

24 feature practice insight

This article presents the results of a small study that was conducted by the Men's Service Social Work team at St Andrew's Healthcare in order to describe and demystify social work in a forensic service. Within a secure forensic service the role of the social worker is wide and varied.

Much of the work of the social worker is not by direct contact with the patient but rather 'behind the scenes' work that informs care and treatment. The work of social workers within secure settings is specialist and involves approximately only 20% of face-to-face contact with patients, with the remainder of time spent investigating and processing the information and performing the social work role.

St Andrew's Healthcare is a charity operating in the UK independent specialist secure mental health market. The Men's Service within the organisation provides treatment and rehabilitation for adult men from 18 to 70 years of age who have mental illness, autistic spectrum disorder or learning disability and who require the provision of secure services. Patients come from all over the United Kingdom and beyond.

Social workers perform a number of statutory roles including the preparation and presentation of manager's and tribunal reports, Care Programme Approach (CPA) and Multi-Agency Public Protection Arrangements (MAPPA) processes, acting as Appropriate Adult under the Police And Criminal Evidence Act (PACE) 1984 and taking the lead in safeguarding matters. The work also entails duties under the Mental Capacity Act (MCA) 2005 and Mental Health Act (MHA) 1983, as well as in assessing for patients contact with others and in liaison work stemming from the Victim's Charter.

Social workers also have responsibilities for a number of non-statutory roles including social assessments, patient involvement, supporting family contact, liaising with families throughout the patients' stay, work with independent advocates, and liaising with a range of outside agencies including police, probation and social services departments. Then there is work such as liaison with the Ministry of Justice, leading on discharge planning and being a key link with community professionals. Additionally, social workers in our organisation have responsibilities to deliver training to other professionals across the charity in areas that fall under their areas of expertise such as MHA 1983, MCA 2005

and Safeguarding – Multi-Disciplinary Teams (MDT) look to social workers to have a working knowledge in these and other fields.

A key statutory role for the social worker is the preparation, writing and presentation of manager's and tribunal reports. These take time to research and need to be formulated to include specific information that requires careful analysis, and to conclude with recommendations, supporting or otherwise, the continued detention of patients. This task is a significant role for social workers within a forensic setting and is one that takes time to develop the necessary expertise.

Within this task, risk analysis is a major consideration and close liaison with others is

crucial in establishing an accurate opinion. As with many roles, this work is invisible to other professionals yet vital to the service.

This is perhaps because many social work tasks within the forensic setting involve research and preparation which is done quietly away from the busy ward environment. For example, tribunal work will start with reading as much about the patient as possible, as well as speaking to home area professionals and family members. Interviews with the patient and liaising with other team members will be the 'visible' part of the work which then leads to the writing of the report, which again requires a quiet space.

Many of the other tasks require behind the



Terry Henson, Sarah Whittall and Diane Pattinson of the St Andrew's Healthcare Men's Service reveal the findings of their study on the nature of forensic social work practice

scenes organisation. For example, planning a supervised visit which will begin by discussing this plan with the patient but will then involve visiting the family, completing any necessary checks, writing an assessment report, discussing the proposed visit with the team and then gaining approval for the visit to take place. Further liaison with the family and the team will then be required to plan the visit and then work with the patient to ensure that it proves to be a positive and safe experience for all.

The social worker in this setting mirrors that of any forensic social worker in a multi-disciplinary team within a community setting – promoting recovery and the pursuit of independence alongside the management of risk. However, the distinct difference in the role here is that the social workers are employed by the organisation and not by the local authority. Excellent partnerships and collaboration with local teams and commissioners need to be fostered to ensure that aftercare packages are effectively managed.

Challenges can occur if a social worker needs to delay plans for discharge to ensure that the placement is appropriate and that family involvement in the decision making has taken place. A delicate balance of negotiation with those at home is required. The motives for this delay should be clear and explicit in that it is in the best interests

of the patient and not that of the organisation – for instance, maintaining occupancy levels for commercial reasons. Involvement of independent advocacy (independent mental health advocates, the Independent Mental Capacity Advocacy service and legal representation, among others) is vital to ensuring that the patients have independent advice and support at hand.

The lack of visibility of so many social work roles led the team of eight social workers within the Men's Service to undertake a brief audit of their activity over a two week period in September 2010. The aim was to describe the multiple facets of the social work role in a forensic service. A simple recording tool was used for data collection whereby each social worker was asked to record their activity every fifteen minutes by ticking an activity within the pre-designed options.

Figure 1 illustrates how, over a two week period, social workers in a secure forensic service for men actually spent their time. The largest proportion of time (29%) was spent writing reports or recording notes on the electronic patient record system (RiO). Attendance at clinical meetings and direct patient contact both took an average 19% of the social work role. The remaining 33% of time was spent undertaking a wider range of both practical and liaison activities that are

identified as fundamental social work responsibilities within a secure setting.

This was a brief time limited study that reported on the activity of a small number of social workers over a relatively short amount of time. In the study social workers spent about one fifth of their professional time in direct patient contact and almost a third in writing reports and recording activities. A fifth of their time was spent undertaking both attendances at multi-disciplinary clinical meetings and liaison work with families or external agencies.

Bureaucracy appears to have vastly increased in all health settings in recent years and all professionals spend increased amounts of time recording both directly and indirectly their activities with and about patients, something clearly evident in this study .

The 'family contact' and 'contact with outside agencies' categories did not separate out the telephone and face-to-face contact. This would have been helpful as social workers in our unit spend a considerable amount of time on the telephone in liaison work which is essential to enabling statutory tasks to be undertaken.

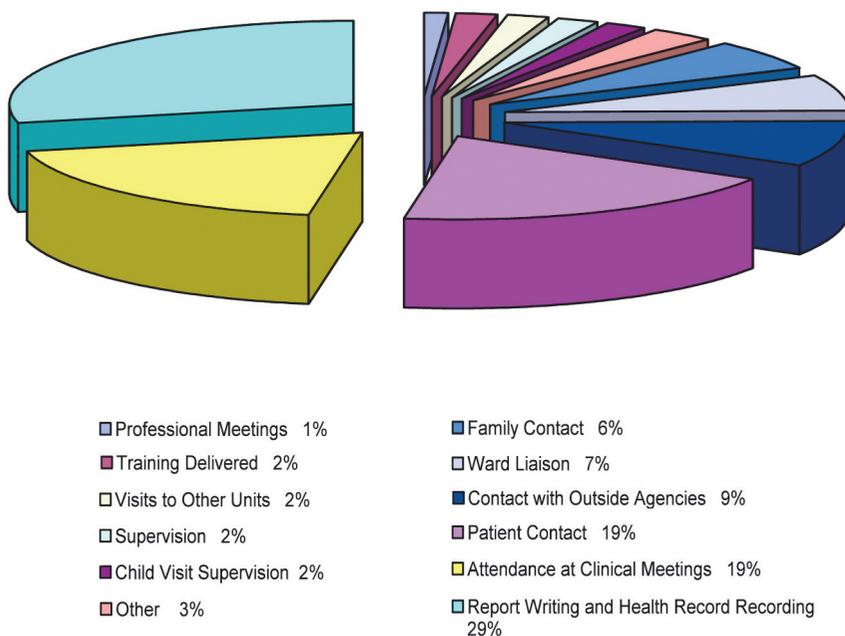
The category 'attending clinical meetings' included ward rounds, CPA discussions and other meetings such as emergency intervention work and clinical management meetings. Again, a breakdown of these important meetings might have proved useful in identifying how the social worker contributes to the care and treatment of patients. More exploratory work, for example through a semi-structured interview or focus groups, might also help to provide a deeper and more meaningful picture of the role of the social worker in similar settings.

The study demonstrated that the social work role within a forensic setting is complex and multifaceted one. However, many aspects of the role remain seemingly hidden from others as a significant part of the day-to-day work takes place away from the patient and therefore is less obviously visible.

The study highlights the key tasks that are performed by social workers and how these play their part in the statutory duties of the role and in turn contribute to the care and treatment of the patient.



Figure 1



Terry Henson, Sarah Whittall and Diane Pattinson are social workers at the St Andrew's Healthcare Men's Service based in Northampton