

SOCIAL WORK FOR BETTER MENTAL HEALTH programme

- Supported by Department of Health and / Lyn Romeo (Chief Social Worker for Adults) and ADASS
- *Resources publically available + support programme evolved over 3 years engaging over 60 'systems'*
- *'How are we doing?'* - An organisational self assessment for MHSW looking at themes such as professional leadership, organisational development and asks organisations to rate themselves .
- Onsite assessment and local /action plans
- Will enable benchmarking and comparison of models
- Community of practice

Emerging national themes

- **Organisations;** have invested in senior leadership capacity but reducing NHS top team representation. (especially at Board level)
- **Problem of career progression;** for social workers in integrated Trust management systems: little to sustain leadership and management capability and succession planning Low levels of representation of SW as team managers in many places
- **AMHP leadership active and influential**
- **Council taking greater ownership of their responsibilities for oversight and support of SW**
- **PSWs leaning in to support**

Changing organisational arrangements

- Diversification of approaches to social work delivery
- NHS England benchmarking exercise (2018) found
- 39% integrated under section 75 or other
- 39% in partial eg co-located type arrangements.
- 22% are delivering the service them selves
- ASC stepping into manage SW in colocated setting
- Creation of seperate SW MH teams in ASC
- Drivers complex -concern about delivery of SC functions,staff support and service pressures

National themes - Professional Leadership

- Evidence of effective collaborative leadership models
- Well defined and available professional leadership roles are vital to shape culture, supervision, and sense of collective leadership
- Association between successful leadership roles and **'manageable service system sizes'** and **'system coherence'**
- Very important that Councils actively 'lean in' to support SW authority and 'own' Trust lead posts
- Need **critical mass** of senior leaders and practice leadership with capacity to form a senior SW team
- Success related to **dedicated senior leadership aligned with operational authority**

Integration

- SW valued MDT discussion and peer support and shared skill development has enhanced Social Work practice and role.
- It helped SW impact where Trusts made a strategic commitment to a 'recovery' ethos, had a CEO who spoke explicitly about social factors, recognised the role of professions, reinforced inclusive leadership and had outspoken other minority voices (eg OT) professions.
- Helped where there was an emphasis on systemic and family skills across the service

Integration

- Varying experience of capacity to use social interventions in teams. Examples of SW stepping into lead social approaches in settings like early intervention and CRT but not common.
- Social work is place-based, socially contextualised, often family based.
- Brief clinical intervention framework in health care can work against social work whole person/whole life approaches if these are not supported.

'We don't see the home environment. 'Four contacts a day' gets in the way. There is no time to explore. How do you use systemic skills if you don't see the system in the room'?

Integration

- The approach to integration has strongly emphasised genericism in the context of the Care Programme Approach (CPA)
- Few had shared agreements with stakeholders about what the SW role is being commissioned to do
- Need for greater role clarity and differentiation to ensure the range of professional capabilities and functions are given fuller expression.
- There was evidence of variability in reported clarity of role (both Health and Social Work) which suggests communication about role is a key development area
- Stereotypes of role have remarkable persistence !

Integration and Interagency issues

Care Coordination and generic roles divide opinion:

- Provide sense of shared task but can undermine coherent professional development
- How it is done matters and how integrated with Care Act
- Has care coordination **drifted** as it has become the basis of the NHS reporting machine?
- Widespread problem of running '**parallel processes**' is a strategic problem

Social work support

- Access to professional supervision variable within and across services- hard to access in some teams and more challenging in integrated settings. AMHP support is generally more consistent -success story !
- Lack of quality assurance of supervision Is it really reflective?
- Vulnerable to work pressures - cancelling or rescheduling, no time to give or receive.
- Access to wide ranging CPD but lack of clear development pathway to consider skill development Lack of dedicated advanced CPD in non statutory areas eg social trauma

The Social work role

- Strong service and place based ethic .
- Social Work has built a strong role in relation to its legal literacy, recovery, and care coordinator role, and in working with complexity and risk
- The AMHP role was clear but its wider systemic and practice leadership role is less developed.
- CMHT Social Workers report a loss of connection to professional practice frameworks and the role was less developed in relation to prevention and communities.

Teams in ASC report gains in their sense of SW identity and statutory role but loss of joint working and creativity

The Social Work role

- Particular tensions in differing views of the role related to the Care Act 2014.

'We are doing the Care Act but not systematically or across all teams'. 'We tend to choose who we do Care Act assessments with'.

'There have been increasing expectations on Social Workers but none of the roles have been taken away'.

Improvements reported in SW capacity to fulfil statutory roles (especially CA) when in ASC but loss of other important aspects of role eg joint working + benefits of an integrated approach to SC

Organisational development & Quality Assurance

- At the level of performance and audit many sources of data there are a range of sources and mechanisms but this could be better coordinated and used to inform improvement
- Performance approaches could be better integrated and more practice focussed
- Need for Practice level impact to be demonstrated and celebration of good practice Measures for social work practice impact or quality don't exist
- **Need for a focus on prevention in performance measures**

Reasons to be cheerful...

- Appetite for sustaining and regaining valued practices and trying new things
- Moves towards greater autonomy and authenticity, not a move against integration per se. Its about greater social work recognition and authenticity.
- Links strengthening across ASC and strength based approach enabling more meaningful shared practice
- Recognition that approaches need to evolve in response to new pressures and learning as part of maturation of partnerships
- Recognition of profound changes needed to support prevention and more sustainable models

Key development areas

- Need to systematically gather evidence of what works and what does not and share learning in real time
- Focus has been on interventions to address SW confidence and this needs to be balanced with broader organisational solutions
- Need to avoid over idealistic sentiments and focus on difficult areas of 'culture', power and resource
- The resource implications (time, opportunities for reflection) of effective partnerships need to be better recognised by government
- Need for more sophisticated partnership governance and accountability framework addressing the diversification of forms -

Development Areas

- Continuous Professional Development (CPD) would benefit from a more explicit connection to professional frameworks and standards and to a clearer understanding of role and use a wider range of approaches e.g. mentoring and shadowing.
- Workforce planning would benefit from a joined up approach which recognises the value of the Social Work skill set to the wider strategic development of mental health services

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Partnerships

“Structure is only part of the solution. Partnership governance and accountability often evolves with performance and legitimacy having as much to do with supporting and enhancing healthy informal processes as with formal structures.”

World Bank

Governing Collaborative Governance

S. Zadek & S. Radovich

2006