



Department  
of Health

# How are we doing?

A self-assessment and improvement resource to help social care and health organisations develop the role and practice of social workers in mental health

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A self-assessment and improvement resource to help social care and health organisations develop the role and practice of social workers in mental health

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# Introduction

The Department of Health and the Chief Social Worker for Adults (CSWA) in England have commissioned this self-assessment and action planning guide. It is intended to enable organisations that manage and/or employ mental health social workers to self-evaluate whether they are providing the conditions for excellent practice – and to plan and deliver actions for improvement where needed.

This document – ***How are we doing?*** – is one of a suite of three resources aimed at employers, managers, learning and development leads, social workers and their professional leads. These resources build upon the document “*The Role of the Social Worker in Adult Mental Health Services*” launched by the CSWA and the College of Social Work in 2014, now hosted by the British Association of Social Workers<sup>1</sup>. That well received document was developed from wide consultation across the social work and mental health sectors, and with service users and carers. It sets out five key role categories for social workers in mental health which aim to describe and explain how social workers can develop and use their skills most effectively.

The three documents are:

1. *Social work for better mental health: The Strategic Statement*. Aimed particularly

at strategic and operational leaders, this document makes the contemporary strategic, policy and good practice case for developing social work in mental health services – within local authorities, within the NHS and within other parts of the sector.

2. ‘*How are we doing?*’ An organisational and workforce self-assessment and improvement resource for implementation of the role categories within integrated health and social care services, or in social work-only services within local authorities.
3. ‘*Making the difference together*’: A framework for direct service user and carer feedback and co-production to promote high quality social work in mental health. It is aimed at social workers and their supervisors, focusing on co-creating practice-based evidence and continuous learning from experience and reflection.

The term ‘*Social Work for Better Mental Health*’ is also used as the collective title of all three resources and conveys the role social workers have to play in improving the mental health and wellbeing of society.

It is recommended that the three resources are used together to ensure the value of social work is understood in a strategic context in your local organisations, to self-evaluate your current practices and culture, and to ensure the voice and views of people using services and their families inform and improve practice.

<sup>1</sup> Originally published by the College of Social Work and now hosted by the British Association of Social Workers <https://www.basw.co.uk/resources/tcsw/Roles%20and%20Functions%20of%20Mental%20Health%20Social%20Workers%202014.pdf>

## 2 How are we doing?

The new documents have been produced after further wide consultation across the sector, through workshops with practitioners, academics and managers around the country, through written feedback and testing with social work leaders in mental health. The resources will develop and evolve further through the feedback it is hope will be gathered from their implementation.

# Chapter 1: Avoiding duplication with other self-assessment frameworks

1.1. This self-assessment is complementary to other tools promoting good practice in workforce support and development in social work, particularly the Social Work Task Force's organisational 'Health Check'<sup>2</sup> and the Local government Association Standards for Employers of Social Workers in England<sup>3</sup> – the Local Government Association.

1.2. *'How are we doing?'* is distinctive in that it is:

- Tailored for social workers in mental health settings – within local authorities and integrated NHS (and other healthcare) settings.
- More than a self-assessment because it is also an improvement tool, providing a systemic and developmental framework to explore and identify underlying issues from different perspectives – including those of people using services and their families – and to help organisations and staff make changes.
- Focused on social work role clarity, professional practice, leadership and ambition.

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<sup>2</sup> Can be downloaded from:  
<http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eOrderingDownload/swtf-appendix-organisations.pdf>

<sup>3</sup> Can be downloaded from:  
[http://www.local.gov.uk/documents/10180/6188796/The\\_standards\\_for\\_employers\\_of\\_social\\_workers.pdf/fb7cb809-650c-4ccd-8aa7-fecb07271c4a](http://www.local.gov.uk/documents/10180/6188796/The_standards_for_employers_of_social_workers.pdf/fb7cb809-650c-4ccd-8aa7-fecb07271c4a)

## Chapter 2: Promoting five role categories for social work in mental health

2.1. All three resources support the implementation of the five role categories for mental health social work and build upon the ideas and recommendations in the original document. The overarching purpose of the role categories and the work that flows from them is to support social workers to have greater impact on improving mental health outcomes through using a range of social interventions that make a real difference to people's lives.

2.2. The five role categories are given here with a brief, updated explanation of each:

**A. Enabling citizens to access the statutory social care and social work services and advice to which they are entitled, discharging the legal duties and promoting the personalised social care ethos of the local authority.**

*Ensuring whole systems of interagency care and support have cohorts of social work staff who hold expert knowledge of social care, its ethos and law, and its responsibilities towards people with mental health problems. Social workers with these skills and knowledge help to ensure whole system, integrated and coherent responses to complex needs – particularly important in a time of diversifying and fragmenting support pathways. Social workers uphold key aspects of organisations' promotion of equalities. Their approach to personalisation in social care also promotes self-management and a focus on the ability of people to*

*protect themselves and promote their own wellbeing within a framework of entitlements and human rights.*

**B. Promoting recovery and social inclusion with individuals and families.**

*With their focus and understanding of social determinants of health and wellbeing, and of the impact of inequality on people's lives, social workers have a key role to play within interdisciplinary approaches to recovery and social inclusion. Social workers are contributors to breaking down stigma and meeting public duties to ensuring people with mental health problems can access ordinary life opportunities. They are also key contributors (using systemic, co-productive and other relationship-based models) to the therapeutic and educational support for recovery, working alongside individuals and families in partnership.*

**C. Intervening and showing professional leadership and skill in situations characterised by high levels of social, family and interpersonal complexity, risk and ambiguity.**

*Social workers are key to ensuring integrated responses to complexity and risk across systems. Their skills are crucial to complex safeguarding interventions with adults and children. Their systemic approach enables them to work effectively with complex relationships, to balance the rights and perspectives of*

*different parties and to manage effectively the care/control/enablement dimensions of professional decision making, while protecting those most at risk. They are leaders in Mental Capacity Act and other legal/human rights-driven practice across systems.*

**D. Working co-productively and innovatively with local communities to support community capacity, personal and family resilience, earlier intervention and active citizenship.**

*This role category expresses the ambition that professional social work can contribute to improvement in mental health across our populations – through better prevention, earlier intervention and mental health awareness and self-support in communities and families. This is a distinctively ‘non-clinical’, sociological and systemic perspective that is the foundation for developing the evidence base for social interventions. It is also key territory for more innovation in social work.*

**E. Leading the Approved Mental Health Professional (AMHP) workforce.**

*While the AMHP role is now open to other professionals, social work knowledge and capability is the foundation for the training content and the standards expected of AMHPs. Local authorities also continue to have clear statutory duties to provide and assure the quality of AMHP provision. The social work foundation of AMHP services promotes a human rights based and social approach to mental health and ensures the use of mental health legislation follows the principles of the Code of Practice, including least restriction and maximization of independence.*

## Chapter 3: Why focus on role clarity?

**3.1.** While role clarity is not a panacea for all organisational and workforce difficulties affecting social work, the research suggests it is a very important issue to address.<sup>4</sup> Lack of job role clarity has been found to be related to a high level of stress, low job satisfaction, low job advancement, and low job involvement in various professions.

**3.2.** Research on the social work role in integrated mental health teams has identified relatively poorer outcomes for social workers. Carpenter et al, 2012,<sup>5</sup> in keeping with earlier research,<sup>6</sup> found a generally positive picture across disciplines within community mental health teams, with staff holding positive, shared attitudes and values concerning the philosophy and practice of community care for people with mental health problems. Staff were clear about their roles and tasks and job satisfaction was maintained at moderately high levels. However, there were relatively poorer outcomes for social workers in comparison with other professions. Social

Workers tended to identify less strongly with their profession, perceived the teams as being less participative, gave lower ratings for working in the team, and experienced higher role conflict and more stress than other professions.

**3.3.** The annual NHS workforce survey findings shows that 56% of social workers in mental health trusts suffered work-related stress in 2013. Frontline social workers overtook doctors, nurses and occupational therapists as the profession suffering most stress in mental health services. Webber and Hudson's 2012 research into stress and burn out amongst Approved Mental Health Professionals<sup>7</sup> (the vast majority of whom remain social workers) found role and task conflicts and workload management were factors in a worrying picture of widespread common mental health disorders amongst social workers (c. 43%) with a large minority (20%) wishing to leave the AMHP role. This tension was strongest when AMHPs were required to combine AMPH tasks and role with other roles, such as that of care coordinator, and workload management to combine these two areas of work was neither under the control of the social worker nor effectively managed by others. Negative impact on morale and stress levels are often associated with perceived lack of autonomy and control in the workplace.

<sup>4</sup> Moriarty, J., Baginsky, M., & Manthorpe, J (2015) Literature review of roles and issues within the social work profession in England, Kings College, Social Care Workforce Research Unit, London

<sup>5</sup> Carpenter et al (2012) Working in Multidisciplinary Community Mental Health Teams: The Impact on Social Workers and Health Professionals of Integrated Mental Health Care

<sup>6</sup> Evans, S., Huxley, P., Gately, C., Webber, M., Mears, A., Pajak, S., Medina, J., Kendall, T. & Katona, C. (2006) Mental health, burnout and job satisfaction among mental health social workers in England and Wales. *British Journal of Psychiatry*, 188, 75-80.

<sup>7</sup> Webber, M & Hudson, J (2012) National AMHP Survey reported in Community Care <http://www.communitycare.co.uk/2012/10/02/one-in-five-amhps-wants-to-quit-role-amid-unacceptably-high-stress-levels/>

3.4. A key issue for the development of effective teams in mental health, as in other sectors, is alignment of individual, professional and team goals and purpose in sustained and committed ways.

This alignment may be achieved where professionals are clear about their role, clear about their responsibilities and scope of autonomy, know their distinctive contribution is valued and are clear how it articulates positively with others.

3.5. Carter and West (1999)<sup>8</sup> have described a clearly defined and effective team as having clear, shared objectives with differentiated roles and a need among members to work together to achieve team objectives. Role clarity is also required for constructive thought diversity and sustained professional effectiveness. It tends to correlate with a positive sense of professional identity and a strong sense of purpose and commitment, and it guards against stress and burn out.

3.6. Organisational role clarity and social work effectiveness as explored in this self-assessment have three key dimensions:

- A description of social work that is understandable within and outside the profession to enhance professional identity and communication with other disciplines and other parts of the sector.
- A clear focus on the unique characteristics of social work practice and how they add distinctive value in mental health.
- An exploration of the cultural and systemic contexts which support or hinder effective social work practice.

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<sup>8</sup> Carter, AJW & West, M 1999, 'Sharing the burden – teamwork in health care settings'. in J Firth-Cozens & RL Payne (eds), *Stress in health professionals: psychological and organisational causes and interventions*. John Wiley and Sons, Chichester, pp. 191-202.

## Chapter 4: Using the five role categories in your organisation

4.1. The role categories are not suggested as a fixed ‘blueprint’ or a specific set of ‘standards’. They are a framework of principles that can be tailored to the requirements within particular service systems, workforces and communities. They are also designed to promote an ambition for more holistic, far-reaching social work practice and interventions in mental health. In undertaking a self-assessment, organisations are encouraged to guard against dismissing aspects of them as irrelevant or ‘unrealistic’ to a particular context. Instead, comparison with the role categories should provide an opportunity for reflection and curious enquiry about the local situation and help organisations ask themselves – *‘where do we want to get to and how do we get there?’*

4.2. Organisations are particularly recommended to consider the potential for the role of social workers to extend beyond the tightly boundaried, statutory/legal tasks of the Approved Mental Health Professional and ‘care management’ type roles – vital though these are – that have tended to dominate statutory social work in recent decades. In times of financial constraint, organisations can focus staff roles predominantly on limited statutory duties. At its worst, this becomes a focus on crisis and acute situations which have deteriorated for lack of earlier assistance. A focus on statutory interventions also risks stifling innovation and finding more effective ways to meet needs and gain better outcomes.

4.3. For the future effectiveness and efficiency of health and social care services – and to meet the intentions of the Care Act 2014 – social workers need more than ever to be part of prevention, early intervention and community innovations, as well as providing statutory responses to more acute needs. This includes being embedded in both health (NHS) and social care provision, as well as being part of the private, voluntary and not-for-profit organisations. The NHS needs social workers’ systemic knowledge and skills more than ever in order to reduce the ‘failure demands’ arising from lack of forward planning, discontinuities in service, lack of involvement of carers and families and lack of attention to interrelated social and health issues.

4.4. Even though the five categories are described separately, they should be understood as interdependent, describing interrelated areas of professional capability. Success in one area will often be dependent on strength in another.

4.5. The five categories also map onto the Professional Capabilities Framework<sup>9</sup> for social work which has been developed as a framework for England to guide the deepening of interrelated capabilities for social workers throughout their careers. They also complement the Knowledge and Skills Statement for Adults – which references the Role of the Social Worker in Adult Mental Health Services as a key source document

<sup>9</sup> Professional Capabilities Framework can be accessed via <https://www.basw.co.uk/pcf/>

– and other contemporary work aimed at raising the profile and clarifying the distinctive constellation of social and systemic offers that social workers can make to the mental health system<sup>10</sup>.

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<sup>10</sup> See, for instance, the work by Professor Martin Webber on ‘social connectedness’ interventions and of conceiving of social workers operating across the individual, family/group and community/societal – or ‘micro, meso and meta’ – levels. Webber, M, Reidy, H, Ansari, D, Stevens, M & Morris, D 2015, ‘Enhancing social networks: a qualitative study of health and social care practice in UK mental health services’ *Health & Social Care in the Community*, vol 23, no. 2, pp. 180-189.

## Chapter 5: Thinking about roles from a systems perspective

5.1. In order to help organisations think afresh about social work roles and how well they are working in your organisation, this self-assessment process uses an organisational development approach based on systems thinking (systemic approaches) and a solution focus. Systemic approaches provide a helpful foundation for organisational improvement, encouraging a learning culture and collaborative, compassionate organisations – themes of great interest and relevance across health and social care now<sup>11</sup>.

5.2. Systems approaches help us understand organisational challenges (such as role clarity) from diverse perspectives, encourage us to look at them from historical as well as within current inter-relational context and help to focus on finding solutions from the assets and contribution of many, not just the few ‘at the top’.

5.3. As Peter Senge has summed it up, using a systems approach means:

*‘...a very deep and persistent commitment to ‘real learning’ (which means) I have to be prepared to be wrong. If it was pretty obvious what we ought to be doing, then we’d be already doing it. So I’m part of the problem, my own way of seeing things, my own sense of where there’s leverage, is probably part of the problem. This is the domain we’ve*

*always called ‘mental models.’ If I’m not prepared to challenge my own mental models, then the likelihood of finding non-obvious areas of leverage are very low.*

*(There is also) the need to triangulate. You need to get different people, from different points of view, who are seeing different parts of the system to come together and collectively start to see something that individually none of them see (and then need to realise) it may take some time to really develop, adapt and apply really alternative behaviours and approaches”<sup>12</sup>*

5.4. This self-assessment and improvement tool is informed by these principles, encouraging a process that brings different perspectives together to investigate whether the underlying organisational conditions exist to enable social work to thrive. This includes considering leadership, governance, supervision, policy, culture and organisational structures – as well as considering the development of social work specific knowledge, skills and roles. The improvement process encourages an honest and multi-perspective review of barriers as well as recognition of existing positives upon which change can be built.

<sup>11</sup> West, M et al (2014) *Developing Collective Leadership for Healthcare*. The Centre for Creative Leadership/The Kings Fund. London.

<sup>12</sup> From lecture ‘Navigating Webs of Interdependence’ Peter Senge [https://www.youtube.com/watch?v=HOPfVVMCwYg&feature=player\\_embedded](https://www.youtube.com/watch?v=HOPfVVMCwYg&feature=player_embedded)

## Chapter 6: Doing the self-assessment and developing an improvement process

6.1. Organisations are encouraged to follow the process steps laid out here, to get the most from the self-assessment and make it worth the investment of time and thinking.

6.2. The main steps of the process – which are expanded further below – are:

- v. establishing a senior ‘sponsor’ within the organisation who is well briefed on the process and its intentions;
- vi. establishing an internal facilitator/project lead for the process;
- vii. deciding whether an external consultant or facilitator will be engaged to support completion;
- viii. establishing a self-assessment and improvement team of (it is recommended this is of about ten people) from diverse perspectives;
- ix. holding and capturing an initial ‘set-up’ dialogue within the team to set high level aims and enable all members to start articulating their position on an equal footing;
- x. during the above, deciding who else beyond the self-assessment team should be asked to contribute and how that should be done;
- xi. setting clear and sufficient time aside to explore and complete the self-assessment;
- xii. discussing and analysing the findings from the self-assessment;
- xiii. agreeing a self-evaluation report with highlighted priorities for change;
- xiv. creating a development and improvement plan;
- xv. agreeing and implementing the cycle of review, refresh and reporting back to stakeholders on actions and achievement – including accountability to senior management team and to the social work workforce.

## Chapter 7: Project ownership

7.1. Most organisations rely heavily on senior management leadership ‘from the top’ to sign off on change and use of resources. Depending on the nature of your organisation, decide what senior leadership (or ‘sponsorship’) and support will be needed to make the self-assessment meaningful and likely to have impact, and try to make sure this is secured at the outset. This should include written agreement with senior management on the scope and mandate of the process. This level of sponsorship and clarity may not be possible, in which case you may want to proceed with a view to working out over time how to access senior buy in once the findings and recommendations have been gathered.

## Chapter 8: Governance of the outcomes of the self-assessment

- It is recommended from the outset that the ongoing governance of the improvement actions is planned as robustly as possible. Here are some questions that may need to be answered:
- Who will sign off the findings and improvement actions?
- Who will release any resources needed?
- How will the actions be monitored and overseen to ensure completion?
- How will all relevant staff be informed and involved in the improvement process?
- How will the impact of the actions be evaluated and who will be involved in that?
- How will this process be part of continuous learning and improvement?

# Chapter 9: Use of external facilitation/consultancy

9.1. A decision needs to be taken at the outset about whether an external consultant or facilitator will be engaged to help. The value of some external support include:

- facilitating clarity of purpose of the exercise;
- encouraging fidelity to the process and use of the outcomes;
- encouraging inclusivity and flattening of any formal power hierarchies within the local system;
- bringing a perspective that is not intrinsically part of the local culture and system;
- providing support and guidance if the process becomes difficult or stuck; and
- supporting effective approaches to senior management to lever change.

## Chapter 10: The self-assessment and improvement team: Gathering a community of stakeholders to use the resource effectively

10.1. The self-assessment and improvement team should include a number of perspectives. These may be a cross section from social work practitioners; AMHPs; professional social work lead/s; workforce and organisational development staff; representatives of people using services and their families and friend; operational and strategic managers, and, for interdisciplinary settings with health, medical and allied health professionals. It may be appropriate to include voluntary or community sector stakeholders too.

10.2. The precise makeup of your stakeholder group will be determined by local circumstances and priorities. Pragmatically, it is recommended that an organisational lead for the self-assessment is assigned to coordinate the self-assessment group.

10.3. Having paid attention to 'who should be involved', the self-assessment team should be a manageable size (around 10 people) to enable efficiency and clarity of purpose. The team should come together before the self-assessment questionnaire is completed to address the following 'set up' questions:

- *What do we each bring to this process and what do we want out of it?*
- *Who else has an interest in and/or an important view about the quality and impact of social work in mental health?*
- *Who has relevant professional and expert knowledge of excellent social work?*

- *Who could help make a difference to role clarity and improving social work practice impact?*

10.4. The questions should be answered through open discussion and inclusive dialogue within one meeting. It is recommended all members of the group receive a copy of this self-assessment guidance document with the questions one week in advance of the meeting.

## Chapter 11: Who else needs to be involved?

11.1. The self-assessment team needs to be small and focused, but should consider who else needs to feed in to this process and how to involve them. (e.g. getting a large number of people to feedback on the questionnaire and analysing their responses; asking a wider range of people to give feedback on a subset of priority issues or asking for discussion and feedback from team meetings – whatever makes sense in your organisation).

# Chapter 12: Completing the self-assessment template

12.1. It is recommended this is done within an agreed fixed time frame (e.g. within two half day sessions of the self-assessment and improvement team plus whatever workshops are agreed to be necessary) and that this is not commenced until all the set up processes outlined above have been achieved. Scores should be agreed by consensus where possible. Major split scores should be noted in the narrative.

12.2. The narrative overall should be kept short and 'lean' and should include the evidence for the score – but should not be just a list of items. It needs to indicate reasoning and the 'story' behind the score, and should try to focus on what is most important to resolve or to celebrate.

## Chapter 13: Maintaining momentum when synthesising and the results of the exercise and developing the action plan

13.1. It is recommended that the group takes a break from the process after completing the questionnaire and reconvenes within a week or two for the process of synthesising the results and completing the action plan. This will allow participants to reflect on the process and refresh their thinking. At least another two half days are likely to be needed to complete the action plan, but this could be longer depending on how many stakeholders are to be involved and the complexity of the issues to be addressed.

13.2. It is important that this process overall is given sufficient time from beginning to end and is approached positively with a spirit of enquiry throughout. It is also important to keep the focus on the positive and on solutions, remembering that *'what we talk about grows bigger'*.



## Background information on your mental health social work workforce

Clarity and agreement about basic workforce data is not always easily available across complex service systems. Having a clear profile of your workforce provides a concrete starting point for change and improvement in social work roles and practice.

The template below is set up for adult mental health services. If you are assessing older or child and adolescent mental health social work, or other defined groups, you can either adapt this for

	Number or %	Comments including reasons if cannot answer question
1. Total number of social workers under review in this self-assessment (indicate whether using head count or whole time equivalents)		
2. How many of '1.' are within adult mental health services?		
3. How many of '1' are within older adult mental health services?		
4. How many of '1' are within child and adolescent mental health services?		
5. How many of '1' are within other mental health services?		
6. How many of all these social workers are employed and managed by the local authority?		
7. How many of all these social workers are employed by the local authority, managed by NHS?		
8. How many social workers are employed and managed by the NHS mental health services? Are these included in the numbers given in '1'?		
9. How many social workers are employed in other local mental health services not covered in '1' or '8' (e.g. in private mental health hospitals?)		
10. How many of the social workers in '1' are AMHPs?		

	Number or %	Comments including reasons if cannot answer question
11. How many of the social workers in '1' are Best Interest Assessors?		
12. What percentage of posts in the adult mental health social work workforce are vacant (i.e. currently not occupied by a permanent social worker?)		
13. What percentage of posts are covered by agency/temporary social workers?		
14. What is your annual sickness rate for social workers in adult mental health?		
	<b>Yes/No</b>	<b>Comments</b>
15. Is there a senior lead role for mental health social work in your area?		
16. If 'yes' to the above, are they considered to be a Principal Social Worker or equivalent in their locality?		
17. Do you use any standard measures of work stress or wellbeing for your mental health social workers?		
18. Do you regularly survey social workers about their work and/or wellbeing?		

Key: X = not applicable 0 = not at all 1 = minimal 2 = to some extent but with significant gaps or weaknesses  
3 = to a good extent with room for further 4 = to an excellent degree, setting strong foundations for the future improvement

1	PROFESSIONAL LEADERSHIP	Score	Narrative explanation and evidence
	Primary questions (score and give brief narrative)	0-4	
	1. To what extent is social work expertise and professional guidance embedded in the senior leadership of the organisation managing mental health social workers?		
	2. To what extent are social workers at all levels of the organisation supported to develop and use professional leadership skills in practice (e.g. developing capability to advise others & maintain a clear professional view in interdisciplinary discussion)?		
	3. How consistently and effectively is high quality professional supervision and guidance available to all social workers?		
	<i>Systemic question (score and give brief narrative)</i>		
	<i>How satisfied do you think social workers are with the professional (social work) peer networks and collective social work leadership within the organisation managing them?</i>		
	<i>Solution-focused question (do not score, give brief narrative)</i>		
	<i>Give one example of effective mental health social work leadership that improved practice outcomes in the last two years. What made it possible and what was achieved?</i>		
	Total score and priorities for action in this section		

2 A	<b>INTEGRATION AND INTERAGENCY WORKING (INTEGRATED NHS/LA AND MULTIDISCIPLINARY TEAM VERSION)</b>	Score	Narrative explanation and evidence
	Primary questions (score and give brief narrative)		
	1. To what extent are local partners and stakeholders (e.g. local authority, commissioners, NHS providers) about the distinctive contribution and roles of social workers to deliver integrated organisational and team objectives?		
	2. How effectively are social workers managed and professionally supervised to enable them to manage their workloads, time boundaries and spread of tasks (e.g. balancing care coordination, AMHP and other statutory tasks?)		
	3. To what extent are social workers able to focus on social and systemic interventions within multidisciplinary teams?		
	<i>Systemic question (score and give brief narrative)</i>		
	To what extent do you think people using your services (and/or their families and friends) would say that social work brings a distinctive and valuable contribution to multidisciplinary teams? (What would they say they value, if anything?)		
	<b>Solution-focused question (do not score)</b>		
	Choose one aspect of integrated, multidisciplinary team working in your area that is particularly effective. What makes it possible? Could learning in this area support improvement in other aspects of integration?		
	Total score and priorities for action in this section		

2 B INTERAGENCY WORKING (LOCAL AUTHORITY MANAGED SOCIAL WORK TEAM VERSION)	Narrative explanation and evidence	Score
Primary questions (score and give brief narrative)		
1. To what extent is there an explicit agreement and understanding between local organisations and different professionals about the distinctive contribution and roles of social workers within the local mental health system?		
2. How well are social workers supported to manage time and workload effectively, ensuring they deliver social work priorities within the local interagency system of care and support?		
3. To what extent are social workers able to contribute distinctive social and systemic interventions that complement the offers from other professions and organisations?		
<i>Systemic question (score and give brief narrative)</i>		
To what extent do you think people using your services (and/ or their families/ friends) would say that social work brings a distinctive and valuable contribution to interagency teams? (What would they say they value, if anything?)		
<i>Solution-focused question (do not score)</i>		
Choose one aspect mental health social work in your area that is particularly effective. What makes it possible? Could learning in this area support improvement in other aspects of practice?		
Total score and priorities for action in this section		

3	<b>DEVELOPMENT OF THE PROFESSIONAL SOCIAL WORK WORKFORCE</b>	<b>Score</b>	<b>Narrative explanation and evidence</b>
	Primary questions (score and give brief narrative)		
	1. To what extent is the need for high quality, evidence-informed social work practice integrated into the managing organisation's workforce development plans?		
	2. How effectively are social workers in mental health consulted on their profession-specific training needs and ambitions?		
	3. How effective are the recruitment, retention and progression plans of your organisation for growing and sustaining the social work workforce?		
	<i>Systemic question (score and give brief narrative)</i>		
	If you asked medical, nursing and other professionals, how would they rate the effectiveness of professional social work in your organisation? (And what would they like more of?)		
	<i>Solution-focused question (do not score, give brief narrative)</i>		
	<i>If in five years you had the best social work workforce and professional development strategy you can imagine, what would be the top three achievements, and what would have been your first step to putting these in place?</i>		
	Total score and priorities for action in this section		

4 ORGANISATIONAL DEVELOPMENT, QUALITY AND PERFORMANCE	Score	Narrative explanation and evidence
Primary questions (score and give brief narrative)		
1. To what extent are social work outcomes visible and integrated into the performance and quality framework of the organisation that manages mental health social work?		
2. How effectively and routinely is mental health social work practice audited (or similarly evaluated) to bring about improvement?		
3. To what degree is feedback on social work practice regularly gained from people using social work services and their families and used to inform organisational learning and quality improvement?		
<i>Systemic question (score and give brief narrative)</i>		
If you asked a cross section of team managers in the organisation that manages mental health social workers, to what extent would they say the quality of social work practice is important to the organisation's quality and performance priorities?		
<i>Solution-focused question (do not score, give brief narrative)</i>		
<i>If social work outcomes were integrated on a par with other outcomes within your organisation, what would be happening? How far are you from that position now and what would be a concrete first step towards that?</i>		
Total score and priorities for action in this section		

## Implementing the Five Role Categories

You can complete the template below on behalf of social workers in the same manner as the preceding templates. Or you can complete this jointly in an exercise with social workers.

When completing this part of the self-assessment it is recommended you look at the original document on the Role of the Social Worker in Adult Mental Health Services and the updated brief descriptions of the role categories on pages 4 and 5 of this document.

5 IMPLEMENTING THE FIVE ROLE CATEGORIES	Score	Give a practical example of how the organisation enables this role (or key elements of it) to be fulfilled	Describe the top three organisational or interagency obstacles to the fulfilment of good practice in respect of this role	Identify three practice development and/or CPD opportunities your social workers would need to realise this role or key aspects of it and improve the score you have given yourself?
Think of your social work workforce as a whole, or decide which sub-set/s of your staff you want to look at in relation to the five role categories. For each of the categories, score and give brief narrative on the extent to which social workers currently fulfil the role. This does not mean all social workers doing all role areas. If a role category is not relevant mark n/a and explain.				

	A. Enabling citizens to access the statutory social care and social work services and advice to which they are entitled, discharging the legal duties and promoting the personalised social care ethos of the local authority.				
	B. Promoting recovery and social inclusion with individuals and families.				
	C. Intervening and showing professional leadership and skill in situations characterised by high levels of social, family and interpersonal complexity, risk and ambiguity.				
	D. Working co-productively and innovatively with local communities to support community capacity, personal and family resilience, earlier intervention and active citizenship.				
	Leading the Approved Mental Health Professional workforce.				
	<i>Systemic questions (score and give brief narrative)</i>			Score	Brief narrative and comments
	To what extent do your team/service managers place importance on enabling social workers to fulfil clear roles?				
	How would your social workers describe how well they are supported to balance different aspects of their roles and tasks?				
	Which of these role categories do you think service users and their carers, families and friends might value the most, and why? (do not score, give brief narrative)				
	<i>Solution-focused question (do not score, give a brief narrative)</i>				

	<p><i>One of the themes running throughout the five roles is 'relational' (or 'relationship-based') practice. Think of an example of when relationship-based social work practice made a distinct and positive difference to outcomes for an individual, family or social network. Which role category/ies does this example fit into? What were the ingredients of professional good practice that made the difference in this case?</i></p>		
	<p>Total score and priorities for action in this section</p>		

## Synthesising the results and developing a SMART Improvement and Action Plan to Improve Mental Health Social Work Role Clarity and Effectiveness

To synthesise and evaluate your response, review your scores and identified priorities for action. Discuss the following:

- Does anything in the total or subtotal scores surprise or particularly interest you?
- Were there any areas where there was considerable disagreement about the score? What does that tell you?
- Review the priorities for action. Upon reflection, are these the right ones?
- Are these actions likely to have systemic impact – i.e. do they get to some of the more ‘wicked problems’ and are they likely to have impact on the wider system and culture of the organisation to support social work role development?

It is suggested you choose no more than six initial actions – **one for each of question categories 1 – 4 above and 2 related to developing specific improvements in role clarity (question 5).**

It is also suggested that you choose a mixture of actions – some that address problems/deficits and some that build on the positive practice areas you have identified.

It is recommended that each action is:

- designed to have some systemic impact, i.e. is a catalyst for further change and improvement;
- SMART – Specific, Measurable, Achievable, Relevant and Time-boundaried;

- owned by an ‘action lead’; and
- monitored for progress and completion through formal governance structures.

The action plan should have a senior (e.g. Executive) sponsor/lead. Each action should have an owner who reports on progress through your formal governance structures. The reporting and sign off process should be clear and efficient so there are no undue delays in implementing changes. Building in transparent accountability to frontline staff and to people using services and their families for evidence of implementation may be an important way to keep actions and deliverables on track.

Social work for better mental health – self-assessment action plan					
	Senior project sponsor .....				
	Project lead .....				
	Responsible governance forum/process .....				
	Action descriptor	Who is responsible for the action?	Where and when will progress and completion?	Date for completion and sign off body	Notes
1					
2					
3					
4					
5					
6					



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