they consider home and live the lives they want. Social work should focus on people's strengths and preventing negative risks escalating.

Reducing the risk of restrictive options being considered by health and care professionals in multidisciplinary systems of care is crucial. Social workers are key advocates and will often be decisions makers (e.g. in commissioning) and should use their professional authority to prevent or end use of institutional and/or restrictive approaches wherever possible.

Social workers should embrace approaches to assessment and care planning that avoid a one-way process of 'question and answer'. Conversational two-way communications and personalised enquiry enable plans to be created together with the person and relevant family, supporters and advocates. This requires good interpersonal and relationship-building skills, empathy and curiosity integrated with knowledge, reflection and an understanding of relevant theory, law and evidence.

Conversations and assessments should be informed by strengths-based approaches focusing on people's abilities, their capacities to resolve issues in their lives, take decisions and express their wishes. Assessments should identify strengths that may lie in their social and support networks, focused on independent living and self-determination.

Social workers should work in partnership with an adult with lived experience to seek to find out:

- **who they are as a person**
- **what they can do**
- **what they want and need**
- **what makes them happy/content**
- **how they can maintain and enhance control over their care and support choices**

Working with people with lived experience of learning disability often requires use of adapted communications techniques to optimise creative conversations/communications and partnership working.

The integration of these approaches provide the foundation for confident, ethical professional judgements and a co-produced approach to assessment and care planning in which the person's expertise in their own lives comes to the fore in decisions and planning.

Professionals should share their knowledge freely with the people they support, and ensure information is provided in a timely way, in accessible formats.

Care planning needs to take account of the complex issues that affect quality of life and recognise the holistic support needed to overcome barriers and challenges of discrimination including access to health care. These include access to suitable accommodation; employment and recreational opportunities; support and inclusion of families and friends; intimate and sexual relationships; cultural and religious beliefs and activities; parenting and caring roles.

Social workers should:

- Develop their skills in strengths- and relationship-based assessment and care planning, rooted in partnership and creative conversations.
- Provide people with lived experience and their advocates and supporters (as appropriate) with accessible information including copies of assessments and care plans in appropriate formats.
- Ensure that rights-based care plans enable people with lived experience to live well and safely in the community, accessing ordinary life opportunities and determining how they live.

PCF domain:

7 Skills and Interventions

Communication skills

Communication with people with lived experience should be underpinned by professional values and ethics, because 'social workers hold a lot of organisational power... [and] power is closely bound up with language' (Boahen and Wiles, 2018). Thus, social workers' communication skills and methods should reflect the profession's values and ethics.

Social workers need to understand the different ways that people with lived experience communicate – for instance sign language, Makaton, Picture Exchange Communication System, and Talking Mats. Depending on their role, social workers may need to develop these skills themselves, but should have the generic capability to understand when a different form of communication may be needed, the types of communication and language aids and approaches available, and how to work effectively with interpreters and advocates skilled in those communication forms.

Social workers should reduce the use of jargon in all their communications.

From 'assessment' to 'conversation' and reducing jargon

"Recycle your jargon into easy read so everyone with a learning disability can understand what is being said about them" (Jill the Jargon Buster) Adult with Learning Disability

Language is important in social work. Simplifying and clarifying language and reducing jargon was a very important theme for the Stakeholder Reference Group. This needs to be taken seriously in social work practice. Some organisations have changed the words they use to describe work with citizens, removing unnecessary jargon. This applies to written, online and spoken communication.

Social workers should:

- Understand the unique communication preferences and methods of individuals with lived experience.
- Ensure that they provide accessible formats of information and documents such as assessments and care plans.
- Underpin their communication with positive social work values and ethics.

PCF domain:

7 Skills and Interventions

Understanding social, psychological and medical models of learning disability

Social workers need to understand the social, psychological and medical models of learning disability, how these shape services and the relative power they may have in determining support and service choices.

The **medical model** of learning disability includes the use of IQ and emphasis on diagnosis of a physical or developmental condition(s) (e.g. cognitive and neurological impairments). The focus is on treatment interventions and what can or cannot be changed through medications or other physical interventions.

Recognition of physical causes of learning disabilities, and of the physical health needs of people with lived experience, are important to ensure access to appropriate healthcare. Social workers should understand medical perspectives well enough to evaluate the value and limits and risks of a medical model.

However, the dominance of medical approaches to learning disability is often reported by people with lived experience, their families and advocates as leading to stigmatising and excluding attitudes and approaches, low expectations of achievement and self-determination, and persistent or increasing dependency on services and professionals.

People with lived experience who co-produced this *Capabilities Statement* particularly emphasised the importance of social workers acting to challenge overt and unhelpful/limiting medical approaches to learning disability.

Psychological approaches focus on the emotional and cognitive needs and abilities of people with lived experience, and how these relate to behaviours and mood. Skilled identification, assessment and support for psychological needs can be a vital part of a personalised relationship-based approach. This can be integrated into a psycho-social approach that recognises common human psychological needs of people with lived experience – such as needs for healthy attachment, emotional expression, security, affirmation and positive relationships with others.

Social workers should understand the importance of understanding people's psychological realities, strengths and needs, their communication requirements to express their emotions and thoughts, and their right to equal access to psychological support and services.

The **social model of disability** emphasises that people's experience of the world and their opportunities to live well, flourish and have control over their lives, are primarily determined by societal barriers such as:

- oppression and stigma
- lower incomes

- poorer housing
- poorer access to 'social capital' such as informal support and safe, welcoming communities
- risk of abuse and exploitation
- inappropriate or inadequate services that do not understand needs and strengths of the person
- lack of access to advocacy and upholding rights and entitlements

Social workers' roles include fully understanding and applying the social model of disability (Stevens, 2008), promoting inclusion and person-centred practice while understanding the influence – the value and risks – of other models of learning disability. This includes enabling people to self-define their needs and strengths and express themselves in their own language and forms of communications.

<p>Social workers should:</p> <ul style="list-style-type: none"> ● Understand and know how to apply social and rights-based models and approaches in day to day practice to advocate for social justice, inclusion, rights and resources. ● Understand how different models and perspectives on learning disabilities shape and influence assessments, interventions and care planning. ● Understand why self-definition is important to people with lived experience and appreciate the terminology used by individuals, families and organisations. 	<p>PCF domains:</p> <ul style="list-style-type: none"> 5 Knowledge 6 Critical Reflection and Analysis 7 Skills and Interventions
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Mental capacity best practice

In a survey of social workers during the development of this *Capabilities Statement* knowledge of mental capacity was a top priority. This is a complex interdisciplinary³ area of practice touching on profound questions about individual autonomy, the law (the rights of people to make decisions for themselves and safeguarding duties towards those who are considered not to have decision specific mental capacity as enshrined in the Mental Capacity Act, 2005 and medicine (which addresses the 'mental disorders' that impair cognitive capacity (Owen et al, 2009)). There are also profound ethical issues about whether, when and how professionals should intervene in the lives of those who are viewed as unable to decide about their own care and treatment (Law Commission, 2017). As more people live in the community with complex needs, mental capacity is increasingly an important area of practice.

To practice ethically and legally, social workers need technical skills – for instance the use of tools and aids to elicit responses while assessing cognitive capacity. They also require decision-making skills such as determining the most appropriate time and place to conduct capacity assessments; observation skills to interpret body language and cues, and judgement skills to determine whether, on the balance of probability, the person with lived experience has decision making capacity. To be effective, social workers need information skills to research relevant law and the underpinning ethical principles. Social workers also require court skills, including, report writing, case management, and presentation. Overall, the work should be underpinned by a strong value-base and adherence to The Code of Ethics for Social Work⁴.

³ <https://autonomy.essex.ac.uk>

⁴ <https://www.basw.co.uk/system/files/resources/Code%20of%20Ethics%20Aug18.pdf>

Social workers should:

- Know about the historical, theoretical, and ethical contexts of mental capacity practice, supported decision-making, and human rights.
- Understand the key principles of the Mental Capacity Act 2005 and the Liberty Protection Safeguards and their interface with the Care Act 2014 and Mental Health Act 1983.
- Engage in regular reflection on the complex ethics of social work practice concerning mental capacity.

PCF domains:

- 6 Critical Reflection and Analysis
- 7 Skills and Interventions

Understanding and intervening in health inequalities

People with lived experience overall have much worse physical and mental health and poorer wellbeing than the rest of the population (Rickard and Donkin, 2018). These health inequalities include increased and early mortality, intentional and institutional barriers to good healthcare, medical interventions without consent, and reduced access to palliative care. For instance, people with lived experience of learning disability have increased risk of co-morbidity and mortality – 13 to 20 years earlier for men and 20 to 26 years earlier for women (Hatton et al, 2016).

Health inequalities also have adverse consequences for peoples' mental health (Karban, 2016) and consequently, 40% (28% if behaviour that challenges is excluded) of people with lived experience of learning disability have mental illness (National Institute for Care Excellence, 2016). Therefore, social workers need to understand the social determinants of health and wellbeing and develop skills to advocate for people with lived experience.

Understanding how people with lived experience communicate and express their health needs is crucial to ensuring their health needs can be better met, earlier and more effectively.

Social workers should:

- Understand the factors causing poor health outcomes for people with lived experience of learning disabilities and use anti-oppressive practice and advocacy to enable access to appropriate services.
- Promote the rights of people to make decisions and choices in health and social care enshrined in the Mental Capacity Act 2005 and the Care Act 2014.
- Understand and promote assisted and tailored communications and technologies to improve access, uptake and appropriate use of healthcare by people with lived experience.

PCF domains:

- 5 Knowledge
- 6 Critical Reflection and Analysis
- 7 Skills and Interventions

Knowledge and skills in safeguarding

People with lived experience are more at risk than the rest of the population of some forms of abuse, often because of social isolation and exclusion, the predatory and exploitative behaviours of others and the ineffectiveness of services in listening and acting early on what people say of their experiences.

Social workers need to know about the increased prevalence of some safeguarding issues with people with lived experience and the particular forms these can take – for instance sexual exploitation and abuse, grooming, being drawn into ‘gangs’ and extremism, financial and domestic abuse, and neglect. There is increasing attention on the risks of ‘forced marriage’ for some people with learning disabilities (Clawson and Vallance, 2010). Social isolation, poverty, unsuitable housing, and poor health for people with learning disability increase susceptibility to harm.

People may be at risk of ‘hate crimes’, in community or institutional settings, on the basis of their learning disability. This may be compounded by other forms of discrimination or abuse such as racism, homophobia or sex-based crimes. People with lived experience may have multiple personal identities leading to multiple and compounding discriminations.

The way that services, institutions and regimes of ‘care’ operate can also pose safeguarding risks for people. For instance, where services have difficulties responding to the needs and expressive behaviours of people with lived experience, this may increase the use of restrictions and restraining techniques which can cause harm and become patterns of abusive, institutional behaviour, often behind closed doors. This persists despite high profile examples of failures of care and abuse.

From institutions to community living: the role of the social worker

Social workers were key within the multidisciplinary efforts of deinstitutionalisation and asylum closures in the 1960s-1990s. The role of social workers in enabling people with disabilities to lead empowered, self-determined lives in communities is as important now as it was then.

In 2011, an undercover journalist secretly filmed physical and emotional abuse of adults with learning disabilities and autism at Winterbourne View private hospital in Bristol run by Castlebeck. The footage captured some of the hospital’s most vulnerable patients being repeatedly pinned down, slapped, dragged into showers while fully clothed, taunted and teased by staff.

In 2019, another Panorama journalist secretly filmed a disturbingly similar pattern of abuse at Whorlton Hall in County Durham.

A separate 2019 CQC Review of seclusion found 62 adults and children, some as young as 11, were being held in isolation, sometimes for years.

These examples, in addition to showing failures in the regimes and staffing within particular hospital facilities, also show failures in health and social care commissioning and review. People should not be in long stay, inadequate, at worst abusive institutions. Alternatives to institutional care should be available and any use of institutional/hospital placements should be subject to vigorous and skilled review to curtail such use, including social work review.

Restrictions on ordinary life choices (such as bedtimes in residential care or non-provision of chosen food) within families or formal care arrangements can be harmful and may become a safeguarding and/or care quality concern. Social workers should be alert to the prevalence of multiple micro-restrictions and 'small' breaches of rights to self-determination and work in part partnership with the person with lived experience to tackle these.

Making Safeguarding Personal

Making Safeguarding Personal ensures an organisation's approach to safeguarding:

- is person-led
- is outcome-focused
- engages the person and enhances involvement, choice and control
- improves quality of life, wellbeing and safety

Making Safeguarding Personal must not simply be seen in the context of a formal safeguarding enquiry (Care Act, 2014, Section 42 enquiry 2), but also in the whole spectrum of activity, embedded in preventive care and support as well as framing interventions when things go wrong.

Enabling people with lived experience of learning disability to maximise their abilities to safeguard their own wellbeing – by recognising risks and their right to be safe, raising issues with trusted supporters and advocates as soon as they have a concern, and knowing where to go for help – is also key to a personalised approach to safeguarding.

Social workers should:

- Understand and apply legal safeguarding duties under the Care Act 2014 and the Mental Capacity Act 2005.
- Be able to assess, review and intervene in the safety and suitability of care and accommodation arrangements for people with lived experience of learning disability, including multiagency and multi-professional contexts.
- Use critical reflection and analysis to determine and ensure safeguarding plans can be made to enhance the liberty of people with lived experience, promote proportionate and least restrictive practices and involve them in the spirit of '*Making Safeguarding Personal*'.

PCF domains:

- 5 Knowledge**
- 6 Critical Reflection and Analysis**
- 7 Skills and Interventions**

Knowledge and application of law

Social workers need to understand the main statutory legal frameworks including case law and precedents relevant to learning disability services and the rights of individuals and families.

Social workers need knowledge and skills in supporting people with lived experience and their families to navigate legal systems to ensure access to services and rights. Current key relevant laws (and their Codes of Practice) in England include:

- The Care Act 2014
- Mental Health Act 1983 (as amended 2007)
- Human Rights Act 1998
- Equality Act 2010
- Children Act 1989
- Children and Families Act 2014
- Children and Social Work Act 2017
- Child with special education needs and disabilities (SEND) guidance
- Mental Capacity Act 2005, including Liberty Protection Safeguards

Social workers should:

- Have in-depth understanding of the Care Act 2014 as the main legislation in adult social care, and how it interfaces (in particular) with the Mental Capacity Act 2005, the Mental Health Act 1983 (as amended 2007), and other relevant adult and children’s legislation.
- Regularly refresh their knowledge of legislation (including case law, new guidance, and regulations) through regular CPD.
- Regularly reflect and understand the interplay between laws, the values, ethics and practices of social work; and how these can be drawn upon to improve the lives of people with lived experience.

PCF domain:

5 Knowledge

Applying knowledge of life transitions

“Social workers should understand that transition affects the whole family” (Carer)

Social work is often about supporting people through changes and challenges in transitions through life stages.

At specific chronological ages people with lived experience of learning disability transition between services – for example, at 18 years when they transition from children to adults’ services and from adults to older adults’ services. This can mean significant change in their lives and their care arrangements, impacting them as individuals and their families. They may experience a change in the nature and types of services available and a change in people involved in their care requiring new relationships with care providers to be formed.

People with lived experience who co-produced this *Capabilities Statement* wanted to draw attention to the multiple forms of transition that they experience – for instance, between hospital and their home, from care institutions to their home (for example moving between short-break care, palliative care, and medical care), and even between different teams and professionals within the same service – and the impact of each transition. Each transition requires personalised, person-centred transition planning. The implications for the individual, their family and support network need to be understood and considered in the planning for the transition.

While all people experience transitions from childhood to adulthood, for people with lived experience of learning disability, this can be significantly and qualitatively different than for the general population. Social workers need to support people with lived experience of learning disability to have as much control as possible through change, to express their wishes and be heard, to use their abilities and to have tailored support for change. Where change becomes challenging, social workers are key to listening and enabling people to express this, identify what might help, and seek improvements in support and services.

People with lived experience may not demonstrate the expected cognitive and social skills norms commensurate with their chronological age. Professional, family and public judgement may mean the social status of adulthood is conferred onto them later, or they may experience being perpetually judged as ‘less than adult’. Their adult needs and wants – such as changing recreational and social interests, expectations of more independence, the wish for peer friendships and close and sexual relationships – may be rejected or ignored.

Social workers need to use their critical reflection and analysis capabilities to develop their empathy and understand more closely the implications, meaning and emotional experience of change and transition from the person’s perspective.

Social workers should:

- Understand the statutory and practice guidance and legal rights on transitions to adulthood. This includes the Children and Families Act 2014 (under which Education, Health and Care Plans have to be maintained until the age of 25) and the role of the Care Act 2014 and the Mental Capacity Act 2005 in transition planning.
- Understand the practical and emotional impact of transitions and ensure person-centred planning focuses on the expectations, experiences, abilities, rights and control of the person.
- Advocate for change and improvement when the experience of transition between services is inadequate, at individual and systems levels.

PCF domains:

5 Knowledge

**6 Critical Reflection
and Analysis**

7 Skills and Interventions

The Named Social Worker pilots

The Department of Health and Social Care (DHSC) initiated the Named Social Worker (NSW) pilot to build an understanding of how having an NSW can contribute to individuals with learning disabilities, autism and mental health needs achieving better outcomes. The NSW pilot aimed to evaluate how people using services and their family could be more in control of decisions about their own future and better supported to live with the dignity and independence for which we all strive by having a consistent named worker.

The pilot sought to change social work practice and wider system conditions to improve outcomes and experiences for individuals in the cohort and for the people around them.

Phase 1 of the pilot ran from October 2016 to March 2017 and involved six pilot sites – Calderdale, Camden, Hertfordshire, Liverpool, Nottingham and Sheffield. The second phase of the pilot ran from October 2017 to March 2018 and involved Bradford, Halton, Hertfordshire, Liverpool, Sheffield and Shropshire.

Despite the short pilot time frame, the evaluation evidence suggests that the NSW pilot had significant impact at three levels

1. The individuals and the people around them:

- had increased opportunities to feed into their person-centred plans in ways that met their communication needs and over a time period that helped them build consistent and trusting relationships with their NSW
- felt that their NSW listened to them and acted on their behalf across the other people involved in their lives and
- felt that NSW was putting measures in place that met their needs and those of the people around them to live a good life in the future.

2. The NSWs:

- practised the knowledge, skills and values necessary to do good social work with people with learning disabilities, autism and mental health conditions
- were protected by the NSW pilot structure, so that good social work happened in practice and
- reported significant increases in confidence over the pilot and through the elevated status of the role, were more motivated and reported greater job satisfaction.

3. NSW pilot sites:

- explored and deconstructed specific policy issues or objectives and piloted new ways of working
- engaged a wider body of stakeholders to tackle systemic practice and/or improve processes and
- built up an evidence base of what good social work looks like in the local context.

More detail about these headline messages is presented in the following sections.

(SCIE and Innovation Unit 2018)

Supporting carers, family and friends

“Carers matter – we are here. Be honest with us, have a dialogue with us, don’t dismiss us, we want to work together” (Carer)

In a survey of carers completed during the development of this *Capabilities Statement*, carers were asked what they would like from a social worker supporting their family member. Responses included:

- **“be a champion for their needs, work fairly and equally with carers.”**
- **“be a caring, good listener, understand and be knowledgeable.”**
- **“accept that we know our family member better and what works for them.”**
- **“for them to understand their role and what they can and can’t do and who can if they can’t.”**

Social workers need to develop effective relationships with family, friends and carers seeking to include their views in any assessment, review, care and support planning. Social workers must also seek to engage holistically to understand carers individual circumstances and ensure assumptions are not made about their ability to care. Carers own physical, emotional and economical wellbeing is fundamental to supporting an adult with learning disability and social workers must identify and respond to carers individual needs. It must be recognised that the needs of carers may fluctuate over time for instance the caring role may change during transition into adulthood or at times of poor health.

Family, friends and carers should be provided with sufficient information regarding financial and commissioning processes including openness about eligibility criteria to ensure they are fully informed in advocating for themselves, their friend or family member.

Social workers, adults with learning disabilities, their family, friends and carers alongside other professionals should all work together.

Social workers should:

- Understand, apply and promote the law, policy and local arrangements to support carers including the provision of carers assessments.
- Work in partnership with family, friends and carers to develop trusting relationships based on openness, honesty and transparency.
- Provide accessible information about finances, commissioning and decision making processes.

PCF domains:

- 5 Knowledge
- 6 Critical Reflection and Analysis
- 7 Skills and Interventions
- 4 Rights, Justice and Economic Wellbeing

IMPACT

This section is based on the Impact super domain of the PCF, which is about 'How we make a difference and how we know we make a difference. Our ability to bring about change through our practice, through our leadership, through understanding our context and through our overall professionalism.' It includes Domains 1 – Professionalism; 8 – Contexts and Organisations; 9 – Professional Leadership.



KEY MESSAGE

Professionalism: People with lived experience involved in co-producing the *Capabilities Statement* said social workers should demonstrate their professionalism by being:

Accountable: '[the] social worker shouldn't be scared to ask for guidance and support. I think that is [an] important [value]'.

Reflective: 'Knowing when to say sorry and learning from your mistakes'.

Motivated to care for them: '[to] navigate difficult paths [in my life]' and 'make time for me'.

Understanding and influencing the context of learning disability services

Social workers should be aware of the political, policy, and practice contexts of services provision and how these affect the experience of citizens using services. As professionals with intelligence from direct practice and specialist knowledge, social workers should seek ways to influence policy at local and national levels, to advocate for people with lived experience and their carers, families and friends and seek improvements in service quality.

Contemporary contexts and imperatives include:

- The impact of austerity on public services, housing and the welfare benefits system, reducing social care support for some people with lived experience and their families.
- Policy drivers in how services are organised such as: integration, personalisation, personal budgets, focus on promoting community- and home-based support, strengths-based approaches to practice.
- Imperative of reducing continuing use of residential and hospital placements, often at long distance from home areas, with specific concerns about ongoing reports of high levels of restrictive practices to manage behaviours deemed 'challenging' and inadequate, non-personalised care within institutions.
- The need to improve access to general healthcare and universal and specialist local services.
- Improving commissioning and regular review of care services, developing the role of social worker in overseeing quality, personalisation as well as financial efficiency.

Social workers work in multi-professional contexts and within diverse types of employing organisation. They should be able to describe and communicate their distinctive role and enable people to navigate and access services and statutory entitlements wherever they are employed in the system. They should also understand and be able to help people access sources of support within the community such as those delivered by the third sector and those available from informal community support and activity (e.g. informal and voluntary groups and sources of friendship), taking a community asset-based approach.

Social workers should:

- Understand how national policy drivers affect the configuration and availability of local services – for example austerity and increased emphasis on ‘personalisation’ – and how national policy drivers impact on people’s experiences.
- Enhance multi-agency working skills through critical reflection and CPD activities and the development of influencing skills.
- Critically reflect on how organisational contexts impact on their roles – for instance the differences and core similarities of being a social worker in the Private, Voluntary and Independent sector and local authority or the NHS.

PCF domain:

8 Contexts and Organisations

Being accountable

Social workers should take ownership of fulfilling their statutory and professional responsibilities. This includes managing their workload, apologising for and redressing errors, and consulting and communicating with people with lived experience and their carers, families and friends about any changes to their care plan. They should also maintain accountability to The Code of Ethics for Social Work⁵. People with lived experience involved in developing this *Capabilities Statement* included seeking managerial guidance and case management supervision as part of accountability.

Social workers should:

- Seek and prepare for regular practice supervision.
- Understand how the organisational and professional contexts affect their role and statutory duties.
- Engage in critical reflection to understand the power inherent in their role and how this can be deployed alongside people to empower them.

PCF domains:

1 Professionalism
8 Contexts and Organisations

⁵ <https://www.basw.co.uk/system/files/resources/Code%20of%20Ethics%20Aug18.pdf>

Taking responsibility for self-care and continuous learning

This capability refers to social workers seeking support to manage the emotional demands of their role, planning and identifying time and mental space for learning, reflection and career development. While recognising the busy workload of social workers, they nevertheless need to allocate time for their CPD. This is essential for professional practice, for registration and for maintenance of wellbeing and resilience in the workplace.

Learning can occur in many forms such as through individual and group supervision, self-reflection and self-directed learning as well as formal taught and facilitated sessions face to face and online and the use of feedback from people with lived experience, carers and families, peers, supervisors and other stakeholders.

Employers have a responsibility to provide adequate training and supervision and there is corresponding need for professionals to take them up and/or advocate for appropriate provision.

Social workers should:

- Honestly and regularly appraise their capabilities and identify gaps they need to address.
- Plan their CPD regularly, considering their preferred learning styles and exploring opportunities to experience different forms and sources of learning, professional and personal development.
- In supervision and other appropriate forums, identify the work situations that cause stress and explore how these can be addressed.

PCF domains:

- 1 Professionalism
- 8 Contexts and Organisations
- 9 Professional Leadership

Professional leadership

Social workers have a lead role in improving care and support for people with lived experience of learning disability and their families. Within multidisciplinary teams and interagency systems, social work perspectives and values are essential to ensuring the person and their wellbeing are paramount – and that service, financial and professional interests do not dominate.

Social workers should:

- Identify their professional leadership learning needs and plan CPD opportunities to address these.
- Identify the particular challenges and opportunities for practice leadership and influence within the learning disability sector.
- Develop collective leadership and networking for peer support and to increase influence to resolve complex issues within organisations and systems.

PCF domains:

- 8 Contexts and Organisations
- 9 Professional Leadership

References

- ADASS, LGA, IPC, RiPfa (2018) Making Safeguarding Personal (MSP) outcomes framework.
- Boahen, G., & Wiles, F. (2018). *Professionalism and Self-management*. London: McGraw-Hill Education.
- British Association of Social Workers. (2018) *Professional Capabilities Framework – social work level capabilities*: www.basw.co.uk/pcf/PCF05SocialWorkLevelCapabilities.pdf (accessed 17 May 2019).
- British Association of Social Workers. (2014). *The Code of Ethics for Social Work*. www.basw.co.uk/about-basw/code-ethics (accessed 17 May 2019).
- Clawson, R., & Vallance, P. (2010). *Forced Marriage and Learning Disabilities: Multi-agency practice guidelines*. HM Government.
- Department of Health. (2015). *Knowledge and Skills Statement for Social Workers in Adult Services* www.gov.uk/government/uploads/system/uploads/attachment_data/file/411957/KSS.pdf (accessed 17 May 2019).
- Department of Health (2019) *Strengths Based Approach: Practice Framework and Practice Guide*.
- Hatton, C., Glover, G., & Emerson, E and Brown I. (2016). *People with Learning Disabilities in England 2015*. London: Public Health England.
- Joint Committee on Human Rights (2008). *A Life Like Any Other: The Human Rights of Adults with Learning Disabilities*. The Stationery Office Ltd; London: UK.
- Karban, K. (2016). Developing a Health Inequalities Approach for Mental Health Social Work. *British Journal of Social Work*, 47(3), 885-992.
- Law Commission. (2017). *Mental Capacity and Deprivation of Liberty* https://s3-eu-west-2.amazonaws.com/lawcom-prod-storage-11jxou24uy7q/uploads/2017/03/lc372_mental_capacity.pdf (accessed 17 May 2019).
- National Institute for Health and Care Excellence. (2016). *Transition from Children to Adults' Services for Young People using Health or Social Care Services* www.nice.org.uk/guidance/ng43/resources/transition-from-childrens-to-adults-services-for-young-people-using-health-or-social-care-services-pdf-1837451149765 (accessed 17 May 2019).
- Owen, S. G., Freyenhagen, F., Richardson, G., & Hotopf, M. (2009). Mental Capacity and Decisional Autonomy: An Interdisciplinary Challenge. *Inquiry*, 52(1), 79-107.
- Rickard, W., & Donkin, A. (2018). *A fair, supportive society: Summary report* www.instituteofhealthequity.org/resources-reports/a-fair-supportive-society-summary-report (accessed 17 May 2019).
- SCIE and Innovation Unit (2018) Named Social Worker Pilot. Programme Evaluation: Final Report.
- Stevens, A., R.A. (2008). Social Models of Disability and Social Work in the Twenty-first Century. *Ethics and Social Welfare.*, 2(2), 197-202.
- TLAP (2019) What Makes Co-production Different? www.thinklocalactpersonal.org.uk/co-production-in-commissioning-tool/co-production/In-more-detail/what-makes-co-production-different (accessed 5th June 2019).





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