Guidance on the support of Mental Health Social Workers and Approved Mental Health Professionals (AMHPs) working in NHS, independent or integrated services
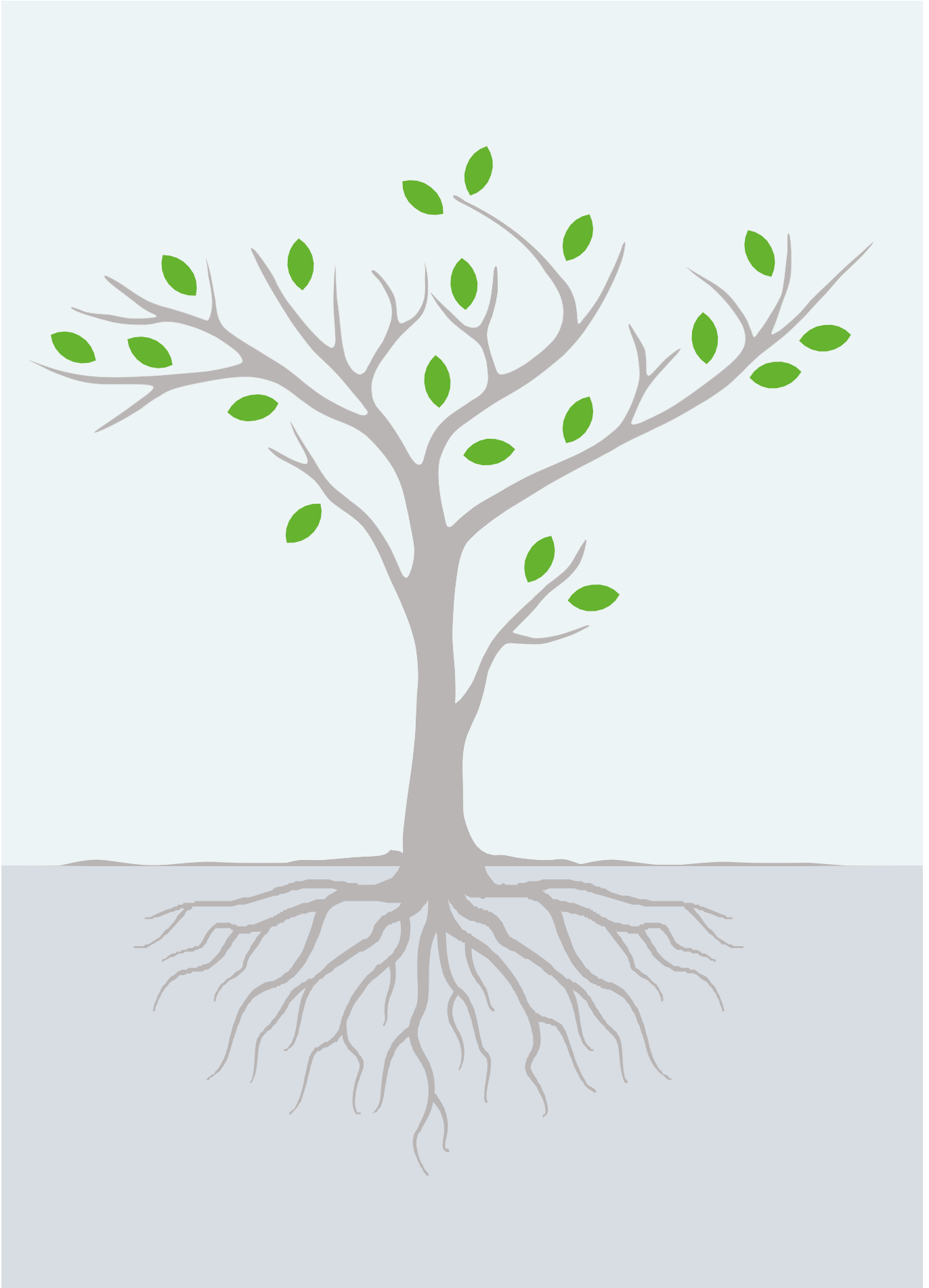
Ways of working

Values

Foreword

Across the system we continue to raise awareness of social work as a core profession within the NHS sitting alongside other clinical and allied health professionals.

There are an increasing number of mental health social workers deployed across NHS community and in-patient specialist services as well as those progressing their career development into senior professional leadership and management positions.

The growing number of appointments and subsequent influence of senior social work director or equivalent positions within the NHS (in some cases at executive board level) demonstrates their significant contribution and recognition that these experienced and extremely skilled social work professionals bring to the quality and safety of service delivery.

This document should assist with the strategic workforce planning and development of social work staff across the range of available services, but also in terms of the roles where mental health social workers can have the most impact and added value.

The role of the Approved Mental Health Professional (AMHP), whilst recognised as one eligible for multi-professional uptake, is well established within a social work value base and offers a critical specialism not only in its function to make arrangements for people who are in need of admission to hospital under the Mental Health Act, but more importantly, to work with the circumstances of a situation which might prevent a person from requiring admission if alternative provision can be arranged.

This guidance encourages all mental health social workers to be enabled to undertake AMHP training and practice whilst employed within the NHS, independent and other integrated organisations and offers insight and advice on supporting effective organisational partnership arrangements with Local Authorities.

A strengthened drive toward race equality sits at the heart of the Mental Health Act Reform agenda; and I am delighted to see that social work is recognised within the body of this document to exercise its skill as a profession which is underpinned by anti-racist practice and social justice within the NHS.

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Department of Health & Social Care

Acknowledgements

Contents

Part one: The role of mental health social work

1. Introduction: A new vision for mental health social work

There has never been a more important time for social workers to contribute to the development and delivery of mental health services in England.

Social workers are an essential part of health and social care for both adults and children. The profession is recognised for its relational and rights- based principles, providing an anti-discriminatory focus, promoting diversity and inclusion and working with communities, families and individuals.

These values and principles underpin the professional standards for social work which are owned by Social Work England, the specialist regulatory body, and for which all social workers are accountable through their registration, a prerequisite to using the title 'social worker'.

This guidance is designed to support the NHS, the independent sector and other health and social care agencies who employ social workers. Local authorities will also find this document useful, but we recognise that social work has been well established in local authorities for many years and this is not the focus of this document.

The NHS Long Term Plan, the Care Act 2014 and new models of social care provision all envisage place-based, personalised and community-focused holistic mental health care.

The NHS Long Term Plan includes new funding for expanded community multidisciplinary services, aligned with new primary care networks and working alongside social care, housing and the voluntary sector.

The Plan makes clear that no one sector, organisation or profession holds all the levers of change, or can produce a workforce to meet current need and future demand for mental health support.

The expertise of social work is essential for the successful implementation of policies and national drivers (Appendix One).

The move to asset-based, prevention and community-based services provides an impetus for social work to return to its core strengths in human rights and community development – working with key organisations such as housing and the voluntary sector to deliver community-focused interventions.

Although this Guidance is about social work, some of it will also be relevant to nurses and occupational therapists.

Effective social work roles in mental health rely on well-organised partnerships between local authorities, the NHS and other agencies. This remains the cornerstone of national policy. In recent years integration has proved challenging with the pressures of delivering complex services, but lessons have been learned about what works.

Many examples of partnerships illustrate that integrated care can be delivered through clear purpose and expectations, role clarity and co-production with diverse networks, and not necessarily rely on structures.

Social justice

Integrity

Competence

Professional curiosity
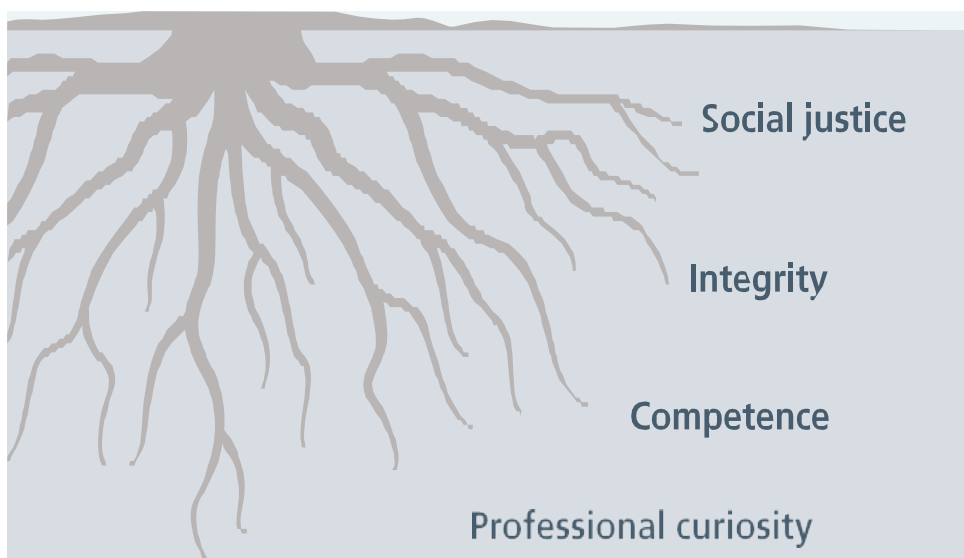
Challenges facing mental health services in recruiting and retaining social workers

- Significant pressure on the budgets of local authorities and Integrated Care Boards (ICBs) and the need to resource partnerships.
- The Care Act and developments such as the Long Term Plan require more prevention and community wellbeing. In some cases, partnership arrangements are no longer fit for purpose.
- Despite many positive experiences, partnership working can also be hampered by separate IT, assessment and performance systems.
- Social workers are highly valued in multidisciplinary teams, but often find barriers to the best use of their skills in integrated teams.
- A diversity of approaches in teams does not automatically lead to this richness being harnessed well in organisations. There has been too little investment to establish the foundations for partnerships over the longer term, such as support for shared learning and teamwork.
- Social work has a higher proportion of people from diverse communities joining the profession and needs to improve access to
- more opportunities under-represented groups, through systematic approaches such as equality frameworks.
- Our models of multidisciplinary working need to evolve. Highly generic skill sets have proved a barrier to harnessing professional strengths and differences effectively within integrated systems. The importance of senior clinical leadership of all professions (including social work role) is strongly recognised in the NHS but the needs of senior Social Work leaders need better understanding and are an area for development.

- Social workers and Approved Mental Health Practitioners (AMHP) employed in NHS services need effective support, supervision and progression as a regulated profession to achieve their full impact through well-organised support arrangements (such as social work academies).
- The NHS, independent sector and other agencies are increasingly directly employing social workers, but they sometimes do not have the structures consistently in place for these employees.
- Some NHS trusts are not supporting NHS- employed social workers to undertake various post-qualifying roles, including the AMHP or Best Interest Assessor (BIA) role.
- Some local authorities are not supporting NHS employed staff to access post-qualifying roles including AMHP.
- Integrated practice and partnerships need stability but are often subject to considerable change. This includes the return of social workers to local authority care management and the ending of integrated systems.
- Any transformation involving partnerships needs to articulate what this means for roles, team working and the practical realities of care delivery in which support for the role of the middle manager is key.

Key factors for successful social work impact and partnerships

Organisations need to know how they provide appropriate support for the increasing complexity of their workforce, reflecting different professional requirements, employment conditions, partnerships and new roles.

This guidance recognises that senior managers and system leaders in mental health services need clarity on what is required of their organisations in their role as hosts or employers of social workers, whilst local authority leaders, AMHP leads, and principal social workers need to be clear about the reasons for placing and supporting social workers in integrated teams and to value and understand the implications of multi-disciplinary working for social work practice.

Key factors for success include:

- Supportive board members who are informed about social work/social care and senior social work role representation.
- Clarity about differing responsibilities of the NHS as a direct employer and as support for social work hosted in partnership arrangement.
- Partnership agreements between local authorities and Trusts which include how the role of social worker is defined and supported in the relevant group of staff. Careful design of partnership agreements to be fit for purpose and a regular review of how this is meeting outcomes in relation to professional impact.
- Understanding of different organisations' legal and performance environments and requirements.
- An explicit plan to work with the risks and benefit of collaborative governance approach.
- Recognition of the NHS's overarching role in creating a culture to support social work, promote partnerships and understand what success looks like.
- Modelling positive views and ownership of the contribution of the social model.
- Embedding opportunities for interprofessional and partnership learning for all staff.
- The use of quality frameworks such as the Social Work England standards which provide a clear shared framework for any employer to meet, regardless of the partnership models.
- Ensuring sufficient senior and practice professional leadership across partners with clear roles and agreed outcomes.
- Investment in joint projects, workforce roles or services that support social care abd community engagement.
- Ensuring sufficient senior and practice professional leadership across partners with clear roles and agreed outcomes.
- Investment in joint projects, workforce roles or services that support social care and community engagement.

- Place-based ethos and service model and multi- professional workforce drawing on innovative roles.
- Development of a shared coherent and long- term vision, common aims and collective ownership.
- Clarity of roles and responsibilities including identifying useful areas of overlap between health and social care and what needs to remain separate.
- Supporting team working and exploration about roles, status and power dynamics to realise the benefits of multi-disciplinary team working.
- Embedding an interprofessional learning strategy with opportunities for joint learning and feedback about roles and accountabilities.
- Investment in administration for shared delivery of the social care function and to reduce burden on practice.
- Ensuring a critical mass of social workers and other professionals in teams to ensure avoidance of lone workers.
- Development of projects or roles which promote the visibility of social care agenda such as mental health reablement, mental health hospital social work roles.

2. Purpose

This Guidance aims to support and enhance the role of social work in health and social care organisations. We outline eight organisational considerations for effective support of social workers in mental health services wherever they may work.

The Guidance will:

- advise NHS trusts and other organisations how to successfully employ and support social workers in a variety of partnerships. It will be of interest to system leaders, HR leads, the voluntary sector, Accountable Care Systems, not-for-profit organisations and independent sector employers. It is also relevant to social work in other roles and settings;
- highlight the role of the AMHP, and its added value to an NHS organisation, as a regulated profession available to social workers, nurses, occupational therapists and psychologists; and advise on widening the opportunities for staff employed within NHS Trusts to undertake this career path;
- help the NHS and other agencies to embed social workers as a key staff group, and to support registered social workers (already employed in generic teams), addressing the complexity of integrated mental health settings, as outlined in the Interim NHS People Plan 2019;
- identify the actions on social work leadership, engagement and workforce that strengthen social work's role in mental healthcare;
- demonstrate how the social worker/ AMHP role makes a difference in the NHS and to those who are supported by services.

We are the NHS: People Plan 2020/21

[We are the NHS: People Plan 2020/21](#)

The following sections complement this guidance

- Looking after our people.
  - Enabling managers to support staff through compassionate, caring conversations about mental health and emotional wellbeing.
- Belonging in the NHS.
  - highlighting the support and action needed to create an organisational culture where everyone feels they belong.
- New ways of working and delivering care.
  - emphasising that we need to make effective use of the full range of our people's skills and experience to deliver the best possible patient care.
- Growing for the future.
  - particularly by building on the renewed interest in NHS careers to expand and develop our workforce, as well as retaining colleagues for longer.
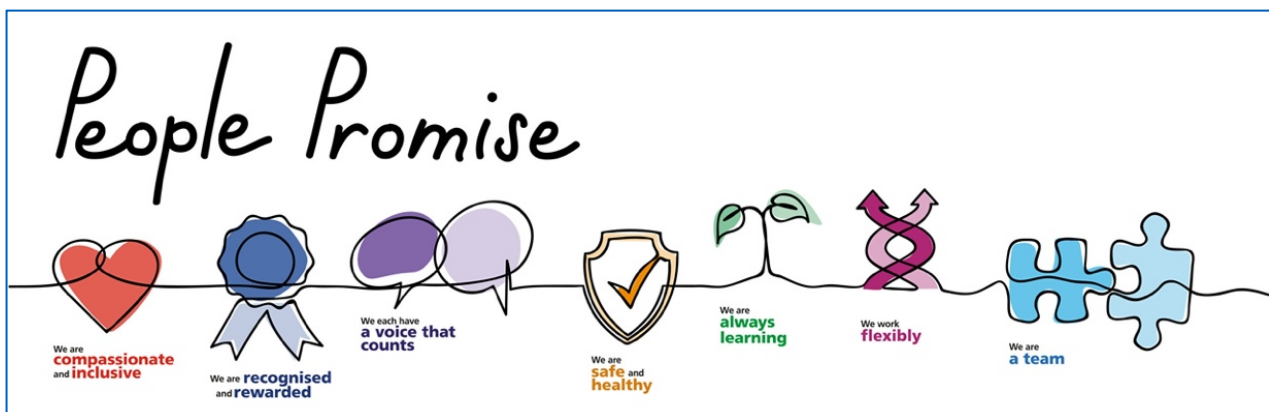
3. Applying the Guidance

This guidance is for team managers, senior leaders, principal social workers AMHP leads, HR leads, commissioners and organisations who wish to work in partnership to maximise the impact of social work in health and care services.

These include

- NHS trusts
- voluntary organisations who employ social workers or operate under delegated responsibilities with social work staff
- independent sector organisations who employ social workers or operate under delegated responsibilities with social work staff
- commissioners developing new services or redesigning systems
- higher education institutions (HEI); and teaching partnerships; and
- and local authorities working in integrated partnerships with other agencies

4. Social work in mental health services

Social work is a regulated, practice-based and evidence-based profession that works to empower people to take control of their lives.

Mental health social workers (MHSWs) advocate for the rights of individuals to live independently with their families, carers and communities and:

- play a crucial part in improving mental health outcomes for citizens through understanding the social determinants of mental health, taking a human rights approach with expert knowledge of the statutory rights of citizens
- use advanced relationship-based skills and partnership working, with a focus on wellbeing, personalisation and strength-based working, to support people to make positive, self-directed change and engage with their communities
- sit alongside the health and emergency services and work in close partnership with these agencies, but their role in upholding the human rights and legal rights of service users means that the profession must sustain independent decision-making and advocate for people to secure the best outcomes; and
- play an increasingly important role in local authorities, NHS and voluntary care sectors.

They are employed to undertake roles designed to fulfil local authority responsibilities within integrated partnerships.

Workforce data

In total, 3,576 social workers (whole time equivalent) <u>were reported to be working in NHS mental health services on the census date of March 31, 2022</u>. This compares with a previous position of 2,894 social workers reported as part of the 2019 stock take on September 30, 2019) and equates to a 24% increase between the two census dates.Two-thirds of respondents (66%) working in NHS, local authority and independent sector providers confirmed that social workers in their mental health teams were directly employed. Just over a quarter of providers reported employing social workers through both directly employed and partnership models (26%), with the remaining 9% of providers confirming employment through a partnership model.Where partnership agreements were confirmed, just under half of participants (49%) advised that social workers were co-located as part of this agreement.

<u>Our Strategic Delivery Plan for Social Work</u> (example strategy from Devon Partnership NHS Trust)

5. The social work contribution to care delivery

Social workers are a key part of the bio-psychological-social approach that most mental health services strive to achieve. The Care Act is key to developing a social approach in mental health. Social workers have specific expertise in:

- assessment and care planning for people with health and care needs and the commissioning of personalised care and support plans
- understanding the legal and statutory responsibilities of local authorities and NHS trusts and the legal rights of people. This may include:
  - The Care Act 2014
  - The Mental Health Act 1983
  - The Mental Capacity Act 2015
  - The Equality Act 2010
  - The Human Rights Act 1998
  - The Children and Families Act 2014
  - Criminal Justice legislation.
- understanding the social determinants of health, such as the impact of relationships, support networks, living arrangements, family and community, financial security and employment.
- Co-production with service users and families. Person-centred approaches that support people to take control of their own care.
- Social interventions that can include:
  - asset-based community development: supporting people to use and contribute to resources within their community for support and wellbeing,
  - strength-based interventions: recognising the strengths that individuals, families and social networks bring to their care and support, rather than focusing on a problem or illness/deficit-based model of care and support,
  - trauma-informed psychosocial interventions: social workers may be additionally trained in a range of psychological and therapeutic approaches, and integrate these approaches within their wider role,
  - Safeguarding: supporting people with additional needs and who are at risk of harm, abuse or exploitation to access protection in line with legislation,
  - Public protection: Social supervision with restricted people under Part 3 of the Mental Health Act.

Social workers bring specific capabilities to multidisciplinary teams, including working with complex cases involving multiple issues including risk and capacity and working with people in crisis.

Social work's role in emergencies and disasters demonstrates the relevance of the skill set to community recovery from profound challenges.

The added value of a "social" profession in the NHS.

Through diversity, bringing in a different perspective and way of approaching support

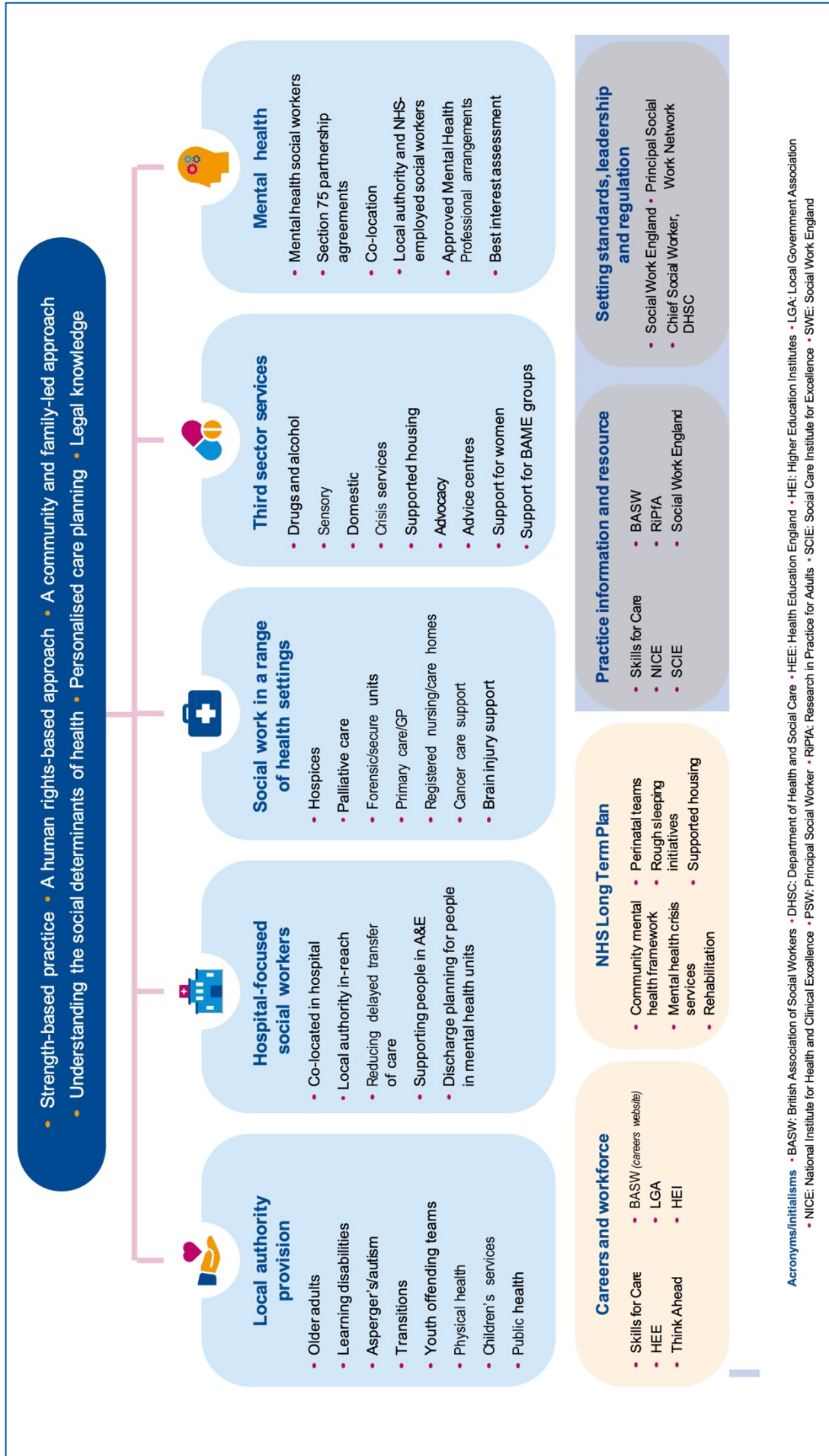Inclusion: holding values which challenge discrimination in all its forms

Broadening interventions and skills, which support holistic care

Partnerships: being an insider who understands wider stakeholders

Advocating for service user rights and voice as integral to recovery

The social work contribution to care delivery

- Strength-based practice • A human rights-based approach • A community and family-led approach
- Understanding the social determinants of health • Personalised care planning • Legal knowledge

Local authority provision

- Older adults
- Learning disabilities
- Asperger's/autism
- Transitions
- Youth offending teams
- Physical health
- Children's services
- Public health

Hospital-focused social workers

- Co-located in hospital
- Local authority in-reach
- Reducing delayed transfer of care
- Supporting people in A&E
- Discharge planning for people in mental health units

Social work in a range of health settings

- Hospices
- Palliative care
- Forensic/secure units
- Primary care/GP
- Registered nursing/care homes
- Cancer care support
- Brain injury support

Third sector services

- Drugs and alcohol
- Sensory
- Domestic
- Crisis services
- Supported housing
- Advocacy
- Advice centres
- Support for women
- Support for BAME groups

Mental health

- Mental health social workers
- Section 75 partnership agreements
- Co-location
- Local authority and NHS-employed social workers
- Approved Mental Health Professional arrangements
- Best interest assessment

Careers and workforce

- Skills for Care
- HEE
- Think Ahead
- BASW (careers website)
- LGA
- HEI

NHS Long Term Plan

- Community mental health framework
- Mental health crisis services
- Rehabilitation
- Perinatal teams
- Rough sleeping initiatives
- Supported housing

Practice information and resource

- Skills for Care
- NICE
- SCIE
- BASW
- RiPfA
- Social Work England

Setting standards, leadership and regulation

- Social Work England
- Chief Social Worker, DHSC
- Principal Social Work Network

Acronyms/initialisms • BASW: British Association of Social Workers • DHSC: Department of Health and Social Care • HEE: Health Education England • HEI: Higher Education Institutes • LGA: Local Government Association • NICE: National Institute for Health and Clinical Excellence • PSW: Principal Social Worker • RiPfA: Research in Practice for Adults • SCIE: Social Care Institute for Excellence • SWE: Social Work England

6. The unique role of Mental Health Social Work

These role categories resulted from consultation with NHS social work leaders and build on previous work in Social Work for Better Mental Health 2016.

Public protection

Social workers have expert knowledge of legislation and use legal powers when applicable to protect adults, children and the wider public. They have a lead role in safeguarding adults. They are expected to intervene or be involved in the care and welfare of adults who they believe to be vulnerable.

Social workers use relationship-building skills such as listening, patience, trustworthiness and approachability to develop an understanding of the person, and engage them in approaches to reduce harm to themselves and others.

Role A: Human rights practice

Social workers' legal literacy ensures a legal and ethical framework for practice to protect rights and prevent professional harm.

The social work foundation of Approved Mental Health Professionals (AMHP) ensures the use of mental health legislation follows the principles of the Code of Practice, including the least restriction and maximisation of independence for individuals.

Role B: Personalised assessments

These recognise the individuality, strengths and abilities of people to shape their own lives and secure their own safety. Social work supports shared decision-making, creating the condition for creative care planning and use of personal budgets.

We all bring a wealth of personal identity and cultural resources beyond our working life. Organisations need to recognise all these aspects to ensure safe and creative workspaces.

Role C: Support a trauma-informed social model of mental health and wellbeing

This recognises the impact of early adversity on mental health and the role of positive relationships and networks as key protective factors throughout the life stages.

Role D: Systemic practice

Social workers are key to ensuring integrated responses to complexity and risk. Social workers understand and have an overview of professional and organisational systems and how they are intended to work together to provide joined-up holistic care. They are therefore crucial in coordinating access to networks of services, and use their systemic knowledge to support team working and integrated care.

Role E: Promoting reflective learning and an educative approach

Social workers undertake a wide range of educative roles promoting legal literacy, collaborative learning, sharing knowledge of the social model, supporting service users' knowledge and self-help and helping partnership and system working. They undertake practice education and assessor roles in their own profession.
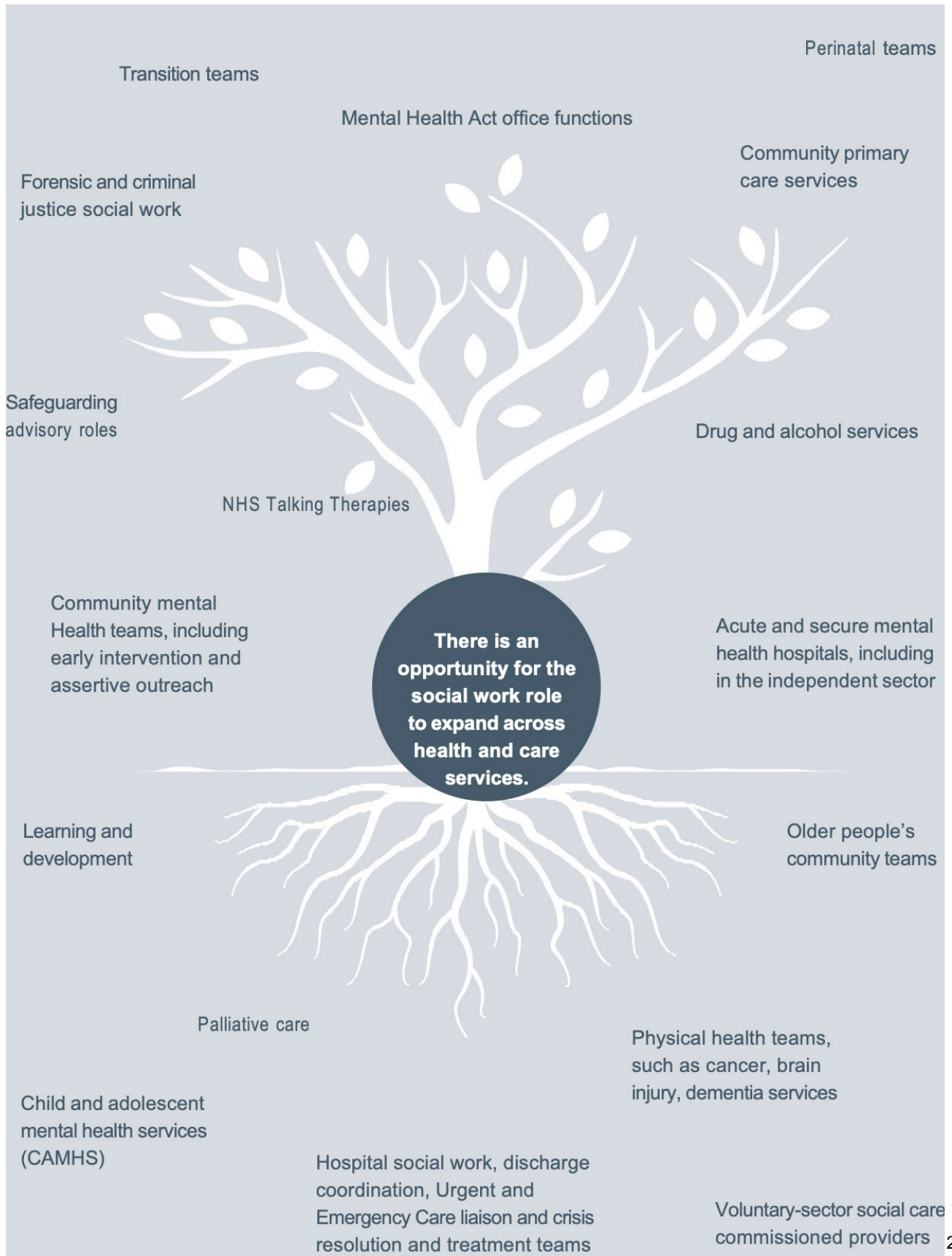
Role F: Working co-productively and innovatively with local communities to support community capacity, resilience, earlier intervention and active citizenship.

Professional social work can contribute to improvement in mental health across populations through better prevention, earlier intervention and mental health awareness and self-support in communities and families.

Social workers are employed in these localities and roles

Transition teams

Perinatal teams

Mental Health Act office functions

Community primary care services

Forensic and criminal justice social work

Safeguarding advisory roles

Drug and alcohol services

NHS Talking Therapies

Community mental Health teams, including early intervention and assertive outreach

There is an opportunity for the social work role to expand across health and care services.

Acute and secure mental health hospitals, including in the independent sector

Learning and development

Older people's community teams

Palliative care

Physical health teams, such as cancer, brain injury, dementia services

Child and adolescent mental health services (CAMHS)

Hospital social work, discharge coordination, Urgent and Emergency Care liaison and crisis resolution and treatment teams

Voluntary-sector social care commissioned providers

7. Routes into registration

Registration as a social worker indicates that the person has been judged as fit to practice and able to meet the professional standards required by Social Work England as the regulator.

Social workers must hold an approved qualification – either a degree (BA/BSc), a diploma in social work, certificate in social work. Those entering after an undergraduate degree in another field need to have a Postgraduate Diploma (PGDip) or Master's degree (MA). Social work qualifications must provide a generic education in all types of social work but may emphasise specific types of practice or setting.

An additional entry pathway is the degree apprenticeship for social work.

In adult social care, social workers often undertake intensive post-qualifying Approved Mental Health Professional (AMHP) training, practice education and BIA training (soon to be Approved Mental Capacity Professional).

8. Promoting the role of the Approved Mental Health Professional (AMHP)

Role description

The AMHP role has an important function in health and social care services. It is integral to the core specialist mental health service and has detailed statutory responsibilities arising from primary and secondary mental health legislation.

The amendment to the Mental Health Act 2007 means that the AMHP qualification (replacing the Approved Social Work (ASW) role) enables nurses, occupational therapists and psychologists to undertake the role.

AMHPs have a wider role than reacting to requests for admission to hospital, making the necessary arrangements and ensuring compliance with the law. They have the specialist knowledge and skills to make appropriate decisions for, and with, service users and their relatives and to gain the confidence of colleagues in the health service with whom they are required to collaborate.

The AMHP can now be an assessor for 'Breathing Space' (2020), the debt respite scheme.They must be familiar with the day-to-day working of integrated mental health services and be able to assess what other services may be required and how to mobilise them. They should have access to supervision from qualified and experienced senior managers.

Their role is to prevent the need for compulsory admission to hospital, as well as to make application where they decide this is appropriate. According to the latest AMHP workforce survey (2021/22) carried out by Skills for Care, 95% of the AMHP workforce were qualified as social workers and 17% employed in the NHS.

The National AMHP Service Standards.pdf (hee.nhs. uk) (2020) provides a clear framework for delivering an effective AMHP service, while offering the opportunity to demonstrate assurance and public confidence on the basis of inclusion, co-production and service improvement.

The AMHP contribution to care delivery: Why we employ AMHPs in health and care services

The AMHP is a statutory role created with the enactment of the Mental Health Act 2007.

The AMHP has a responsibility to organise and undertake an assessment under the Mental Health Act 1983 and, if the legal definitions are met, to authorise detention under the Act. AMHPs have specific responsibilities to uphold the human rights of people assessed under the Act, consider the social perspective and follow the guiding principles of the MHA, which includes the least restrictive principle. The National Workforce Plan for Approved Mental Health Professionals.

The AMHP role is well described in the Mental Health Act (MHA) code of practice.

'The role of AMHPs is to provide an independent decision about whether or not there are alternatives to detention under the Act, bringing a social perspective to bear on their decision, and taking account of the least restrictive option and maximising independence guiding principle'. (Code of Practice 14.52)

AMHPs have a legal responsibility to consider if application for admission to hospital or application for guardianship may need to be made. They will consider the social perspective whilst weighingup the reliability of the evidence and follow the guiding principles of the MHA, which includes applying the least restrictive principle.

The AMHP is also responsible for organising the complex inter-agency arrangements required to undertake the assessment and communicating with everyone involved, including the person's Nearest Relative (NR).

AMHPs have a particularly focused role in protecting people's rights, most often at points of crisis where they assess the least restrictive option to meet a person's needs under law. But they also have a holistic role in ensuring people's wider social circumstances are addressed in this situation and that the family and other key players are involved and kept informed. They are highly (and expensively) trained in mental health law. They have autonomous civil law powers to detain people for long periods (in hospital) which are equivalent only to the criminal law powers of the judiciary. As they make decisions about detention autonomously, in their own name, they can be joined in court action in person.

The AMHP role fulfils a key safeguard in the MHA, influencing life-changing decisions which might affect a service user of any age. The specialist knowledge, values and skills of the AMHP are critical contributors to preventive approaches in multi-disciplinary settings and what might be required for an application not to be made.

Indeed, the AMHP is an essential stakeholder in the bed management process. As the key applicant in the process of detaining a person under the MHA, the AMHP is an important decision-maker on the health, safety and protection of others, whilst playing an integral role with other agencies when protecting the welfare of the person concerned and their family.

How we employ AMHPs in health and care services

The availability of AMHPs is the responsibility of the local authority as follows:"Local authorities are responsible for ensuring that sufficient AMHPs are available to carry out their roles under the Act, including assessing patients to decide whether an application for detention should be made. To fulfil their statutory duty, local authorities should have arrangements in place in their area to provide a 24-hour service that can respond to patients' needs".[3]

However, there are no guidelines for how AMHPs might be deployed or how to calculate a 'sufficient' number of AMHPs. These decisions will be locally managed by the local authority with system stakeholders in accordance with the AMHP Service Standards, ensuring line of sight to the Director of Adult Social Care.

The successful operation of a local AMHP service relies heavily on the quality of the partnership arrangements between local authorities and NHS providers. These are built on the spirit of supporting a person in need of services to receive the optimum outcome for their care, support and recovery. AMHP workforce planning should involve NHS provider trusts to strengthen approval and re-approval pathways and support the continuing professional development (CPD) of all AMHPs regardless of employer.

Responsibility for AMHP approval/ re-approval sits with the local authority.[4] In the study "Who wants to be an AMHP" (2018)[5] a number of findings and recommendations help us to understand that the AMHP role is attractive to health professionals but that there are structural hurdles to overcome:

- Potential AMHP candidates should be identified as early as is reasonably possible within their continuous professional development objectives and supported to join the preparatory AMHP training pathway (co-ordinated by AMHP lead/ AMHP service manager).
- NHS-employed AMHP candidates will need to be released to carry out their AMHP training away from their substantive team for the required period.

NHS AMHPs will need to be supported by their employer to contribute to their AMHP duties away from their substantive team when on AMHP duty within their operationally contracted hours.

Each AMHP employed by the NHS should have an individual AMHP 'Contract Agreement' detailing the duties and expectations of the AMHP, duties of the NHS trust, duties of the local authority, terms and conditions, remuneration, hours of work (re AMHP rota), disciplinary, grievance and capability procedures, health and safety at work, including vicarious liability of the local authority for the AMHP and regulatory responsibilities/ assurance on approval and re-approval.

- Pay arrangements should be comparable between local authorities and NHS trust to ensure that NHS staff are incentivised to carry out the AMHP role where local areas might offer market supplement payments.

Local authority and NHS trusts hold detailed protocol agreements which are accessible to AMHPs and business support staff illustrating partnership arrangements and expectations including:

- standard operating procedures workforce development arrangements, workforce planning arrangements (sufficiency);
- quality assurance and safety;
- dispute management;
- These arrangements will need to be reviewed annually.

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2. Social work for better mental health - A strategic statement (publishing.service.gov.uk)
3. Mental Health Act 1983 (publishing.service.gov.uk)
4. S114 Mental Health Act
5. Who wants to be an Approved Mental Health Professional? - Research Portal, King's College, London (kcl.ac.uk)

Where we employ AMHPs in health and care services

Routes into AMHP training, qualification, and approval

AMHP candidates will need to hold a professional social work, nursing, occupational therapy orchartered psychologist qualification to be eligible to practise as an AMHP.

Local authorities and NHS providers need to work in partnership to identify potential candidates well in advance of their formal AMHP training in the interests of robust preparation and confidence building. Each local authority/ NHS partnership should have AMHP training and development arrangements set out in their local policy, illustrating AMHP professional development pathways.

Pre/AMHP preparatory pathways will be agreed between local authority and NHS providerand should prescribe the evidence required to demonstrate the readiness of the candidate for AMHP training. This might include shadowing MHA assessments and types, practice experience in the field of mental health across different age/type services and attendance at specific training courses.

Local authorities will commission higher education institutions to deliver AMHP training whichis regulated by Social Work England. Training is typically classroom and/ or virtual learning, combined with practice-assessed placement.

When qualified as an AMHP, the candidate will be considered for approval by the local authority as per the statutory regulations. Each AMHP will be approved for five years with an expectation that they will demonstrate 18 hours AMHP-related training within for each 12-month period that they are approved. Re-approval will include a locally agreed process for each AMHP and should involve robust assurance demonstrating completion of CPD requirements and effective supervision and support arrangements.

People who have completed approved mental health professional (AMHP) or best interest's assessor (BIA) training, can request to have it added to Social Work England's online register.

Annotations will not be applied automatically to the register, so they need to request this from Social Work England.

Part Two: Making the NHS and other key mental health agencies a great place to work for mental health social workers and Approved Mental Health Professionals: Guidance and support

The following pages contain eight enabling considerations and a range of action points. This will help organisations to develop, support and integrate social work.

Consideration 1: (strategic) Ensure social work is well-led in integrated systems

Overview

- Develop a partnership narrative for community and social wellbeing which describes how partners will harness social work's contribution (See Appendix 3 NICE resources)
- Ensure senior social work professional leadership is represented at strategic levels including the AMHP lead role, promoting the value of diverse leadership.
- Boards should consider the value of appointing a non-executive director with social care experience.
- Support a multi-professional view of quality and understand the breadth of social work contribution, giving equivalence to social approaches as an area for evaluation and quality improvement.
- Ensure that partnership governance is fit for purpose and that there is senior capacity for partnership working, irrespective of the nature of the organisational arrangement.
- Encourage new ways of undertaking HR, workforce planning, CPD and leadership development to help deliver more holistic care.
- Develop clear integrated joint working arrangements across agencies.

An impactful social work service relies on shared leadership and clear roles for professional and managerial leaders, including the following elements:

- Hold a clear view of the required professional functions and how these are delivered in your service, with clear governance to identify any risks if these are not met.
- Ensure there is the right balance and skill mix of professional roles (spread of gradings, experiences and skills across roles) capacity and seniority to have oversight of the range of functions.
- Support the middle management role in inclusive leadership practice, harnessing diverse contributions, modelling partnership behaviours and facilitating interpersonal learning.
- Promote effective career progression for social work and ensure the NHS recognises and supports social work's potential in leadership development, talent management and recruitment. See NHS policy on diverse leadership.

The NHS can support integrated care by ensuring the value of the Care Act as a framework is understood; and consider how this resonates with NHS principles and objectives.

One key way that the principle of the Care Act can be supported in the NHS is to embed the model of personalised care.

Organisations should ensure that a social wellbeing and prevention approach is central to mental healthcare.

The NHS Long-Term Plan asks the NHS to show how it will build cross-sector, multi-professional leadership, centred on place-based healthcare, in partnership with local authorities. Senior leaders need to work strategically to harness social work's contribution, as a direct employer and host to the social work workforce.

Senior system leaders and ICSs should develop a partnership approach, giving parity of esteem (with clinical and medical interventions) for social and public health approaches, showing how strategic partnerships can contribute to, and develop, community and social wellbeing.

The social and mental health impact of COVID-19 will require new responses to enable community resilience in the short and longer term.

Social determinants of health (The Health Foundation)

Shared responsibility for health: the cultural change we need (The King's Fund)

Health Equity in England: The Marmot Review 10 years on (YouTube video)

"We can and should improve how we work in partnership within the NHS – one area is the leadership in social work as it plays an incredibly valuable role.

Our strategic aim is to be an outstanding organisation and to be the best mental health organisation in the country and to achieve this we need to some things differently. We have to focus on prevention and build trust with local communities and have a workforce that is able to do that. The emphasis on preventive measures is where we really see how social care roles and peer support workers will help us. It's a core part of the strategy – to become an outstanding organisation built on a strong solid partnership with social care and to have a really vibrant workforce to be able to deliver that."

David Bradley
Chief Executive
South London and Maudsley NHS Foundation Trust

The Care Act 2014

There are six principles under the Care Act 2014, which are:

Empowerment. You know best about the care and support you need; your views, wishes, feelings and beliefs should always be considered. To ensure that this is implemented in the right way, professionals must discuss all the possible outcomes of the patient's decision, without enforcing their opinions too much. If the patient does not have capacity to give consent, then their decisions can be made for them. Whether the patient has capacity depends on a few factors that are specified in the Mental Capacity Act 2005.

Prevention. The main aim of professionals should be the person's wellbeing, reducing the need for care and support, and reducing the likelihood that the person will need care and support in the future. Local authorities have a legal duty to prevent, reduce and delay people's needs from worsening. The aim is to have responsive local authorities that can support people at an early stage, to prevent or reduce the likelihood of people ending up in crisis situations.

Protection. Professionals should always work to protect you and other people from abuse and neglect. The Act clearly states how people can raise concerns about the safety or wellbeing of someone who has care needs. If a person is at risk of abuse or neglect, authorities must act immediately. An effective response must be in place to protect the person in need.

Proportionality. Appropriateness and proportionality are concepts that must apply to all assessments. A proportionate assessment will be as extensive as required to establish the extent of a person's needs and any decisions made will always be person-centred and based on their individual circumstances.

Partnership. Any decisions should be made with the person's involvement, and their wellbeing should be balanced with that of any involved family and friends. It also applies to multi-agency collaboration working in partnership to provide the appropriate care and support for the individual.

Accountability. Professionals should ensure that any actions taken to support a person receiving care affect their rights and freedom as little as possible. Safeguarding is everybody's duty, and everyone in contact with a vulnerable person should be responsible for noting any risks and acting on any harm identified.
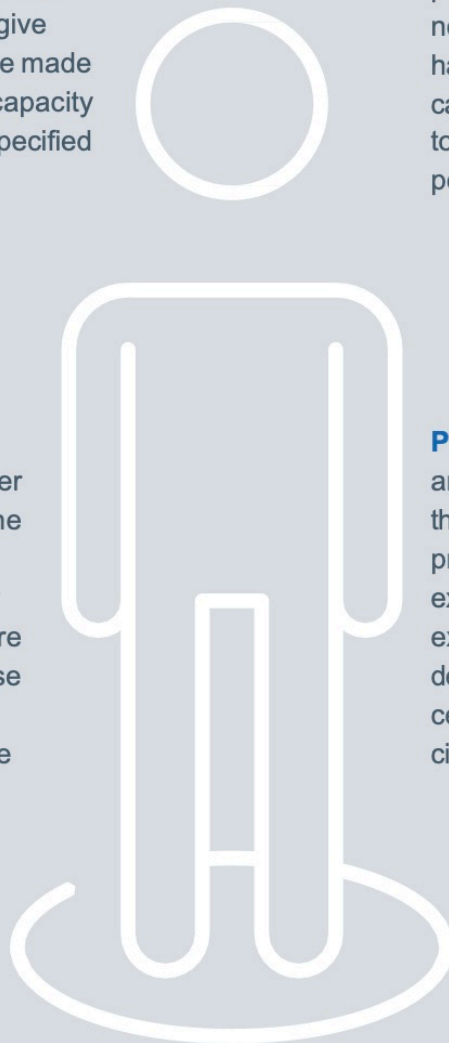
Personalised care principles

Personalised care takes a whole-system approach, integrating services around the person including health, social care, public health and wider services.

It means people have choice and control over the way their care is planned and delivered. It is based on 'what matters' to them and their individual strengths and needs.

Personalised care represents a new relationship between people, professionals and the health and care system. It provides a positive shift in power and decision making that enables people to have a voice, to be heard and be connected to each other and their communities.

The NHS Long Term Plan

See Our Place: local authorities and the public's mental health

Shared leadership is about transcending individual organisations and their interests and coming together on behalf of local people. As an example, this may require the local ICS to develop an integrated workforce plan for all aspects of the local mental health workforce needs.

Supporting social work will involve an asset-based approach to the skills and resources of different partners and communities, understanding and respecting different contributions, strengths and accountabilities, based on the evidence.

A focus on community resilience and new ways of sustaining social connectedness will also be vital elements of effective planning for recovery from the pandemic.

The Community Mental Health Framework provides a template for local discussions about what a shared model of care looks like which puts prevention at the forefront of services.

The board of directors should develop, embody and articulate a clear vision and values for the trust, with reference to the Integrated Care Partnership's integrated care strategy and the trust's role within system and place-based partnerships, and provider collaboratives.

NHS England: Code of governance for NHS provider trusts

Standards of care

Organisations should convey how the care they provide reflects attention to both social and clinical issues in their public narrative about mental health.

An objective of integrated care is to provide services to people closer to home. This requires the redesign of care pathways and the creation of new or expanded community-based services.

Some services could be designed for delivery at home, and others might be accessed at a neighborhood "hub", which could provide primary care, community health, mental health, social care and voluntary sector services all in one place. Access to specialist care would support the management of long-term conditions and urgent care, while an expanded offer of reablement would help prevent unnecessary admission to hospital or care settings.

Commissioners should involve local people, their families and carers, as well as health and social care providers, in their planning, so that services are better tailored to local context and priorities.

[Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services](). (NICE)

[Keep Thinking Differently]() (Rethink)

All Integrated Care Systems have been working on community mental health transformation since April 2021, based on principles set out in the Long Term Plan, Community Mental Health Framework and Care Programme Approach (CPA) Position Statement.

The NHS Long Term Plan aims to tackle long waits for support, fragmented care processes, restrictive thresholds which increase the possibility of people falling through the gaps of care and difficulties accessing the right support at the right time.

The new models of care aim to support recovery-focused, personalised and holistic care and support for adult and older adults with complex mental health needs by integrating services across health, local authorities and the voluntary sector and ensuring services are easily accessible in PCNs.

The principles for delivery of high quality, personalised care as set out in the CPA Position Statement are welcomed by stakeholders. However there is clear appetite from systems for more practical insights on what this will look like in practice and how to enable effective culture change.

There is a wealth of helpful information developed by NHS England and partners to support transformation, although it can be fragmented if developed across different organisations, at different times and with different levels of engagement.

NHS organisations should ensure that there is sufficient senior social work professional leadership at a strategic level to develop the community-centred vision and provide oversight to support both directly employed social work staff and those operating under partnership arrangements.There should be a senior professional social work lead to take responsibility for higher-level professional and strategic functions.

Consideration needs to be given to both strategic partnership aspects such as advising on partnerships and the contribution of social care to innovation in the NHS and beyond as well as professional oversight functions.

"Every trust should be led by an effective and diverse board that is innovative and flexible, and whose role it is to promote the long-term sustainability of the trust as part of the ICS and wider healthcare system in England, generating value for members in the case of foundation trusts, and for all trusts, patients, service users and the public".

NHS England Code of governance for NHS provider trusts

See also:
Is there the leadership capacity and capability to deliver high quality, sustainable care?
Care Quality Commission guidance on leadership capacity and capability (healthcare services)

Examples of senior social work leadership

In the NHS, professional leadership roles may use different titles and may incorporate wider strategic functions for social care. They are likely to devolve aspects of these roles to other roles in their system at lower grades; for example, senior practitioner.

It is essential that there is someone in a clear lead role who fulfils a professional oversight function and knows how any responsibilities are distributed. Examples of social work leadership roles include: head of social work; consultant social worker; director of social care; professional lead; principal social worker, strategic lead for social work; associate director for social work.

NHS professional leaders and Adult Social Care principal social workers

It is good practice to ensure there are positive links between NHS professional leads and adult social care principal social workers to support system collaboration on good practice, whatever the partnership context.

Recent guidance states:

"Where the NHS professional lead role is also involved in supporting seconded social work staff who undertake delegated statutory duties, consideration needs to be given to a direct report line to either the adult social care principal social worker or to the director of Adult Social Services under the broader section 75 agreement to provide assurance under partnership agreements. This is because the Director of Adult Social Services will have legal responsibility for the social work and AMHP role working on behalf of the local authority."

Council leaders such professional social workers and AMHP leads also provide an advisory resource for Boards about the role of social workers and AMHPs.

Links should also be established with Integrated Care Boards to ensure that social work professional leadership in the NHS is part of the move to establish clinical and professional system-wide development.

NHS England's Clinical and Care Leadership Lowdown podcast flagship episode breaks down exactly what Clinical and Care Professional Leadership (CCPL) is.

Organisations should embed the contribution of social work in achieving quality.

Social work has a key contribution to make to quality outcomes in all organisations. The presence of social work contributes to improved decision- making, protecting human rights, ensuring balance and reducing bias, as well as fostering organisation- wide compliance with legal and statutory frameworks.

Social and community interventions should be given equivalence to clinical and medical interventions as an area for evaluation and quality improvement. (See Get In On the Act)

Organisations should have a clear view on how their approach to quality assurance aligns partnership, professional and service improvement activities to promote transparency and clear roles in assurance (see Quality Matters digital resource in Appendix 3)

Opportunities can be developed for a shared understanding of quality across partnerships, with service users and carers, regulatory and professional leaders as a spur to improvement and integrated governance.

For example, the availability of the National AMHP Standards Framework is an essential tool to demonstrate strengths and areas for improvement across the MHA pathway.

The DHSC ethical framework introduced to guide decision-making in the COVID-19 pandemic is a useful guide partnership in the context of an emergency.

Partnership governance should be robust with enough senior capacity for partnership working, whatever the organisational arrangement.

Integrated care can be achieved through diverse arrangements, not just structures. It requires dialogue, learning and negotiation of goals and outcomes. Mental health services are diversifying, requiring new forms of collaborative governance on a bigger scale.

Agreements such as memoranda of understanding are essential. Organisations should ensure governance follows purpose and is proportionate whilst being monitored at an executive level. If there are delegated functions, senior leaders need to be clear about roles and with transparent accountabilities at all levels of the organisation.

For valuable advice on achieving a viable integrated approach, see Achieving integrated care: Fifteen best practice actions

Create a culture for innovative approaches to HR, workforce and people development to embed prevention

An important skill set for senior leaders is agility in modern workforce development approaches and partnerships. Trust boards, integrated care systems and senior leadership teams will need to encourage staff at all levels to initiate new ways of undertaking HR, integrated workforce planning, shared learning, CPD and leadership development that can help deliver more holistic care.

Overview

An impactful social work service relies on shared leadership and clear roles for professional and managerial leaders. Key factors are to:

- Hold a clear view of the required professional and strategic functions you need to fulfil to secure both foundational standards and holistic care .
- Ensure there is the right balance of professional roles and enough experience, capacity and seniority to have oversight of the range of functions.
- Support the middle management role in inclusive leadership practice, especially its role in harnessing diverse contributions and partnership behaviours.
- Promote effective career progression for social work and ensure the NHS recognises social work in recruitment.

- Hold a clear view2 of what professional functions must be fulfilled and enable access to advice and support from a registered social worker for all registered social work employees.

Resources which help to define the scope of professional leadership roles include

- Post-qualifying standards for supervisors
- Professional standards guidance
- Continuing professional guidance

Ensure there is the right balance of professional roles and sufficient experience, capacity and seniority to cover the range of functions and oversight.

Professional functions encompass a wide range of educative, influencing, supportive and quality- assurance activities. This is usually made available through a mix of roles: dedicated senior role, such as head of social care, AMHP lead, senior practitioners or consultant social worker roles, NHS managers with a social work background, principal social workers, practice educators, practice supervisors.

Establish a support plan for how these roles are enabled to maintain purpose and impact.

It may be useful to develop a local multi- professional leadership strategy.

The role of practice supervisor is also one of practice leader who helps to create the right culture for professional practice and learning via the post- qualifying standards for supervisors. Professional supervisors should be seen as a source of adviceby operational management groups and their distinctive organisational contribution to the NHS, harnessed by senior management teams.

The following factors are important in upholding an impactful professional leadership function:

- Senior strategic role reporting to board;
- A 'critical mass' of senior and practice leaders with scope to form a virtual team;
- Local authority principal social workers providing advice and support;
- Active AMHP leadership including AMHP practice assessors and AMHP workforce development leads;
- Social work presence at both operational and strategic levels;
- Stability of staff, including senior staff;
- Clear operational definitions of professional and team roles; and development of workforce diversity including multi- professional senior leadership.

Support for the middle management role within inclusive leadership roles

This was outlined in the NHS People Plan 2020/2021 and linked to the local authority's workforce plan.

NHS managers can have a direct role in engaging with this staff group through their own learning about what the strengths, concerns and motivators of social work are. NHS managers include community mental health team managers, clinical managers, operational leads, and professional leads. The role of team leaders and middle managers in harnessing diverse contributions and partnership behaviours should be clearly communicated and supported. Inclusiveness in advance care planning is critical for empowering people.

Consideration 2: Enable professionalism

Organisations should have a clear view of their responsibilities to support professionalism within different employment arrangements.

Overview of important factors:

- Appointment of a senior social work leadership role
- Ensure a clear description of the social work role.
- Ensure there is a clear strategic description of the social work role in a social work workforce strategy to inform how the role is organised, managed and recruited for, based upon a nationally-endorsed definition. For examples of a strategic delivery plan for social work, see Devon Partnership Trust's plan
- Support the conditions for continuing registration of employees with a social work background.
- Ensure that professional supervision and appropriate forms of CPD are available for all registered social workers (irrespective of who employs them). Supervision skills need to be part of ongoing training, needs analysis and CPD conversations to build skills. HEE has invested in a practice supervisor programme. See https://www.hee.nhs.uk/our-work/mental- health/new-roles-mental-health/social-workers
- Support trainees and early career social workers (ASYE) working through partnerships to access advice and sharing of resources.
- Ensure supervision for other social worker roles is protected, building on the robust arrangement for AMHPs. Approved Mental Health Professional National Service Standards Evaluation, Mapping and Planning Toolkit.
- Enable recording and evaluation of supervision arrangements.

- Ensure there is a clear professional contact to advise managers on issues concerned with breaches in professional conduct and disciplinary and fitness to practise processes

This links to Consideration 1 (strategic) to ensure that social work is well-led in integrated systems.

Visibility of social work leadership at senior levels and clear lines of accountability

There needs to be a senior role (see Consideration 1) which provides a point of advice and oversight for professional issues for any social workers located in the NHS .

Developing a clear definition of role

The social work role is shaped by many factors (policy, professional requirements, legal and statutory frameworks) and is delivered through different employers. Social work in the NHS has a set of accountabilities distinct from those employed by local authorities which need to be understood and locally negotiated to ensure alignment of functions and responsibilities.

Professional identity in a multi-professional and team context

In the NHS context, working in a multi-disciplinary team requires all professionals to be able to reflect on and adapt their role and to contribute professionally to team tasks and outcomes.

This involves awareness of the interplay between professional and team role and the capacity to align and blend these with the contribution of others without feeling that identity is either threatened

or lost in those interactions. We know that this requires complex support to sustain but can result in diversity of thinking and solutions and improved staff wellbeing.

How to use the role categories

To see a full listing of role categories that reflects different facets of the mental health social work role, see page 15; this has derived from consultation with mental health social workers employed in NHS settings. The categories are generalisations because each role will have its unique configuration.

This Guidance reflects the growing importance of systemic, educative and collaborative capabilities in a multi-professional environment and the breadth of contribution social work makes to the NHS.

Roles and specialism are likely to reflect the deepening of particular categories or combinations. The focus is on social workers employed in the NHS and acknowledges commonalities with, and differences from, local authority-employed social workers who undertake delegated duties.

For help with development of definition of social work see Professional Standards Social Work England.

The NHS and other agencies should make clear to employees with a social work background the need for continuing registration. As an employer, the NHS should make clear its commitment

to supporting social workers to fulfill these expectations. For details on how staff can register and renew, see Social Work England's registration information page.

Access to professional supervision

Ensure that professional supervision and appropriate forms of CPD are available for all registered social workers.

Enable recording and evaluation of supervision arrangements

NHS trusts and other agencies should maintain a central database of social workers' professional registration and supervision arrangements and support timely registration. This database should form the basis of a report into NHS trust governance and quality systems such as that which exists for nursing and allied health professionals' registration. Evaluation and audit of the experience of supervision could be recorded in the database.

It is good practice to have, or include in existing professional/clinical supervision policy, a multi- professional supervision policy, which outlines the expectations for different professions (and those with different employment status). This is key for all staff.

Ensure managers are aware of the quality indicators of good supervision for social work and its role in professional regulation. Supervision should include explicit reference to the context in which social work is placed and the key considerations/ deliverables of the area of practice. See Research in Practice and to standards for practice supervisors.

Ensure the availability of professional supervisory capacity

Trusts should establish availability and make best use of capacity in the system to promote access to supervision for all social workers.

Organisations need to be clear about all aspects of the role of practice supervisor: see Post-qualifying standards for social work supervisors. This guidance should be used to audit and review skills and inform CPD to ensure that social workers receive supervision from appropriately trained staff.

Establish role clarity between managers and professional leaders

Addressing the difference between line management functions (sickness, HR issues, caseload management) where these usefully overlap; for instance, support for wellbeing. It is good practice to have a three-way supervision agreement between line managers and professional supervisors to establish clear boundaries.

Ensure managers are aware of the quality indicators of good supervision for social work and its role in professional regulation

Supervision should include explicit reference to the context in which social work is placed.

See

- [Research in Practice](#)
- [See Knowledge and Skills Statements for Child and Family Social Work](#)
- [Knowledge and Skills Framework for Social Workers in Adult Services](#)

Support trainees and early career social workers

NHS trusts and other agencies should develop effective links with [Teaching Partnerships](#), local universities and social work training initiatives locally and nationally.

Newly-qualified social workers must undergo the assessed and supported year in employment (ASYE) with a clear assurance framework offering internal and external validation. Efforts should be made to streamline the ASYE with preceptorship and share resources and learning.

For social workers who have demonstrated capability at Assessed and Supported Year in Employment (ASYE) level and above, provide supervision in line with identified needs and, at least monthly, monitor actual frequency and quality of supervision against clear statements about what is expected.

Ensure supervision for other social worker roles is protected

AMHPs require specific supervision and it is good practice to establish a joint local authority/ NHS protocol and understanding of who will be providing this supervision, as responsibility may sit outside the NHS trust. The AMHP Service Standards and Evaluation and Mapping Tool is available to support local authorities and NHS trusts to self- assess their AMHP services. to provide consistency. Avoid duplication and audit their AMHP services

Support for social workers can include group supervision, peer support and forums where social workers can articulate health and wellbeing concerns.

Enable access to profession specific and other stimulating CPD opportunities

Appropriate professional and core skills frameworks should be used as the basis for evaluating capability and identifying development needs. Examples include:

- Knowledge and Skills Framework for Social Workers in Adult Services
- Professional Standards Social Work England

Encourage social workers to plan, reflect on and record learning activity, using recording tools such as an e-portfolio. Include feedback from people they are supporting, to inform their practice. See Social Work England's CPD guidance.

Social workers have a responsibility to work on their own professional development. This is outlined in the Social Work England professional standards.

This is key for all staff. Professional Standards Guidance. See also CPD in Consideration 4.

Consideration 3: Ensure all staff are equipped to deliver effective teamwork

Ensure organisations have the mechanisms and resources to support social workers to play a full part in multi-disciplinary teams and embed the skill set in workforce and CPD.

Social work impact depends on the foundations for effective teams being in place. More is expected of staff to work through different team forms, as 'teams without walls' and in networks. This points to new and enhanced collaborative skills and managers operating reflectively to uncover assets and diverse skills.

Three aspects of effective team working are particularly important to social work outcomes and to the development of outward-facing teams. These are role clarity, including being clear about how professional and team roles intersect and a clear purpose which draws on the skills in which they were trained and an appreciation of diversity of thinking and practice.

It is also important to support the vital role that social workers (and non-social work AMHP colleagues) offer with their contribution to the local AMHP service.This may require flexibility and variation depending on the required working patterns to fulfil AMHP duties. Regular meetings and governance structures need to be clearly set out and overseen if effective teamwork is to be consistently delivered

Team diversity

Diversity in teams is defined in the widest sense of the range of differences, including protected characteristics, demographic and professional differences. Knowing how to fully harness these strengths is becoming a more important leadership skill. Diversity linked to an inclusive culture can make significant improvements to service provision. High-performing teams are both cognitively and demographically diverse.

- Ensure teams are informed on the principle for effective and diverse teams and are supported to undertake regular reflection on their learning and team experiences.
- Do audits to address the balance of team, organisation and professional role.
- Establish a shared learning and communications strategy to enable access to knowledge about different roles and interprofessional reflection on role.
- Equip managers in team working and partnership skills to facilitate a reflective approach to their own team culture and support awareness of different values, practice frameworks, languages and sources of belonging.
- Create opportunities for professions to meet as networks or interest groups to support diverse thinking.
- Create opportunities for mentoring inter-team and system learning with the wider network of leaders and teams.

Four conditions for effective teams

Rate your experience in your current setting

Having a real team bounded, stable, interdependent with a real team task
5
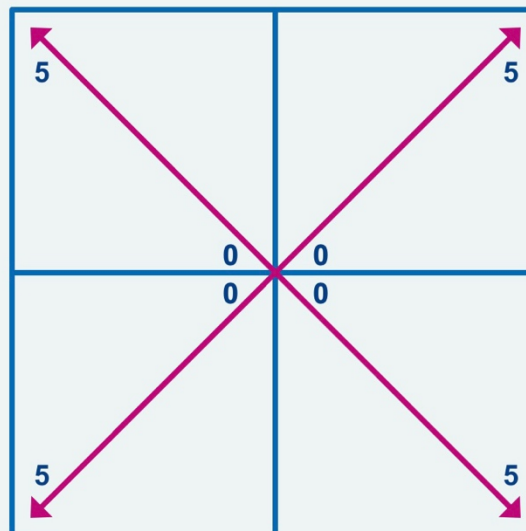
Being part of teams where managers make the right choices about who should be on the team — skills and roles, enablers not derailers
5

0   0
0   0

Having a clear team purpose, challenging and consequential with clear objectives
5

Developing through regular coaching and self-coaching
5

Adapted from Professor Michael A West presentation Leadership Teams for High Quality Care Cultures in the NHS given at University of Exeter, May 15, 2013.

"Managers need to recognise that teams include people with diverse identifications and sources of belonging and accountability and to promote team identification with the value of partnerships and communities alongside a focus on NHS values. Identification with shared principles of care rather than uncritical loyalty to an organisation is an important aspect of professionalism, team safety and quality outcomes."

Social Work for Better Mental Health Department of Health, 2016.

Role clarity is the degree to which employees have a clear understanding of their tasks, responsibilities and processes at work; it also includes their colleagues' roles. Role clarity on team, organisational and professional role is important for social work.

Consideration 4: Promoting excellence in practice throughout social worker careers

Overview: organisations should:

- support all registered social workers to sustain the requirements for CPD in their professional registration.
- develop profession- specific learning opportunities and evidence- based learning.
- support registered social workers working to sustain the considerations for CPD in their professional regulation. This should be provided by a registered social worker where expectations are laid out in the Social Work England standards.
- support social work's educative role with trainees. This includes encouraging staff to undertake the practice education role for students, the consultant social worker role for the Think Ahead programme and to support newly-qualified social workers (NQSW) and trainee AMHPs.
- have a clear pathway for developing practice leaders using the practice supervisor standards.
- support social work's educative role with trainees. Social workers have an active role to play in supporting the learning and education of newly-qualified social workers and trainees.
- assure themselves of their responsibilities for providing an ASYE themselves or via partnerships (see below) and facilitating access to a programme for all early career social workers.
- support profession-specific learning opportunities and a culture for reflective and interprofessional learning.
- evaluate practice using integrated, quality- assured national guidance.

Since social work has evolved some clear routes for career development; for example, AMHP, BIA, practice education, practice supervision and consultant social work roles, organisations should:

- promote opportunities for shared learning in CPD. Social workers need to sustain inter-professional skills and reflective practice related to their role.
- encourage social workers with strategic and organisational influence to contribute to best practice in implementing the Social Work England standards. This offers an opportunity to celebrate and recognise innovation and the complexity of social work.
- adopt national good practice in the support, recruitment and retention and development of AMHPs in line with the AMHP workforce plan and standards.

- ensure social work is recognised in NHS leadership opportunities and support activities and its specific barriers understood and addressed in local leadership plans.
- encourage social workers to undertake research in practice and have access to opportunities to build research skills throughout their career.

Further guidance

[Professional development guidance for social workers](#) (Social Work England).

Supervision for specific roles

AMHPs require a minimum of 18 hours of AMHP- specific training a year to maintain their local authority approval, along with evidence that they continue to meet the statutory competency requirements for re-approval. This will include one- to-one AMHP supervision from an AMHP manager, peer or colleague, and attendance at regular forums. Both NHS and local authorities must ensure that AMHPs are released from other roles to meet these requirements. A similar process is likely to be introduced.

ASYE responsibilities of employers

The [ASYE framework](#) (skillsforcare.org.uk) was established to ensure that early career social workers receive consistent support in their first year of practice. It is designed to help them become confident and capable professionals who can uphold professional standards.

NHS employers are responsible for ensuring that as part of the induction of newly qualified social work, they are given the opportunity to join a programme of support. This may be provided by them or in partnership and they are responsible for managing and quality assuring this process. They are expected to meet criteria overseen by Skills for Care.

The criteria are to:

- facilitate learning, development, and assessment requirements for NQSWs, such as
  - regular supervision (initially weekly, then reduced to monthly)
  - 10% protected time for focused learning
  - learning opportunities relevant to their professional needs
- ensure the programme's practice is underpinned by post-qualifying standards for child and family practitioners and the Professional Capabilities Framework.
- ensure that the quality assurance of the programme is based on the experiences of the NQSWs and the impact it has had on them.
- integrate the programme into each employer's organisational strategy and career progression routes for NQSWs.

When providing training about any aspect of mental health and social care:

- involve people using mental health services in the planning and delivery of training; and
- ensure that all training aims to improve the quality and experience of care for people using mental health services;
- evaluate training with this as an outcome.

Experts by experience play an important role in delivering training.

- See [Social Work England professional standard 4](#)
- [CPD guidance supervision arrangements and support timely registration](#)

Best practice in developing an ASYE programme
- Ensure protected time for learning, good supervision and bespoke training are at the heart of the programme and uniformly understood.
- Engage teams and service managers to understand the role and identity of social workers and evidence the impacet they can have.
- Embed content that is relevant to NQSWs' roles and their career development (Such as mental health content or learning and development needs)
- Establish good practice for training assessors and ensure a pipeline for the recruitment of senior staff to take on this role.
- Extend knowledge and learning of what works internally and encourage other managers to learn from one another.

Consideration 5: Enable social workers' engagement and wellbeing

Organisations should:

- gather data on social workers' wellbeing and use this evidence to help identify systemic patterns on absence, job satisfaction, stress at work, opportunities and discrimination. This should address the current challenges for social workers' wellbeing in the context of theCOVID-19 emergency. The following is helpful: Bath Spa University study of social worker working conditions;
- support joined-up thinking about how wellbeing can be tracked and supported across partnerships; see LGA Health Check for an example
- equip social workers with appropriate tools on wellbeing. It is important that the health risks of social work are understood and recognised in management and professional supervision, including in the AMHP role, and not minimised;
- AMHPs will need to have access to support through out of hours given the unpredictability of the experience and timings of assessment;
- ensure social workers are informed about resources and support services available to them by their employers: The NHS Health and Well Being Framework makes the case for staff health and wellbeing in the NHS, and includes guidance on how organisations can plan and deliver a staff health and wellbeing strategy;
- ensure that induction processes include a multi-professional context, welcome diverse professions, ethnicities and backgrounds and recognise the issues posed for cultural visibility by smaller professions and new roles;
- have systems for social workers to report inadequate resources or difficulties which might have a negative effect on the delivery of care and support; and to raise issues about working practices that are inappropriate or unsafe;
- have clear policies and procedures for lone working, reducing the risk of violence, associated risk of trauma and managing violent incidents. The contribution of social work and AMHPs to public protection alongside emergency services should be recognised.

Studies show that there is a direct relationship between employee wellbeing (workplace wellbeing and psychological wellbeing) and employee retention. See also World Health Organisation framework and model.

There are specific challenges to sustaining wellbeing in a pandemic and other emergencies. Social workers and AMHPs, like all staff, should receive appropriate care for their wellbeing and debriefing. See: Looking after your mental health during coronavirus outbreak.

Consideration 6: Fair and transparent performance systems

Performance management should be a golden thread linking appraisal and HR systems to wider partnership, corporate and system goals. This may need to include local authority performance outcomes for local authority staff based in the NHS.

Overview of key factors:

- Develop opportunities to simplify, align and integrate service performance metrics across health and social care.

- Ensure that the impact of bias on decision- making is considered and best practice is observed in securing fairness and transparency. NHSI Report template.

- Treat social and community outcomes, wellbeing, human rights, inclusion and social value on a par with clinical ones and as core business.

- Foster a collaborative approach to performance management.

- Have clear agreements/policies on who will take the lead in disciplinary and fitness to practise issues in integrated arrangements.

Aligning organisational performance and HR systems should foster dialogue about workforce and service improvement (including input from those receiving services) to ensure staff are clear about purpose and expectations made of them.

Organisations should develop opportunities to simplify, align and integrate service performance metrics across health and social care.

National performance frameworks are not integrated, which can lead to unintended effects on those trying to work in integrated ways.

Performance interventions should be a focus for improvement and regularly tested and evaluated for fitness for purpose and whether they are driving improvement. Performance frameworks should:

- treat social and community outcomes on a par with clinical ones and as core business to achieving health outcomes. Delegated
- functions and related metrics should be upheld and as visible to all staff as those in the host organisation. The Long Term Plan emphasises metrics on wellbeing, human rights, inclusion, social value, and the visibility of social work's contribution to services;
- foster a collaborative approach to performance management. Organisational and employee objectives should be aligned and reflect wider partnership goals;
- reflect the modern social work capabilities in job descriptions and guide employee goal setting and appraisals;
- have clear agreements/policies on who will take the lead in disciplinary and fitness to practise issues, including addressing how staff will be supported. Data should be gathered on any systemic issues raised; and
- have a system for dealing with complaints, councillor and MP enquiries and ombudsman investigations, including the behaviour of colleagues.

For service user experience guidance, see item 2 in Appendix 3 NICE resources

Consideration 7: Developing a workforce fit for future challenges

Organisations should ensure that workforce planning supports safe staffing levels, responds to new demands, and achieves the right skill mix and professional input for community-centred models of care.

- Safe staffing: Organisations should work in partnership to establish a clear view about what forms safe levels of staffing in different settings and agree systems for accountability and alerting to risks.
- Include the social work workforce in organisational workforce intelligence and planning. Access to appropriate workforce data is a key aspect in planning. Trusts should know how many social workers they directly employ, where they are positioned, roles they undertake and any risks associated with CPD, such as lack of senior social workers to support newly-qualified social workers.
- Prioritise action on workforce innovation to build a stronger prevention and community offer. Enhancing the range of community-centred roles is a key way of recognising the full breadth of issues that may prevent people from reaching their health and wellbeing potential. These can include advance care planning, housing, debt management, domestic violence and social isolation.
  - See: social work's role in emergencies, especially in community support, which could be a vital part of planning for resilience. The sustainability and coordination of such roles are also vital and could be enabled if social workers are supported to fulfil system leadership at community levels (Health Inequalities: place- based approaches to health inequalities).
- Consider the opportunities for the NHS to directly recruit social workers and set aspirational goals for a percentage increase in recruitment. The NHS should consult with local authority partners to ensure strategies are informed by the wider local picture and avoid unintended effects across the system.
- Undertake integrated workforce planning through integrated care systems. See Skills for Care on workforce integration. Principal social workers and workforce leads in local authorities and health and wellbeing boards are important links for integrated workforce planning.
- An assessment of the implications of the COVID-19 pandemic for workforce capacity should be undertaken in partnership with stakeholders.
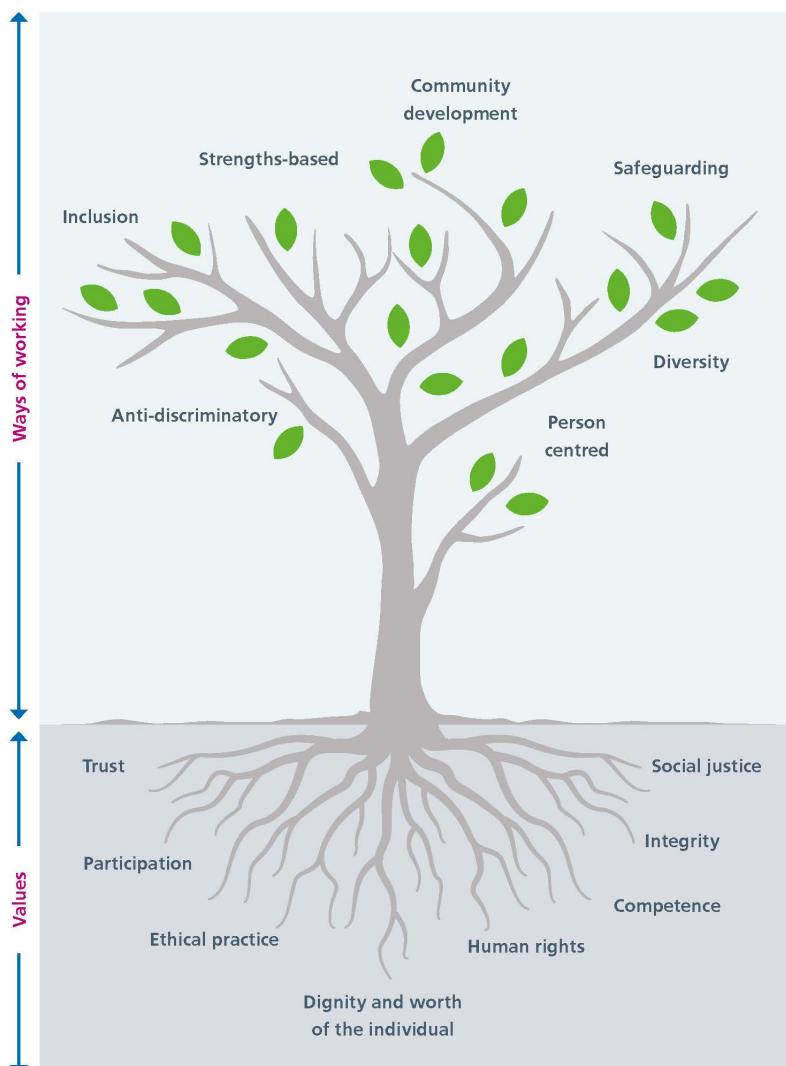
- Ensure approaches to workforce diversity are at the centre of workforce reform. There are opportunities for aligning equalities approaches and sharing good practice across sectors. See the implementation of the guidelines in the [MHA Review 2019 to introduce an Organisational Competence Framework – the Patient Carer.](#)

- [Race Equality Framework (PCREF)](#). NHS England's Race Equality Standard required every NHS organisation to set a target for Black, Asian and minority ethnic (BAME) representation across its leadership team and workforce by 2021/22. The total number of BME staff at very senior manager level has increased by 69.7% since 2018 from 201 to 341.

- Working alongside the local authority AMHP lead to identify in the workforce plan the number of AMHPs required from within the social work and wider workforce and ensure this is delivered and reflected in succession planning. Adopt best practice in recruitment and retention of AMHPs and embed [the service standards for AMHPs](#).

- Include support for social work student placements and for unregistered social care staff to undertake social work training care certificates and apprenticeships.

- Have an informed view of the education and training pathways for social workers. Several training pathways are available for people to become social workers and NHS providers who employ social workers will need to familiarise themselves with these and incorporate them into their recruitment and workforce plans.

- It is important to draw from all these supply sources to encourage diversity in the mix of newly qualified social workers.

- Develop partnerships with higher education institutions to support CPD opportunities and research development

Pathways into social work

- University pathway: Universities that educate social workers are usually part of local 'teaching partnerships' with the local authority and other stakeholders. NHS trusts or integrated care system groups should consider becoming part of these partnerships. The social work course is at BA (Hons) or MA level and includes teaching and practical experience in the workplace. NHS trusts should consider how they can provide and support placements that meet the criteria for these placements.

- Social work courses: These attract bursaries under a government scheme. NHS trusts wishing to employ social workers straight from college should work in partnership via the teaching partnerships to ensure that they do not create an imbalance in the system.

- Employment market: Currently, most social workers entering the jobs market go into children's services, but most relevant posts within the NHS are working with adults. Both adult social care and the NHS need to increase the proportion of social

workers working with adults and may wish to work together with universities on this issue.

- Fast-track pathways: There are three pathways into social work that use fast-track methods: Frontline, Think Ahead and Step Up to Social Work.
- Apprenticeship pathway: The apprenticeship pathway is a new initiative that supports people to access social work via a vocational route. Apprentices will achieve a degree in social work whilst gaining 'on-the-job' experience to develop the knowledge, skills and behaviour required to be a competent social worker. A minimum of 20% of the apprentice's paid working hours must be spent in off-the-job training. This is a good way for NHS trusts and other providers to encourage support workers to access the career.
- Dual qualification pathway: A small number of HEIs are offering a degree-based course that will allow the participant to become qualified in both mental health/learning disability nursing and social work. We recommend that all employers consider how they would like to develop these staff as they qualify.
- Also see NHS Careers.

Ways of working

- Community development
- Strengths-based
- Safeguarding
- Inclusion
- Diversity
- Anti-discriminatory
- Person centred

Values

- Trust
- Social justice
- Integrity
- Participation
- Competence
- Ethical practice
- Human rights
- Dignity and worth of the individual

Consideration 8: Demonstrate how the social worker role makes a difference

As regulated professionals, social workers are responsible for quality-assuring their practice and should be enabled to undertake evaluation, improvement and research.

Organisations should:

- encourage a collaborative approach to quality improvement and ensure that social worker practice is incorporated into understanding of outcomes and quality. Social work contributions should include quality improvement activities, research, education and projects, especially where this concerns human rights practice and community health and wellbeing.
- provide education to health colleagues about social care. Social workers can help foster the partnership projects that allow the NHS and other organisations to build greater capacity and bring in skills from outside healthcare for greater reach into local communities;
- embed user feedback on practice as part of a wider co-production strategy. User feedback is a key resource for social workers to sustain their professionalism. Service user and carer feedback is well embedded in trainee and NQSW programmes and should be incorporated throughout the career. See: Appendix 3 NICE resources item 2.
- build research capability in social workers and encourage practice inquiry and projects, using flexibilities in funding and research roles such as fellowships and Master's or PhD opportunities, to enable contribution of social care to the evidence base for mental health.

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Appendix One

A summary of national policy drivers for increased social work in mental health services. Several national policy drivers are likely to affect social workers in the NHS and other organisations:

- The Review of the Mental Health Act 1983 published its final recommendations on 6 December 2018 (DHSC, 2018). Several areas will directly affect or expand the AMHP role and support an underlying commitment to a more community-based and social model of mental healthcare.
- An All-Party Parliamentary Group on Mental Health Social Work produced a series of recommendations on the implications of the Mental Health Act review for mental health social work and AMHPs, including:
- Mental health services should be based upon a social model of care and support;
- There should be an expansion of the role of social work within community and acute mental health services; and
- There should be a workforce plan for social work and AMHPs within NHS mental health services.
- The Community Mental Health Service Framework was developed in 2019 by the National Collaborative Centre for Mental Health, having been commissioned by NHS England and the National Institute for Health and Care Excellence (NICE). This is designed to operate across primary and secondary NHS services, social care and housing within a preventive, asset-based and recovery-led model.
- The NHS Long Term Plan, (NHS England, 2019) has a substantial number of recommendations for NHS services that will require the expertise of social work and a renewed emphasis on partnership with local authorities and social care. The accompanying mental health implementation plan recommends that over 600 social work posts be created to deliver this.
- The Green Paper for Prevention is a consultation process by DHSC published in July 2019, reviewing the role of the NHS, public health and social care in creating positive, healthy communities.
- The Green Paper for children and young people's mental health outlines an integrated approach to developing services for children and young people. (ditto)
- As part of the NHS People Plan HEE has instigated the New Roles in Mental Health social work group, as well as other professional groups.
- The Office of the Chief Social Worker in DHSC has published several knowledge and skills statements to guide social workers on issues such as working with autism and forensic social work.
- Social Work England regulates all social work staff and social work training courses.

- DHSC published an AMHP workforce plan that incorporates a set of AMHP Service Standards and related audit tools in 2019.
- This supports an agreed operating model for local authorities and their partners in developing and delivering AMHP services.
- The Local Government Association (LGA) guidance for employers of social workers.
- The Mental Health Core Skills Education and Training Framework was published by Skills for Care, Skills for Health and HEE (2016). It outlines the expected knowledge and skills required by all mental health professionals in the health and social care workforce.
- In 2017, HEE produced 'Stepping forward to 2020/21: The mental health workforce plan for England' (HEE, 2017). This was designed to support the Five-Year Forward View and Long-Term Plan. It recognised that 'To deliver this growth and transformation agenda, we will need motivated and multi-professional teams, focused on delivering person-centred care' and that social work and social care staff would have a key role in this.
- Development of Think Ahead Fast- track mental health social work model – recommissioned in 2020 and expanded to 160 placements a year.

Appendix Two

This resource provides support and practical information to councils to improve working practices and provide support for social workers across the UK.

Local government employer standards health check 2022

Appendix three: NICE resources

NICE recommendations focussing on integrated services set out what works in terms of collaboration, based on the best available evidence.

1. Quality Standard. Community engagement: Improving health and well being

2. Working with local authorities People's experience in adult social care services.

3. Social work quick guide Evidence for strengths and asset-based outcomes.

4. Social care guidance on Intermediate care including reablement.

5. Quality standard Service user experience in adult mental health services. Inclusiveness in advance care planning

6. Decision-making and mental capacity guidance; see section 1.3

7. Quality standard, Healthy workplaces: improving employee mental and physical health and wellbeing

8. Violence and aggression: short-term management in mental health, health and community settings; quick guide Reducing the risk of violent and aggressive behaviours

9. Domestic violence and abuse: multi-agency working quick guide for social workers, recognising and responding to domestic violence and abuse community-mental-health-framework-for- adults- and-older-adults.nhse

10. Integrated workforce planning through integrated care systems.

11. The Quality Matters digital resource Unlocking capacity: smarter together includes high-level steps and case studies on developing shared understanding of quality and working towards improvement

Appendix four: List of terms used

Approved mental health professionals (AMHPs) are specially trained professionals who co-ordinate an assessment under the Mental Health Act to decide on admission for hospital or less restrictive support. An assessment under the Mental Health Act usually requires two doctors and an AMHP. The AMHP's role is to bring the social perspective, apply the law and make a final decision.

Assertive Outreach Teams are part of community mental health services but are separate from the traditional community teams (CMHTs). They are specialist teams working with adults with mental illness or personality disorder, who find it difficult to work with services, have been admitted to hospital many times and may have other problems suchas violence, self-harm, homelessness or substance abuse.

Asset-based community development involves supporting people to use and contribute to resources within their community for support and wellbeing.

Co-production with service users and families captures a person's goals and aspirations and works with providers to understand and deliver this within a strength-based approach.

Human rights and social work. The social work profession shares a close relationship with human rights, because it adheres to values such as respect, dignity, and self-determination – strongly embedded in the code of ethics for all practitioners.

Integrated mental health settings. Developing integrated approaches to mental health is a key priority in England. Mental healthcare is often disconnected from the wider health and care system and, as a result, people do not always receive co-ordinated support for their physical health, mental health and wider social needs. Effective integrated care does not rely on structures and can be achieved through diverse arrangements if there are the conditions for equal dialogue, learning and negotiation of goals and outcomes.

Integrated workforce planning involves setting up collaborative discussions to consider shared challenges and the implications of new ways of working for how workforce is commissioned. Principal social workers and workforce leads in local authorities and health and wellbeing boards are important links for this work.

Place-based care. Providers of services should establish place-based 'systems of care' in which they work together to improve health and care for the populations they serve. This means organisations collaborating to manage the common resources available to them. (King's Fund, 2015).

Practice supervisor is a social worker whose role includes supervising frontline social workers. They may be employed in different organisational roles, such as senior social workers or team managers/ leaders. They are also a practice leader who helps the NHS to create the right culture for professional and partnership practice.

Psychosocial interventions. Social workers may be additionally trained in motivational interviewing; Maastricht Interview Approach; solution-focused brief therapy; family group conferencing and Open Dialogue.

Social care refers to the personalised community- based care and support delivered under the Care Act, Mental Health Act, Equality Act or Mental Capacity Act by local authorities, NHS and the providers they commission. Social care usually refers to staff working in support worker roles, such as residential care and housing- related support.

It also describes the unqualified social care workforce commissioned to provide personal care or community support in the independent and voluntary sector.

Social determinants of physical/mental health include impact of relationships, support networks, living arrangements, family community, financial security and employment.

Social wellbeing approach is based on the theory that there are five dimensions of wellbeing dimensions: social integration, social acceptance, social contribution, social actualization, and social coherence.

Social work is the regulated profession overseen by Social Work England. 'Social worker' is a protected term.

Social Work England is the specialist regulator for social workers in England. It is an independent public protection body, setting professional, education and training standards for social workers. Social Work England also investigates and manages 'fitness to practise' cases brought against social workers. All qualified social workers must register with the regulator before they can practise (as from December 2019).

Strengths-based practice is a social work practice theory that emphasises people's self-determination and strengths. It views clients as resourceful and resilient in the face of adversity, rather than focusing on a problem or illness/deficit-based model.

Systems theory in social work states that behaviour is influenced by a variety of factors that work together as a system. A social worker observes and analyses all the systems that contribute to an individual's behaviour and welfare, and works to strengthen those systems.

TUPE is an important part of UK labour law, protecting employees whose business is being transferred to another business. (The Transfer of Undertakings (Protection of Employment)Regulations 2006 (SI 2006/246) known colloquially as TUPE, are the United Kingdom's version of the European Union Transfer of Undertakings Directive.)

Appendix five: Local Authority and NHS DRAFT joint agreement regarding AMHP approval of NHS employed staff.

Selection

Candidates for AMHP training will be selected by NHS/LA/Both - amend as applicable. In accordance with local policy, there may be development work to do to ensure candidates are ready for training and shadowing opportunities may need to be sought via candidates nearest AMHP hub, this needs to be supported by employing organisation to progress to training.

All candidates attending training will need to complete relevant application processes with the University/ HEI.

Candidates must have the support and agreement of their line and service managers who need to agree for them to be released for training and then subsequently for AMHP duties, CPD, peer support and supervision as detailed below

Funding and salary

Course fees will be funded by the employing organisation – NHS for NHS candidates and LA for LA candidates or other agreement – amend as applicable.

Once qualified salary and expense payments will be funded by the employing organisation NHS for NHS AMHPs and LA for LA AMHPs or other agreement – amend as applicable

AMHP training

Practice placements for AMHP trainees will be: Complete as applicable.

Provision of practice educators will be by: Complete as applicable

Time commitments

Candidates must have full support and agreement from their employer, team and service managers to be released for the following:

AMHP training course – Insert detail of training programme, time commitment, schedule, expectations of time from work, personal time etc.

Sample training/work programme: insert here.

Once approved NHS employed AMHPs:

- Will offer a minimum of X shift(s) per X (pro- rata) on the AMHP rota,

- Will attend e.g. peer support forums – held X frequency
- Will attend e.g. AMHP supervision– held X frequency
- Will attend 18hrs minimum of LA approved AMHP CPD annually

Shifts will be: detail of hub location, area covered, flexibility required/expected etc.

TOIL

Toil accrued while undertaking AMHP work should be taken back as soon as possible and from either/ LA/NHS (ensure agreement) job role.

Undertaking assessments

When carrying out any Mental Health Act work as an AMHP, AMHPs are acting on behalf of the Local authority and so must have authorisation to

do so. No AMHP can undertake an assessment or other AMHP related practice without this request having been through the usual LA referral and consideration process and been agreed as appropriate to progress.

When acting as an AMHP, AMHPs are acting as independent public bodies and as such cannot be directed or influenced by others in their decision making, regardless of if this person is their manager or superior officer in another role or organisation.

For NHS employed AMHPs they will undertake assessments when on AMHP duty as agreed within the locality hub that day. Should there be a desire from their team/organisation to pick up other assessment work outside of this in order to meet service need this can be done only if the request has been referred, considered and agreed by the relevant LA AMHP hub.

Any activity undertaken outside of this will not be authorised by LA and will not be covered by liability insurance and will result in reconsideration of the AMHPs approval by LA.

Local authority duties to AMHPs

In line with its duties, AMHPs approved by LA will have:

- Access to support and supervision from qualified and experienced AMHPs
- Access to CPD training
- Opportunity to reapprove as an AMHP every 5 years

Details of the above will be in line with the LA policy (insert relevant policy here).

AMHPs will also be provided access to legal advice via: Insert here as applicable example below:

- Access to LA legal team
- Copy of most recent Mental Health Act manual provided for each candidate when training. Access to updated versions via AMHP hubs on an ongoing basis
- Access to support and advice from AMHP Lead and senior colleagues
- Access to annual legal updates

AMHPs will have liability insurance for their practice as an AMHP, this will be provided via: Insert here, e.g. honorary contract

Systems access

In order to undertake training, placement and subsequent AMHP practice NHS AMHP candidates will require access to LA systems. This will be provided via: Insert as applicable here.

Signatures, as applicable from the AMHP, Authorised Person on behalf of the Local Authority and NHS Provider Organisation/ Other including date for review.

With thanks to social work leaders, human resources and workforce leads

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