



**All-Party Parliamentary Group
on Social Work**

Social Workers and a new Mental Health Act

Final Report

17th July 2019



In May 2019 the All-Party Parliamentary Group (APPG) on Social Work and the British Association of Social Workers (BASW) launched a new inquiry: *Social Workers and a New Mental Health Act*. The inquiry was established in response to the Independent Review of the Mental Health Act 1983, published in December 2018 and chaired by Sir Simon Wessely. The final report of the review set out four principles that should underpin new legislation:

- *Choice and autonomy – ensuring service users’ views and choices are respected*
- *Least restriction – ensuring the Act’s powers are used in the least restrictive way*
- *Therapeutic benefit – ensuring patients are supported to get better, so they can be discharged from the Act*
- *People as individuals – ensuring patients are viewed and treated as rounded individuals*

The APPG proposed to look at the role that social workers play in upholding these principles and how that role could be enhanced in new legislation. Social workers play a pivotal part in both children and adult’s mental health services, but this isn’t always recognised in policy or in legislation to the detriment of service users, patients and their families.

The intended audience for the resulting report is primarily the ministers and their teams at the Department for Health and Social Care who will prepare the Government’s response to the Independent Review and subsequent legislation, but important messages emerged in the evidence for Clinical Commissioning Groups, NHS Trusts, Local Authorities and Social Work Leadership.

Three evidence hearings were held, overseen by Alex Cunningham MP chair of the APPG for Social Work who was joined by a cross-party team of Parliamentarians. Written evidence was also received from social workers, universities and local authorities. All the written evidence and summaries of the evidence hearings can be found at www.basw.co.uk

Introduction

The Government’s official position since the introduction of the Care Act 2014 is that the integration of health and social care is vital to the health of the nation. Nine years of reductions to Local Authority budgets and the squeezing of NHS services has undermined this central project, the number of completely integrated Trusts is down to 38%¹ from previous rates whilst the number of trusts where there is some integration is only at 78%². The APPG inquiry concluded that the Government needs to urgently examine how it can better support the integration of health and social care.

An important part of integration is bringing the social model of health into healthcare settings. The social model brings together a range of approaches and disciplines, delivering care

¹ Department for Health and Social Care

² Idem



around the person receiving it. In the social model, treatment and care planning are guided by the individualised needs of a person in their own context rather than fitting that person into a pre-existing diagnostic box. It focuses on removing environmental and other contextual barriers to wellbeing and recognises that “disability” is not located in the person but in the extent to which the environment and supports available are adapted to enable self-determination, choice, control and wellbeing.

The social model also compels professionals to think about the determinants of ill-health, factors such as socio-economic background, education, housing and family dynamics, alongside traditional medical explanations. Greater attention to social determinants would underline the importance of parity for prevention and recovery alongside treatment. Integration should also include children’s social and health care where the social model is crucial. Too many children in the care of Child and Adolescent Mental Health Services (CAMHS) never have any contact with social workers trained in direct work with children and their families, to look at their familial contexts and to embed preventative practices.

There are an estimated 9,000 social workers working in a defined mental health role – some of them are working for Local Authorities in children or adult services, some in the voluntary sector, and others for healthcare trusts or somewhere else in the NHS. Best estimates suggest a total adult and children’s social work workforce in mental health of 8,650 FTEs. This means social workers constitute 4-5%³ of the core workforce. As most social workers are in community settings, research estimates that social workers form 9-10%⁴ of the core community mental health workforce. With the new data from ESR it is likely that the figures are considerably higher in many areas with integrated services, reaching 15-20% or more of the core community workforce in some areas.

Social workers make up 95% of Approved Mental Health Professionals (AMHPs) and the majority of Best Interest Assessors (BIAs). They make up the discharge teams and staff supported accommodation to name just a few of the roles that they fill in the wider mental health system.

The final recommendations of the APPG for Social Work’s inquiry address the importance of supporting the social work profession in upholding the values of the social model and as professionals at the heart of successful integration. These recommendations have been chosen for their potential to be included in new legislation, but their successful implementation would have a much wider impact.

³ Based on 8,650 as a proportion of the total core mental health workforce of 182,500, with and without the 8,650 considered as additive.

⁴ Based on 8,650 as a proportion of the total core community mental health workforce of 83,300, with and without the 8,650 considered as additive.



The Social Model

Social workers promote the social model, providing an understanding of the structural inequalities that can give rise to mental health issues and placing the wishes of the person at the centre of their own care. This approach could include supporting relationships, risk enabling, working to a person's strengths and resisting the tendency to pathologize people exhibiting a range of symptoms and behaviours. On its own the medical model too often seeks to identify a diagnosis and corresponding treatment plan, with little regard to social circumstances, the realities of aftercare, the impact on children and families or the detrimental effect of stigma.

Social work aims to create alliances with vulnerable adults to overcome barriers that restrict life choices, challenge negative stereotypes and eliminate discrimination; they look to network with the voluntary, community and faith sectors. Social workers do not have a monopoly on an ethical value base, but it is an essential part of their training and should be reflected in the approach they take towards issues such as discrimination, social inequality and stigma.

The APPG Recommends:

- 1. New mental health legislation should open with a definition of the social model and the importance of addressing the social determinants of mental illness alongside the biological and psychological determinants, explicitly naming social workers as the key professionals doing this work.**

A Coherent Approach

In recent decades very welcome legislative developments have been made which have sought to strike a balance between the guarantee of rights and the importance of safety, but the proliferation of landmark stand-alone Acts has resulted in a fragmented health and social care system. New mental health legislation could resolve that fragmentation through its accompanying guidance which should explicitly address inconsistencies that might otherwise arise when taken alongside the Children's Act 1989, the Care Act 2014, the Mental Capacity Act 2005, the Equality Act 2010 and the Human Rights Act 1998.

There should be clarity on such issues as aftercare arrangements for children looked-after under sections 17, 20 and 31 of the Children's Act. It must also ensure that any mental health legislation be compliant with Articles 5 and 8 of the Human Rights Act and help imbed the Care Act as central to recovery and management of mental health conditions.

The APPG Recommends:



- 2. Ministers should ensure that the team preparing new mental health legislation also produces guidance on how it is intended to interact with the Mental Capacity Act, the Care Act, the Human Rights Act, the Equality Act and the Children Act.**

Integration

Trusts and Local Authorities must be held more accountable for the lack of progress (or reversal) of integration at the level of service provision and citizen experience. Integration needs to be planned properly with clear leadership and vision by policymakers and commissioners who understand the value that it brings. The NHS Long Term Plan and developments through STPs and other regional and sub-regional planning all point in this direction at structural and strategic levels. But the intention of more and better integration needs to translate into real, sustainable integrated delivery at the frontline.

The APPG inquiry evidence showed that properly delivered integration and integrated or multi-disciplinary teams can provide the best possible outcomes for all. The benefits of well-harnessed, multiple professional perspectives, with equality and respect shown across professions and shared values are well known. Such services should provide coherence and joined up pathways, preventing people from having to tell their story multiple times. According to the evidence provided to the APPG inquiry, many areas have fragmented and inaccessible systems that are very difficult to navigate, especially for people in crisis and their families.

In an increasing number of places, integrated health and social care teams have become “divorced” as partnership agreements have broken down.

Social workers in successfully integrated teams who gave evidence to the APPG inquiry said that in their experience no “divorced” team could match the work they do. For people with complex mental health and social needs, the ability of social workers to coordinate their care with psychiatrists, nurses, occupational therapists, peer support workers and others is crucial. Integration also provides the space to have frank discussions with other professionals, to collaborate over decision making and to learn from each other.

The evidence pointed to the many social workers in NHS-based integrated teams that are nonetheless Local Authority employees and who retain certain duties in that regard. Healthcare managers overseeing these social workers must ensure that such duties are fully carried out and supported.

The APPG Recommends:

- 3. CQC should be mandated to provide an annual report to Parliament on the progress of health and social care integration in Trusts as well as between children’s services and children’s mental health services. This should include input from both the Chief Social Workers.**



Social Work Leadership

The APPG inquiry evidence pointed to the absence of social work leadership in Trusts and CCGs as a major barrier to working to a social model. The evidence indicated that this absence has led to a lack of understanding among decision makers and commissioners about the requirements of the Mental Health Act and the pressures this lack of understanding places on the whole system and on mental health social workers in particular. Social workers on the boards of Trusts and CCGs would be able to push for changes including more appropriate places of safety for people detained under Section 136, especially for children and young people and make better arrangements for an early triage of people detained under s136.

Social work leadership on boards would help mental health social workers in certain health settings speak up about high caseloads and lack of administrative support. Ministers must ensure that there is a clear line of accountability for delivering the social model in health settings and for looking after the wellbeing of professionals on the front line.

The APPG Recommends:

- 4. Social work leadership on Trust and CCG boards is necessary to ensure vital improvements in integrated approaches overall including crisis responses when people may be subject to the MHA e.g. reducing and better managing use of s136, provision of age appropriate places of safety, holistic assessment of people in crisis and provision of alternatives to admission.**

Workforce Planning

Better workforce planning should be at the heart of health and social care reforms. The APPG inquiry evidence pointed firmly to the need for a workforce section in the forthcoming Social Care Green Paper which should include Local Authority social workers and those employed by the NHS.

AMHPs are advanced practitioners with statutory powers whose training and authorisation (by the Local Authority) enables them to understand and manage risk effectively, assess needs and apply criteria as required by the Mental Health Act and Code of Practice. They coordinate Mental Health Act Assessments and are responsible for safeguarding the human rights of the individual being assessed through ensuring the least restrictive option is used to meet a person's needs. They often work in teams across wider adults, children's services, and mental health services but there are also AMHP only teams. Their function is to ensure that Mental Health Act Assessments are made only where necessary and appropriate and that the least restrictive option available is chosen.

AMHPs giving evidence to the inquiry reported unmanageable workloads and AMHP shortages in many areas. There are particularly acute shortages of specialist AMHPs with



experience working with children, older people or people with disabilities. AMHPs need time to make the appropriate, least restrictive decision for an individual; time to get to know them, to explain their options to them, to talk to family members and to come to a collaborative decision. In order to have that time and not be rushed onto the next assessment, there needs to be a sufficient number of AMHPs in every local area.

While some AMHPs are employed by NHS Trusts (and authorised by the Local Authority) and a small minority (c.5%) are from professions other than social work, the majority are Local Authority employed. It is the Local Authorities' statutory responsibility to make sure there are enough of them to cover the needs of their area.

There have been efforts in the past to introduce a minimum number of AMHPs linked to population base. Most recently the Association for Directors of Adult Services provided the following advice to its members in July 2018, based on the Social Care Inspectorate recommendations in 1991:

a ratio of between 1:7,600 and 1:11,800 approved staff to population (dependent on locality). The lower ratio was expected to be in inner city areas, where more deprivation was evident, with lower levels of full time equivalent AMHPs being needed in more affluent areas.

This has not had statutory force. The introduction of ratios with statutory force would support local authorities in gaining resources to meet need and ensure provision of more rights-protective and consistent service. It would assist in workload management and staff recruitment and retention. It would also help to underpin successful partnership with NHS colleagues and organisations.

The inquiry heard about work underway via the Department for Health and Social Care to improve visibility, training and retention of AMHPs and this is welcomed. Strong workforce deployment requirements would underpin this work.

Within the statutory requirements for AMHPs in a locality, the APPG would welcome requirements on Local Authorities to provide AMHPs with more diverse experience e.g from children's, learning disability and autism services.

The APPG Recommends:

- 5. New mental health legislation must have greater regard to both health and local authority resources to ensure compliance with legislation and human rights, including ensuring that local areas introduce a minimum number of AMHPs linked to population base.**



Beds

Under Section 140 of the current Mental Health Act it is the responsibility of the CCG (England) or Local Health Board (Wales) to make sure that there is adequate local provision of hospital beds for the detention of people under the Act. It is also their responsibility to inform services of where the beds are and who they are suitable for. There is an accompanying provision to ensure that beds are available for children and young people.

Despite this clearly defined statutory responsibility, evidence to the APPG inquiry showed that AMHPs are spending far too much time trying to find beds, often late at night or under stress, for people who are experiencing intense crisis. As a result, AMHPs often need to put in place emergency cover in the community to safeguard people until beds are vacated or those people are placed in out of area beds which can be hundreds of miles away from their support networks.

Although there are some CCGs, trusts and local areas getting this right, whether through better planning or more effective discharge and aftercare provision, repeated promises by the Government to end out of area placements and delayed admissions have done very little to change the situation.

Currently, the accountability of CCGs to meet this requirement is not well enforced. CCGs appear to “devolve” responsibility to their provider Trusts on a day to day basis, and the root accountability of the CCG is lost, rendered invisible.

New legislation is an opportunity to ensure that with statutory duties comes a clear line of accountability.

The APPG Recommends:

- 6. CCGs should be held transparently accountable for their duties under Section 140 of the current Mental Health Act or its equivalent in new legislation, making sure that there are enough beds, enough children and young people’s beds, and that AMHPs know where they are.**

The Right to Review

Despite the best efforts of all professionals in most cases, detention under the Mental Health Act is a restriction of freedom by the state which can be an upsetting and stigmatising experience. It is vital that legislation be underpinned in particular by Article 5 of the Human Rights Act which is the right to liberty. As such it is incumbent upon legislators to ensure that people are detained for as little time as possible given their particular needs and circumstances. At the moment after an initial six-month review, people detained under Section 3 of the Mental Health Act are required to be reviewed only once a year and not necessarily by an appropriately trained professional; nor is there any specific duty to review



the needs of children placed in hospitals under the Mental Health Act nor whether the criteria for their detention are still being met.

Reviews should be recovery focused and have regard to long-term treatment and support above and beyond medication, social workers should conduct reviews that consider practical issues such as benefits, housing, work and education and provide support in these areas.

The social work role in Mental Health Act admissions does not and should not end with the AMHP's assessment.

The APPG Recommends:

- 7. People detained under Section 3 of the Mental Health Act should be reviewed by a social worker in accordance with the recommendations of the Independent Review of the Mental Health Act 1983 whilst all children being cared for in hospitals under the Mental Health Act should receive regular formal reviews of their needs by a social worker, as is the case for all Looked-After-Children under the Children Act**

Family

Families are rarely as involved as they could be in their loved-one's care. Involving families in decisions and assessments is a central part of the social model. Person-centred care is of course important but can put pressure on patients or service users to provide detailed information about their symptoms or history, in such cases it could be helpful and appropriate for family to be more involved (in compliance with data sharing law).

Support from family and friends is an important part of an individual's recovery both for adults and children experiencing all forms of health problems. When people are placed out of area because of a lack of suitable beds locally, families struggle to provide that vital support. This results in delayed recovery and delayed discharge, compounding the problem of bed shortages in certain areas. The financial means to travel to visit a loved-one detained out of area and the accompanying problems of work and caring commitments are a major barrier. A possible way of ensuring that visits are supported, according to evidence given to the APPG inquiry, would be to build contact with friends and family into official care or treatment plans.

The APPG Recommends:

- 8. Families and carers of all people detained away from home because of a lack of local provision should be provided with financial support from their home Trust for frequent visits in order to comply with Article 8 of the Human Rights Act - the Right to Family Life.**



Data Gathering

New legislation should require more research/audit into the social determinants of mental health, led by social workers as well as further examination of the rise of the use of the Mental Health Act with people from BAME backgrounds, and empower those groups to become genuinely involved in service development. A first step in this direction would be better data gathering on the number of Mental Health Act assessments and the demographics of those assessed not just those who are admitted to hospital.

The CQC already monitors detentions but does not publish information on the number of assessments, nor are the outcomes of people assessed as in need of specialist help, who do not meet thresholds for detention, monitored.

The Chief Social Worker for Adults team in the Department for Health and Social Care has already begun this important work but the data gathered is still incomplete and cannot be fully relied upon for policy and workforce planning.

The APPG Recommends:

- 9. A national data set on the number of Mental Health Act assessments (not just admissions), their outcomes, the age of the people assessed, their ethnicity and discharge rates should be established as part of the DHSC Mental Health Services Data Set.**

Conclusion

The APPG on Social Work and BASW, in choosing to focus on what could be achieved to improve integration and to promote the social model in new legislation has adopted a necessarily narrow focus. The challenges facing the mental health system, those who work in it and those who use it, are not all going to be met through new legislation, in particular parity of esteem between the medical and social models will require long-term cultural change reflected in education, training, commissioning and implementation.

However, this change cannot be achieved with current legislation. The bulk of the 1983 Mental Health Act is based on 1950s era legislation that does not reflect the values, social structures and civil society of a 21st century society.

The social care reform agenda would be incomplete without considering the role that social workers play and the greater role they could play in prevention, discharge and aftercare. The APPG therefore welcomes this once-in-a-generation chance to get the legislation right with the hope that through accompanying guidance and a wholehearted approach to integration, that cultural change can be achieved.



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⁵ Baroness Tyler is a Board Member of Social Work – interest declared at the outset of the inquiry