



Department
of Health

Interim Report by the Chief Social Worker for Adults

December 2015



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Foreword by Lyn Romeo, Chief Social Worker for Adults



This has been another busy year for adult social work since publication of my first annual report in October 2014. National social care legislation, including the Care Act, the Mental Capacity

Act and the revised Mental Health Act: Code of Practice is in place, putting the role of social workers and social work values of empowerment and promoting independence, firmly at the centre of adult social care.

The last year has seen continued progress in the quality of social work education, with statements of the knowledge and skills for social work with adults and children and families; standardised assessment criteria for the Assessed Supported Year in Employment (ASYE); four new Social Work Teaching Partnerships focused on improving the quality and supply of practice placements and giving employers a greater role in initial education, as well as improving the quality of post qualifying practice and training; and announcement of the first entrants to the 'Think Ahead' post-graduate programme for social work in mental health, due to start in 2016.

Principal social workers in adult social care are now in place in every local authority in England, helping to raise the bar for frontline practice, providing professional leadership

and ensuring social work is recognised and valued throughout their organisations. Revised statutory guidance in support of the Care Act is due to be published in January 2016 and will include additional clarification on the role and the responsibility of local authorities to appoint a designated principal social worker in statutory adult social care. This is an important step in ensuring greater consistency in how the role is constituted and achieving a greater profile for social work and its importance in delivering improved health and care outcomes.

There have been challenges alongside these positive developments, however, not least of all the closure of the College of Social Work in September. While the closure of the first professional body for social work was disappointing, I am continuing to work closely with both colleagues in the Department and the sector to deliver the tools and resources which will help drive up practice in key areas and with employers to ensure that they are providing the optimum conditions for excellent social work practice.

This year has also seen significant developments across the health and social care system, which will further raise the profile of social work in supporting some of the most vulnerable people in society. The majority of respondents to the government's consultation on the Green Paper: "*No Voice Unheard, No Right Ignored*" expressed support for proposals for a named social worker for people with learning disabilities and complex needs, to provide a single point

of contact for individuals and their families and enable professional challenge throughout the health and care system. I will be working with officials in the Department to test this proposal in a small number of local authorities in 2016/17, to inform wider rollout.

The proposal by the Law Commission for an Approved Mental Capacity Professional (AMCP) is further recognition of the wide regard in which social workers as Best Interest Assessors (BIAs) are held. The AMCP proposal reflects my belief that the future for social workers lies in recognised, advanced qualifications and a specialist skills base. Both the AMCP and named social worker roles will require social workers to hold to account professionals across all health and care settings, further enhancing their profile in integrated, multidisciplinary settings. However, in many ways this is nothing new – social workers are already taking the message of holistic person-centred care into the NHS. The AMCP proposal is an opportunity to further this vital work and be properly recognised for this contribution.

This report follows the announcement of the government's Comprehensive Spending Review which will determine public spending priorities until 2020. The additional £3.5 billion in the spending review for local authorities by the end of this Parliament is welcome in helping to put adult social care on a more sustainable footing. However, the back-loaded nature of this funding means most authorities will not see any positive impact

in the short to medium term. For many, the need to find further efficiencies alongside increasing demand and expectations from those needing care and support, will continue to create challenges for delivery across the adult social care system.

This dual squeeze on the care and support system will require employers to maximise their social work resource to where it can have most impact. My focus for the coming year is to achieve recognition for the role and contribution social workers are making to an integrated health and care system; improving outcomes for people; keeping people safe and maximising the effectiveness of expenditure across health and care overall.

History shows us that social work has adapted to societal changes and responded to the changing needs and aspirations of those we support. I believe social work will continue to have a vital role in working with people of all ages and in dealing with the complexities and challenging circumstances in which they live. I hope you will support me as I continue in my role to raise the profile and value of social work in making a positive difference to improving people's lives.



Lyn Romeo
December 2015

Introduction

This is an interim report and provides a summary of developments in social work in adult services in 2015. A full annual report, setting out progress of the Chief Social Worker for Adults role, my priorities for the year ahead and the views of the sector and those who use social work services and their carers, will be published in early 2016, to align with the Department's financial calendar and to coincide with World Social Work Day on 18th March.

1. Reinvigorating social work in a changing health and care landscape

The last year has seen social workers' role and contribution recognised in key social care legislation and policy, including the Care Act, Mental Capacity Act and Mental Health Act, as well improvements in the care and support provided for people with dementia and autism. Embedding the role of social workers in the regulations and statutory guidance accompanying the Care Act was a real achievement, with social work's unique combination of values, knowledge and skills reflecting the good practice needed to deliver the core principles in the Act.

Care Act implementation

The first phase of Care Act implementation from April 2015 has seen the implementation of a large number of reforms, including:

- establishing a new statutory “wellbeing principle” which sets out the outcomes that should underpin care and support;
- a national minimum eligibility threshold for care and support;
- a new duty to prevent, delay or reduce needs for care and support;
- a duty to promote the local care market, with a particular focus on ensuring diversity, quality and sustainability of provision; and
- an expanded duty to assess the needs of carers and to provide support, on the same basis as rights for users of services.

Although progress in implementing the Care Act reforms has been broadly positive, with the majority of local authorities ‘on track’, there are increasing concerns around some areas of implementation, including a shortage of social workers in certain roles. To ensure successful implementation of the Act, local authorities and providers must be supported to deliver and social workers in particular, must be empowered to lead in identifying and connecting people to support which can prevent or delay the need for further interventions.

There are some excellent examples of social workers working creatively to find efficiencies and create community-based solutions to meet people's needs, exploring solutions from the people themselves, their social and neighbourhood networks and universal services that are available to all. My full report will look in more detail at examples of where effective practice-led approaches are reducing reliance on formally funded adult social care services.

Mental Capacity

The Mental Capacity Act (“the MCA”) is held in high esteem by many who value the person-centred approach it supports in respect of the hundreds of thousands of individuals in England who may lack mental capacity.

However, it is over a year since the House of Lords report laid bare the challenge of implementing the Mental Capacity Act and while some progress has been made, the MCA is still poorly understood and poorly embedded in parts of the health and care system, as well as in key professions such as personal legal services, high street banking and the police.

Much work has been done over the last year to begin to address this problem. The Care Quality Commission (CQC) is paying much greater attention to the MCA during its inspections and the Social Care Institute of Excellence (SCIE) has launched a new online MCA Directory containing many useful materials for professionals. It is available at:

<http://www.scie.org.uk/mca-directory/>

Over the last year, I have gathered the views of social workers on what can be done to realise the culture change envisaged by the MCA – through write-outs, meetings across the country and an MCA Seminar in March, where over a hundred social work professionals came together to highlight challenges and achievements. It is important that we keep up the momentum for this work, to embed the principles of the Act and provide leadership and challenge where further action is needed.

While all professionals must take responsibility for implementing the Act and realising the potentially great benefits for service users, social workers have a vital role to play in leading cross-organisational discussions and developing joint actions to achieve consistent implementation of the Act.

I have always been clear, however, that while social workers should be playing a lead role in making sure the principles of the MCA are understood and applied, this does not equate to sole ownership. Social workers are already managing increasing demands as a

result of both the implementation of the Care Act and responding to Deprivation of Liberty safeguards (DoLS), so it is essential that all professionals are taking responsibility for the Act in their areas, if the benefits of the MCA are to be realised.

The recent Law Commission consultation on a proposed system for replacing DoLS with Protective Care, including the renaming of the Best Interest Assessor (BIA) as Approved Mental Capacity Professional (AMCP), provides recognition of social workers' continued status as lead professionals in the new system of restrictive care and treatment. The role builds on the recognition gained through the development of the BIA and recognises the opportunity to put in place advanced accreditations and specialised skills for those working with people with capacity issues. The Department's response to the consultation is available at:

<https://www.gov.uk/government/publications/deprivation-of-liberty-standards-dols-consultation-response/department-of-health-response-to-the-law-commissions-consultation-on-mental-capacity-and-deprivation-of-liberty>

The new National Mental Capacity Forum, which the government announced following the General Election, seeks to harness and build on this partnership working, bringing together key partners from across the health and care fields with responsibility for implementing the MCA at practice level. I look forward to working with the newly appointed independent chair of the forum, Baroness Finlay and partners to identify and take forward good practice in implementing the Act.

“No Voice Unheard, No Right Ignored” – a new role for social work

Since the previous government’s response to the abuses at Winterbourne View, there have been some improvements in care and treatment for people with learning disabilities, autism and mental ill health. However, progress across the health and care system has been slow and piecemeal and further action is needed if we are to realise the vision of everyone being treated with dignity and respect by health and care services and enjoying equal rights.

The green paper consultation: “*No voice unheard, no right ignored,*”¹ looked at how to strengthen these rights, focusing on how people can live independently in their communities and make choices in their lives. Many of the responses received were about the fundamentals of how to treat people, how to involve them and how to enable people to challenge decisions in the system.

However, respondents were clear that as well as individuals and their families and advocates being able to challenge decisions, there was need for greater professional challenge. This needed to be independent but professionally-based so that challenge could be made across the health and care system. Ensuring sufficient transparency and accountability for individuals and families was also a key change requested. Questions on a single named social worker and single professional responsible for providing information were seen as key means of achieving this. These roles would also provide a single point of contact for people and their families regardless of where their care is being delivered and in particular, when things go wrong.

Given the need for challenge and independence from clinical teams and for the individual to benefit from this role whether they are living in the community or hospital, this should be a named social worker rather than health professional. While it is important to avoid any unnecessary duplication and confusion with other roles such as Care Coordinator and the Care Navigator role in NHS England’s Transforming Care programme, there is a compelling case for a social worker to operate independently from the health and care system and provide consistent support for the person and their families throughout their care pathway, regardless of where they are receiving care and support.

Given concerns about people being located out of area, it is important that we have a single, nationally applied system and I will be working with officials to introduce a pilot scheme in a small number of local authorities in 2016, with a view to rolling out more widely and any additional legislation that may be required.

This is a real opportunity to realise the vision of the green paper and bring about lasting improvement to the care and support provided to vulnerable people and their families.

¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/475155/Gvt_Resp_Acc.pdf

2. Social work reform – education, training and continuous professional development

I am continuing to work alongside Isabelle Trowler, Chief Social Worker for Children and Families and officials in the Department of Health (DH) and Department for Education (DfE) to take forward shared priorities on education, training, social work regulation and practice improvement across children's and adults' services. With the planned introduction of a new system of social work accreditation on a voluntary basis from April 2016, the new system will sustain a unified social work profession, with initial, generic qualification, strengthened arrangements for post-qualifying accreditation in social work with children and families and development of further specialisms.

Agreement of a common vision for the profession, based on improved arrangements for supervision and practice standards, has been a significant achievement of the Chief Social Worker roles and will help ensure we maintain a single, flexible, highly skilled social work profession, able to work in increasing complex and challenging roles.

The Assessed Supported Year in Employment (ASYE) programme is now in its fourth year, with the majority of employers providing newly qualified social workers in both child and family and adult social work with additional support as part of the programme during their first year in practice. A statement of the knowledge and skills for social work with adults was published in March, providing standardised criteria which all social workers need to meet in order to successfully complete their ASYE.

My full report will include further detail from the outcome of the moderation of the ASYE programme by employers, supported by Skills for Care.

CPD pathway for social workers in adult social care

One of my key priorities as Chief Social Worker is to support social workers' continuous professional development and further raise the quality of professional social work practice for people and their carers. Over the last year, I have worked with the sector to commission practice guidance to support social work with people with autism, dementia and who lack capacity. The resources are designed to be used by social workers at all levels, from front line practitioners to senior social workers, social work supervisors and managers, to support them to deliver the best outcomes for the people with whom they work. They can be found here:

<https://lynromeo.blog.gov.uk/2015/10/13/social-work-with-adults-published-resources-for-quality-social-work/>

Further learning resources for social work with carers and older people will be available from April. In addition, the Association of Palliative Care Social Workers is consulting on guidance for end of life/palliative care, a key area of social work practice.

Although these tools are welcome, there is a pressing need for a CPD pathway which provides social workers with a clear

framework setting out what they need to do to progress from practitioner, to supervisor, to leader, with opportunities to develop higher level specialism in key areas of practice, such as dementia, end of life care and learning disabilities. For experienced social workers wishing to advance their career while remaining in frontline practice, there is often no option other than moving into management if they want to further their career and move up the pay scale, a point noted by the Social Work Taskforce and reiterated in Eileen Munro's review of child protection.

While the Approved Mental Health Professional (AMHP)² and Best Interest Assessor (BIA) accreditations are well established in adult social work, other areas of practice, such as end of life care, learning disabilities and dementia, often receive no professional status or recognition as specialist or advanced practitioner roles. The assessment and accreditation for social work with children and families in relation to supervisor and practice leader, will also help clarify and strengthen the career pathway for social work with adults and provide a clear mechanism for the approval and accreditation of existing post-qualifying programmes, further specialisms and advanced practitioners statuses.

As well as monitoring how the assessment and accreditation for child and family social work progresses to see whether it can be applied successfully in adult settings, I will

be working with the sector and employers to develop a practice-based career pathway for social work with adults, supported by a system focussed on raising standards and a renewed emphasis on CPD which keeps social workers abreast of new risks and models of intervention for working with the most vulnerable.

Social Work Teaching Partnerships

New teaching partnership arrangements are part of the broader strategy to strengthen the quality of practice learning and CPD amongst both trainee and practising social workers. The four Social Work Teaching Partnerships launched this year³ are designed to build upon existing partnership activities between employers and HEIs, with more rigorous criteria for student entry; improved quality of statutory placements and support for student social workers; greater focus on the specialist knowledge and skills required for child and family and adult social work; and bringing managers and frontline practitioners into the classroom, so what is taught on the curriculum corresponds to current practice.

All four partnerships have made significant progress in a short space of time, with early reports showing improvements in information sharing, workforce planning and a shift in culture and working practices across all members of the partnerships.

An evaluation will be published in spring 2016 and my full report will look further at how the partnerships are supporting social work students in a range of statutory placements across children and adults settings, including domestic abuse and substance misuse settings and 'whole lifespan' services such as integrated disability services.

² The lack of a national system for approving AMHPs, alongside the decision by some local authorities to take their AMHP provision back in house, has created an uneven approach to AMHP services, with authorities free to set their own standards and systems for approval. I am working with colleagues in the Department of Health and the Care Quality Commission (CQC) to look at how we can improve the current approach to monitoring AMHP provision, including whether there is a need for greater regulation of AMHPs and their services.

³ The four teaching partnerships announced in 2015 are: South Yorkshire, Southeast London, Greater Manchester and Keele.

3. Social work research

Making sure we have a robust evidence base for social work interventions remains a key priority as we move into the third year of the Chief Social Worker for Adults role. Since publication of my first report, the Department commissioned the Social Care Workforce Research Unit (SCWRU) at Kings College London, to undertake a literature review to look at the effectiveness of social work interventions with adults. This review is intended to provide insight into, and aid our understanding of, the current research and evidence base for social work, including potential gaps and areas for development.

The review is based on systematic searches across electronic databases, websites and bibliographies of published studies. “Effectiveness” means different things to different people. Existing research has measured social work in different ways, including changes to quality of life, cost, and wider outcomes for service users and carers to reach an agreed definition of effectiveness.

A draft report has been submitted and is being revised in the light of independent peer review comments. While the findings are subject to change, the draft report suggested that: “while the evidence base for social work with adults is mixed and uneven, overall the results are broadly positive, with social workers’ effectiveness appearing to rest mostly on their ability to combine a number of roles, including assessment, local knowledge and being able to provide counselling and/or ongoing support.”

The draft review suggested that we need to know more about social work practice with people with learning disabilities. Despite the work social workers have been undertaking with this group over the last 30 years, this does not appear to have been examined empirically. Without better empirical evidence to develop our awareness and understanding of the effectiveness of these and other approaches undertaken by social workers, their work will remain overlooked and undeveloped.

That is why the green paper proposal for a named social worker for people and their families is crucial, as not only will it support people to achieve greater inclusion and independence, it will also help develop the evidence base for social work models of intervention, which in turn will equip social workers to gather, use and share research and evidence to improve their practice and the support they provide.

Publication of the SCWRU’s evidence review is expected in early 2016 and will help inform the development of my research strategy and priorities for social work research.



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