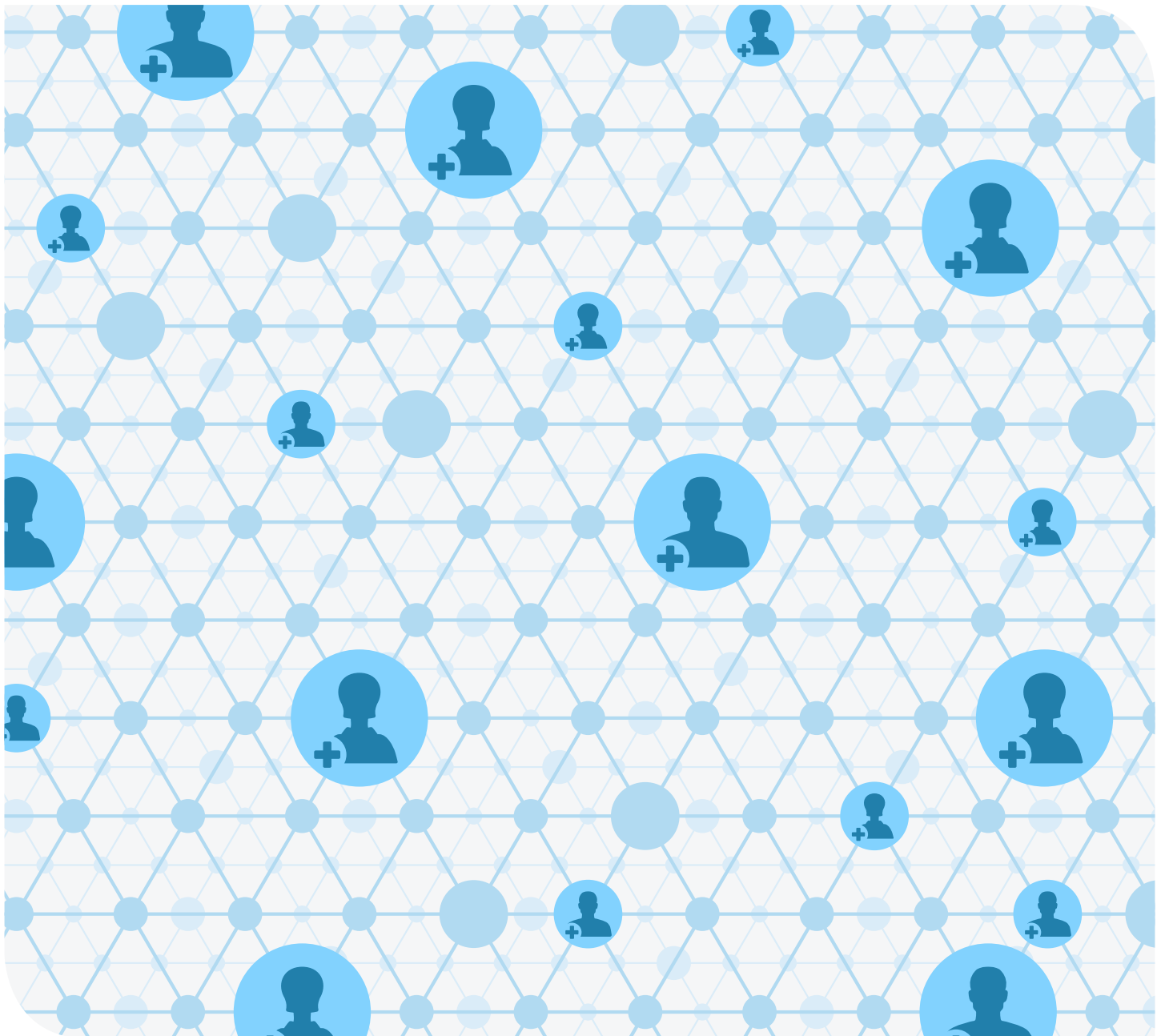




Department
of Health

Annual Report by the Chief Social Worker for Adults

One Year On





Contents

Foreword to the Annual Report of the Chief Social Worker for Adults	4
Introduction	5
The Role of the Chief Social Worker	8
PART 1	10
1. Key issues in social work with adults	10
2. Social work reform: where have we got to and where are we going?	14
3. Social Work education	16
4. Raising the profile of social work in adult services	22
5. Building the evidence base for social work interventions	26
PART 2: Views of the sector	28
6. Feedback from users of services	42
PART 3	46
7. Priorities for 2015 and recommendations for government and the sector	46
Acknowledgements	48
Appendix A	49

Foreword to the Annual Report of the Chief Social Worker for Adults



**Norman Lamb,
Minister of State for
Care Services**

Social workers do one of the most important jobs in the country. People come into contact with social workers

at what is often the most difficult times in their lives, and they deserve the best service possible from professionals who are well-trained, passionately committed and strongly supported by their organisations.

Despite their critical role, social workers are too often undervalued, blamed when things go wrong and, historically, have lacked the professional leadership necessary to influence the development and delivery of government policy.

Lyn Romeo's appointment as the first Chief Social Worker for Adults has been crucial in bringing that professional influence and leadership for social work into the heart of government for the first time. Her role has come at a time of significant and far-reaching changes to the way we support people with health and social care needs and which will affect everyone who uses or works in adult social care services.

Social workers' role and contribution to providing personalised, integrated responses to ensure people's wellbeing and outcomes, is vital. Social work principles and values are at the heart of the Care Act and it is essential that social workers are providing the professional, practice leadership to ensure

excellent care and support for the people they work with.

Her work in my Department and with the sector to ensure social work's role is recognised in the statutory guidance accompanying the Care Act has been a fantastic achievement. Her focus and determination in making a compelling case for social work as the central profession in adult social care, with its unique combination of knowledge, skills and values, will help put social work on a surer footing as it responds to the opportunities and challenges that the transformation of health and social care brings.

Alongside this, Lyn has also made a significant contribution to work in improving standards of social work education, training and practice, following the review of social work education by Professor David Croisdale-Appleby. Importantly, through her continual engagement with social workers in practice, sector leaders and people and carers who use social work services, Lyn is promoting the critical and positive role that social workers play every day in communities across the country.

I welcome this report which sets out the significant progress Lyn has made in her first year as Chief Social Worker and look forward to supporting her as she builds on these achievements, to create a social work profession which is ambitious and confident about its role and impact in delivering the very best health and social care outcomes.

A handwritten signature in black ink, appearing to read 'Norman Lamb', with a horizontal line underneath.

Introduction



Lyn Romeo, Chief Social Worker for Adults

When I took the role of Chief Social Worker (CSW), I made it clear that one of my immediate priorities was to raise the profile

of social workers in adult social care. Social workers are often the key professional in delivering social care to people across the lifespan, from young people transitioning to adulthood, to people with learning disabilities, dementia, mental health issues, long term conditions, through to those requiring care at the end of their lives. Unlike the profile on children's social work, however, social work with adults often goes unrecognised and undervalued.

Over the last year, I have travelled up and down the country, visiting over 70 local authorities and speaking at conferences and events with frontline social workers, managers and people who use services. What has stood out most has been how valued good social workers are by people who use services and their carers, as well as the energy, passion and dedication of social workers to achieving the best outcomes for the people they work with, in spite of the pressures and challenges they face, as the volume and complexity of work increases.

This is a time of major change for all of us who work in or use health and social care services. The Care Act 2014 represents the most significant reform of care and support in over 60 years – social workers have a vital role in delivering the kind of personalised integrated care and support centred on prevention and wellbeing, which is at the heart of the Act. Getting a real voice for social work within the Care Act regulations and guidance has been a real achievement of the CSW role, in influencing policy to ensure social work practice is reflected in the guidance and its contribution properly valued.

Good application of the Mental Capacity Act (MCA) and the lowering of the threshold for Deprivation of Liberty Safeguards (DoLS) present real challenges for local authorities, as they respond to the increased workload as a result of the Supreme Court Judgement¹. Local authorities will need to be supported to manage this challenge, which will be a key priority for me and the Department of Health ('the Department') in the months ahead.

As well as legislative changes, I am working with officials and the sector to ensure that policy developments in mental health, autism and learning disabilities reflect what social workers can bring to achieving the goals of wellbeing and prevention embodied in the Care Act. Social workers must make a real difference to improving the lives of people with learning disabilities and people with

¹ http://supremecourt.uk/decided-cases/docs/UKSC_2012_0068_Judgment.pdf

autism, particularly in the light of Winterbourne View and other inadequate and damaging responses to people's needs. Enabling and empowering people to live independently in the community with the right support in place to achieve best outcomes is the essence of social work. We need social work to position itself as the profession which will urgently and relentlessly focus on achieving these outcomes for the people they work with and delivering the cultural and systemic change required, through strong and confident practice leadership with health and other colleagues.

Social workers have had an impact on the model and values in working with people with mental health needs in integrated arrangements, but there is much more to be done to strengthen the focus on recovery outcomes and the social outcomes that people want for themselves. Shifting the balance towards holistic social care outcomes for people is essential if we really are to put in place integrated responses that support people to achieve the things that matter to them.

As integrated, multidisciplinary working becomes increasingly the norm across health and social care, the ability of social workers to lead and influence, both beyond their direct authority and across professional boundaries, will become more important. The role that social workers will play in partnership with GPs and primary care teams will be key in supporting people closer to home and in their communities. The paper from the College of Social Work and the Royal College of GPs published this month, underlines this key integrated approach and the culture changes that are required to really put the person at the heart of their care and support.

Principal Social Workers, now in place across nearly all local authorities, are crucial in providing that leadership role through their influence at management and strategic levels, ensuring the optimum conditions are in place for great social work practice to flourish and encouraging and empowering their social work colleagues to do the same.

We have come a long way since the Social Work Reform Board made its recommendations for the reform of social work, but there is still more to do to drive up the skills and confidence of the profession. As this report is published, I am consulting on a statement of the skills and knowledge social workers need to have at the end of their first year in employment, supported by nationally agreed criteria against which social workers in adult services will be assessed. This will help raise the bar for the profession, with excellent practice and the values of social work embedded in working with people to co-produce their care and support, both within social care and across the wider landscape of integrated services.

The Office of the Chief Social Worker is now established, supporting effective joint working between myself and Isabelle Trowler, Chief Social Worker for Children and Families. The last year has seen continuing progress in delivering shared priorities, including improving education and training, improving regulatory arrangements for the social work profession and working with the principal social workers to take forward practice improvement across both children's and adult services. Children and adults live in families and communities and we want to ensure family and community approaches and good social work practice are key drivers for protecting and building resilience for both children and vulnerable adults. The interactions between social workers working directly with children, families and individuals, are critical if we are to effectively tackle the most challenging concerns in our

communities. We are determined to ensure that evidence based practice, clear theoretical models for working and quality supervision are well embedded across social work in all settings. Investment in research and evidence of what works is integral to improving the focus on and quality of practice.

Social workers in adult services are working with greater complexity, increasing demand and higher expectations of the citizens with whom we work. The present public sector financial challenges require, more than ever, creative and innovative social work approaches to empower people to achieve the best outcomes.

Ensuring we have a confident, well-educated social work profession, certain of its role and its contribution, undertaken in the right conditions and well supported, is the responsibility of all of us in government, local authorities and other social work employers, the profession, Higher Education Institutions (HEIs) and wider society.

That is why, as well as setting out the key issues and achievements in the past year and my priorities for the future, this report also reflects the voices of key partners across the sector and the people who use social work services, who rightly expect and deserve the highest standards of social work.

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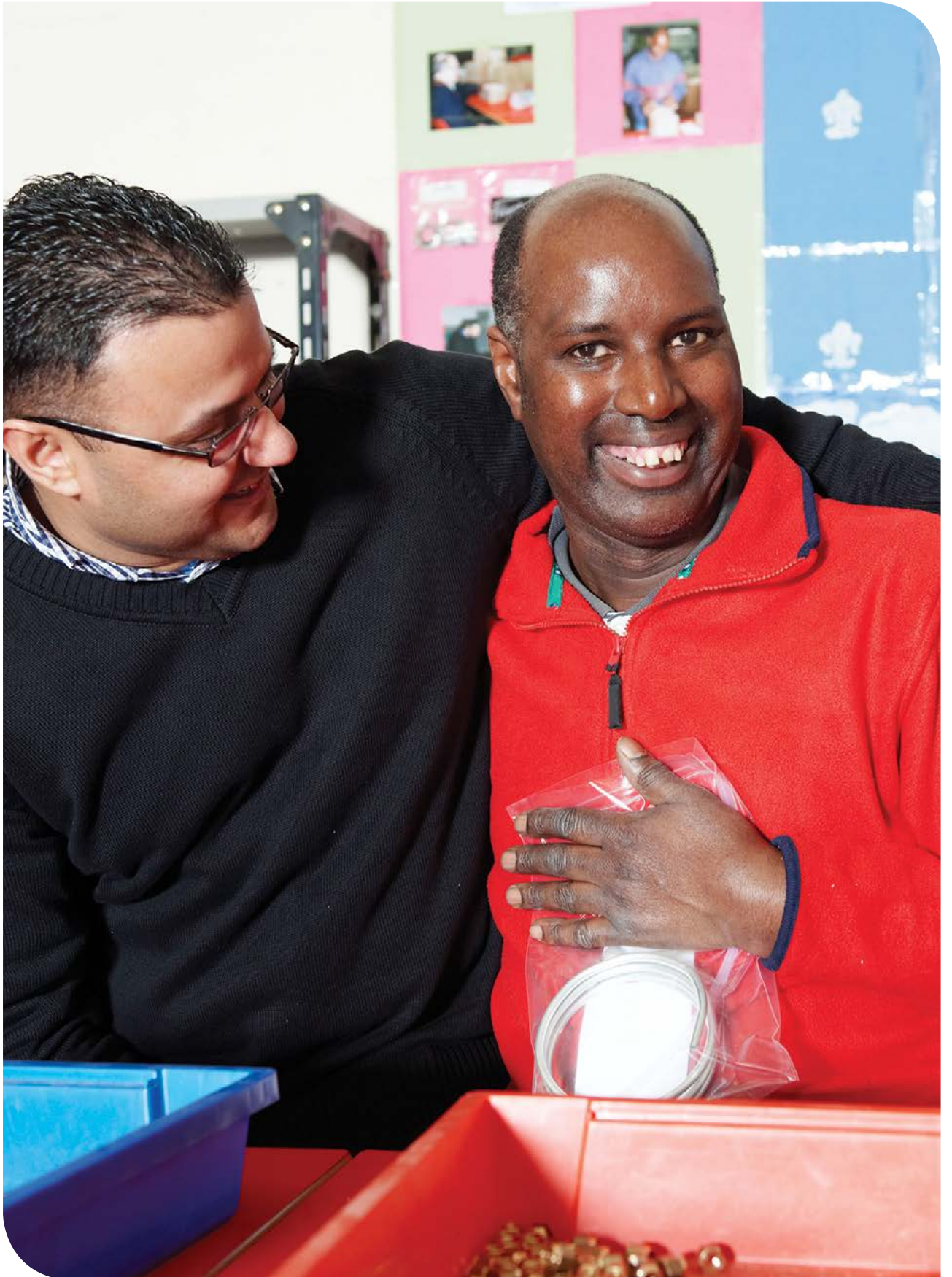
October 2014

The Role of the Chief Social Worker

As Chief Social Worker for Adults, my role is to:

- Provide an expert voice for social work in government, providing advice and guidance on social work and social work matters in relation to policy and legislation.
- Continue the reform of social work education, training and practice.
- Improve the wider public's perceptions and understanding of the role and value of social work in improving people's lives.

This report is divided into three parts: the first looks at progress in these three areas and my priorities for the year ahead. The second section invites individuals and organisations in the sector to share their reflections on the issues affecting social work with adults since my appointment, the progress made and the challenges remaining, along with contributions and feedback from people who have used social work services. The third, final part sets out my recommendations to government and the sector which will be needed if we are to achieve the vision set out in the Social Work Reform Board, of a profession which is confident about its role and purpose, well-led at every level and committed to continuous improvement.



PART 1

1. Key issues in social work with adults

The transformation of health and social care

Understanding and applying the law has always been an integral part of a social worker's core skills and knowledge. This year we have moved a step closer to the transformation of health and social care, which will have far-reaching implications for everyone using or working in social care services, including social workers who are very often the lead worker in a range of statutory settings.

The Care Act

The Care Act, which received Royal Assent in June and which will become law in April 2015, represents the most significant reform of care and support services in England and Wales in 60 years. The aim of the Act is to focus on the whole person and their strengths and assets – that of the individual, their family and the community – to ensure that their wellbeing and the outcomes that matter are the heart of every decision made. This will mean a shift away from a top-down, reactive model of care, to one which centres on wellbeing, prevention and early intervention, helping reduce crisis and demand for acute services.

For social workers and their employers, this presents both opportunities and challenges. Instead of a narrow 'case management, care planning' approach to support, there will be scope to lead in the sorts of innovative, strengths-based approaches with individuals, families and communities, which show the unique skills and added value social workers can bring. This also requires better approaches to reducing the amount of paperwork and time required to input into systems, so that social workers can get on with direct work with people and contribute to ensuring practice-led systems are fit for purpose. However, social workers must step up to the challenge of positioning themselves as strong, confident professionals, able to make good judgements based on sound risk assessments and evidenced interventions.

We now have a set of regulations and guidance accompanying the Act which, for the first time, sets out a clear role for statutory social work in adult social care – in particular:

- **Preventing, reducing and delaying needs** – recognising the role of the social worker in building a holistic picture of the individual, their strengths and access to wider networks of family and community support.
- **Assessment or review** of an individual or carer with complex social care needs – setting the expectation that the local authority should ensure access to advice from a registered social worker.

- **Supervising safeguarding enquiries** – recognition of the involvement of a social worker as vital to overseeing or undertaking enquiries and contributing to Safeguarding Adults Board arrangements.
- **Transition to adulthood** – recognising the need for a social worker to support people with complex needs or circumstances, working closely with colleagues in children's services and health.
- **Improving the offer to carers** and to the greater number of people who will be entitled to information, advice and support, which will require social workers to be well informed, build effective relationships and expertly connect and link people to the right support at the right time.
- **Leading as commissioners**, both at the individual level with people and their carers to achieve the outcomes individuals want and contributing to strategic commissioning, to deliver outcome based approaches to shaping the social care market.

Recognition and understanding of the contribution social workers make is important, but can only ever be half the answer. If social workers are to achieve the step-change required to deliver the kind of innovative, person-centred approaches which make a real difference to people's lives, they will need the support, both of other professionals they work alongside and the organisations who employ them. It is vital that employers provide clarity about the roles and priorities for social work and create the organisational leadership and commitment to social work at a senior level. Equally, social workers must take individual responsibility as professionals, to ensure they keep up with their continuing professional development and take responsibility for professional leadership at all levels.

The Employer Standards published by the Local Government Association (LGA)² on behalf of the Social Work Reform partners, were refreshed earlier this year, setting out what social workers can expect from their employers. However, front line social workers have expressed concern that the standards are not being applied uniformly and there is clearly more still to do make them a reality. Some social workers are still reporting high workloads and paperwork which takes them away from frontline practice and I will continue to work with the Association of Directors of Adult Services (ADASS), the LGA, the Principal Social Workers Network and other organisations, to ensure that the infrastructure and commitment is in place to support excellent social work practice.

The Department has commissioned development of a wide range of materials from organisations including Skills for Care (SfC), Think Local Act Personal (TLAP) and the Social Care Institute for Excellence (SCIE) and The College of Social Work (TCSW) to support local authorities and care providers in preparing to implement the guidance and regulations. Publication of these has begun and will continue up to the Act's implementation in April 2015.

Social workers are well placed to ensure that people's needs and the impact that these have in enabling them to achieve the best outcomes are identified in a way that is both appropriate and timely. Eligibility and importantly, connecting people to early support that can prevent or delay the need for further support, are core elements of good social work practice and will ensure that local authorities get it right first time for people and their carers.

² <http://www.local.gov.uk/documents/10180/6188796/The+Standards+-+updated+July+01+2014/146988cc-d9c5-4311-97d4-20dfc19397bf>

The Mental Capacity Act

The past year has been an exceptionally busy one for the Mental Capacity Act (MCA). The report of the House of Lords Select Committee on the MCA in March 2014 described the poor level of awareness of the Act and the need for social workers to embrace and practice the MCA's values. The same month, the Supreme Court judgment in the case of Cheshire West brought significantly more individuals into the remit of the Deprivation of Liberty Safeguards (DoLS) regime and local authorities are seeing considerably more applications as a result.

Working closely with officials at the Department, I have stressed the vital role social workers have to play in improving implementation of the MCA. I have witnessed first-hand the best practice that social workers demonstrate in ensuring that individuals are supported to make their own decisions, reduce restrictive practices and make best interests decisions. I really believe social workers can play the lead role in pushing forward these values among the wider health and care professional community.

I wrote out to the field in August asking for suggestions and thoughts about the role of social workers in implementing the MCA and received a very encouraging response and some really valuable insights. There is clearly an appetite among social workers for this work. I will write out again before the end of the year to provide more detailed feedback on the responses we received.

For the year ahead, we need to seize the opportunity created by the House of Lords report and the Supreme Court judgment. The College of Social Work is leading on a project to develop a curriculum guide for qualifying education and continuing professional development (CPD) for social workers with respect to the MCA. This work will complete by April 2015 and will provide a range of

learning materials to support social workers to use the MCA. The College is currently surveying social workers to seek views on priorities for this work and I would encourage you to engage with this. The survey will remain open until the end of November.

The Social Care Institute of Excellence (SCIE) has opened a national call for MCA materials to identify the best and disseminate these online to help health and care professionals to implement the MCA in their day-to-day practice. I would again encourage you to submit any materials you have to SCIE – the success of this endeavour will depend on your contributions. Elsewhere, SCIE has just published a guide on implementing the MCA in care planning, to be accompanied by a multi-media resource.

My priority for the year ahead is to help social workers maximise the potential impact they can have in driving the MCA forwards. I think we can do more in linking up with colleagues in the health service who lead on the MCA – I am sure there is a lot of shared learning to be had. I will be discussing this at my next advisory group meeting, with a view to leading a Chief Social Worker's MCA Seminar in 2015, to highlight the importance of the MCA, to instigate more collaboration and learning across the health and care system and to see what more can be done at the national level to champion social workers' MCA role and their contribution in fostering the culture change envisaged in the the Act.

Mental Health Act: Code of Practice

Changes to The Mental Health Act 1983: Code of Practice will have important implications for social workers in specialist mental health services. Although social workers will continue to have a key statutory role in mental health, primarily through their role as Approved Mental Health Professionals (AMHPs), we need to see social work moving beyond its purely statutory role, to positively

influence and shape the development of future mental health systems of support. People who use mental health services frequently confirm that it is getting on with their lives that is so important and clinical care is only part – often a small part – of the answer. Social workers need to voice clearly the importance of the work they do to support social recovery and empowerment.

Conclusion

As we move from the planning to implementation phase of these reforms, I will be continuing to make the case in government, with employers and the profession, for social work's vital contribution to promoting independence, supporting reablement and recovery and maintaining health and wellbeing and providing robust challenge and support where there is still room to do more. Getting traction for new approaches and ways of working will be challenging, as local authorities grapple with further difficult spending decisions. However, social workers are already working more creatively with individuals needing support and I believe there is still untapped potential out there, which, if we can create the right conditions, supported by strong organisational leadership and commitment, will allow excellent social work to flourish and play a key part in the successful transformation of health and social care.

2. Social work reform: where have we got to and where are we going?

The majority of the reforms introduced by the Social Work Reform Board have now been implemented, including:

- Appointment of **Chief Social Workers for Adults and Children and Families**, to lead improvements in social work education, training and practice, supported by the Office of the Chief Social Worker to give social work a strong voice in government;
- The introduction of the **Professional Capabilities Framework (PCF)**, an overarching professional standards framework for social workers at every stage of their career, from initial education to continuous professional development;
- The **Assessed Supported Year in Employment (ASYE)**, now in its third year, which has helped almost 1900 newly qualified social workers to develop their skills, improve their knowledge and strengthen their professional confidence, through access to regular support and ongoing assessment by their employer;
- **New social work degree programmes**, based on partnerships between Higher Education Institutions (HEIs), employers, practice educators, as well as users of services and their carers. These programmes began in September 2013 and are in the process of being accredited by the Health and Care Professions Council (HCPC) and endorsed by The College of Social Work;
- **The College of Social Work (TCSW)**, the first professional body for social work, raising the skills, profile and professional standing of social workers. Membership is now at 15,000 including over 50 corporate members.

The response from the sector in recognising and embracing this agenda for social work reform has been resoundingly positive, despite the very real challenges that exist, particularly around recruitment and retention and ongoing resource pressures, coupled with increasing demand for services.



3. Social Work education

The government published two parallel reviews of social work education in February this year – Professor David Croisdale-Appleby was commissioned by the Department of Health to review education for social work with adults³, while a review by Sir Martin Narey for the Department of Education, looked at education for social work with children and families.⁴ The aim of both reviews was to consider ways to further improve the quality of social work education, to equip newly qualified social workers to operate effectively in increasingly complex and demanding roles.

Both reviews shared much in common, with recommendations on entry standards, practice placements, and identifying scope for greater specialism in the qualifying courses for social workers in children’s and adult services. I welcome both reviews for their focus on the valuable work that social workers do to ensure that people get the best possible help and support. Striking the appropriate balance between ensuring newly qualified social workers have a well-grounded, generic professional qualification and are ready for practice in specific agency settings, remains a priority.

Continuing to raise practice standards, improving the system for the quality assurance of education and training and, crucially, building opportunities for continuing professional development of *existing* social workers, are all essential requirements for creating a confident, capable profession. I will continue the work already underway to take forward these priorities in the coming year, so that we realise the Social Work Reform Board’s ambition to deliver a highly skilled, flexible social work workforce, able to contribute to improved outcomes with people in all settings.

An update on the Department’s response to Croisdale-Appleby’s review is due for publication by the end of the year and will provide further detail on progress across the spectrum of social work education.

3 *Revisioning Social Work education with Adults: an Independent Review* (Professor David Croisdale-Appleby) <https://www.gov.uk/government/publications/social-work-education-review>

4 *Making the education of social workers consistently effective* (Sir Martin Narey) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/287756/Making_the_education_of_social_workers_consistently_effective.pdf

The following are my key priorities for 2015 to improve social work education and practice:

- **Assessed Supported Year in Employment (ASYE):** Croisdale-Appleby called for the ASYE to be extended to include all newly qualified social workers, with a more rigorous approach to how it is being applied and assessed, as opposed to the current voluntary approach to employers' participation. To do this, I have recommended creation of a **standardised assessment process** for social workers with adults, with **national criteria to apply to all social workers at the end of their first year in practice**, with continued employment dependent on successful completion.
- **Knowledge and Skills Statement (KSS)⁵:** a document setting out clearly, in one place, what a social worker with adults should know and be able to do at the end of their first year in employment. It is designed to:
 - Drive the quality and consistency of practice, through informing the evidence required for the national assessment criteria for the ASYE.
 - Improve standards of education and training, through enhancing existing quality assurances mechanisms, such as the PCF.
- **External endorsement:** a national quality assurance scheme for the ASYE, to quality assure the decisions employers make, providing greater reassurance on the quality and consistency of social workers in England.

- **Continuous Professional Development (CPD):** Croisdale-Appleby recommended that a comprehensive CPD framework should be developed, which encourages *all* social workers to develop their practice throughout their career. This is a central priority which will enrich and deepen knowledge, skills and practice across the *existing* social work workforce and provide a clear structure for practitioners and employers to ensure these are kept up to date.

I am working with the Department, TCSW and the sector to develop a model for a CPD framework and supporting curriculum guidance, initially looking at the skills and knowledge required for social work with people with autism and the Mental Capacity Act. Both these products will be available from April 2015.

I am also working with the sector to deliver tools and resources which will deliver wider improvements in social work practice, including:

- **An implementation tool to support mental health social workers and employers,** with the aim of maximising the skills and contribution of social work in integrated, multidisciplinary settings. Practice leadership in integrated settings is essential in amplifying the values of well-being and personalised care and support.
- **Guidance for social workers** to enable them to provide excellent care and support for **people with dementia and their carers**, including where to go for practical advice and support.
- Development of learning tools for social workers to support **implementation of the Care Act.**

5 The draft KSS was published for consultation on 10 October and is open until 12 December 2014 at: <https://www.gov.uk/government/consultations/adult-social-work-knowledge-and-skills>

Innovative models for social work education – “Think Ahead”

The ‘Think Ahead’ programme was launched by the Minister for Care and Support (MSCS), Norman Lamb, in May 2014, with the aim of attracting high-performing graduates in to employment as social workers working with people in mental health services.

Think Ahead will be a two-year training ‘fast-track’ programme which aims to shift the balance of social work education further towards practical experience of working with service users, than currently exists via most traditional routes. It will blend academic learning and practical experience to provide high-quality, extensive on the job training and a cutting edge and evidence based academic education. This training will be in line with the growing consensus on the need to adopt practices that prevent mental ill-health and build resilience rather than simply treat symptoms, and support family and community relationships.

Participants in the two-year programme will gain a master’s level social work qualification alongside specialist experience in mental health and the development of strong leadership skills.

As a member of the Steering Group which provided oversight to the Institute of Public Policy Research (IPPR) in the consulting and design of the Think Ahead programme, I welcome the opportunity it provides to attract bright graduates and career-switchers into social work with adults. Similar schemes such as Step-Up and the Frontline model for Child and Family social work are now in place, and the lessons learned from implementing these programmes will benefit the Think Ahead scheme.

However, there are clear parallels with mental health and other adult services, including older adults, people with complex needs and cognitive impairments. We need to consider

recruitment approaches and programme developments that will attract more graduates who are interested in working with adults and the rich opportunities that social work with adults provides, ensuring that all routes into social work are supported and challenged to deliver quality social workers from all backgrounds. The challenge will be getting the balance right in terms of the investment from government to support all routes into social work.

I have met with students over the year and I have been reassured that the qualifying programmes implemented as a result of the Social Work Reform Board recommendations are, with the close involvement of employers, people who use services and their carers, producing excellent social workers. Placements in statutory settings are sought after and ensuring these are available remains a priority – however, placements in key community and voluntary organisations also contribute to statutory outcomes, such as the Women’s Centre in Halifax which services both Calderdale and Kirklees. This centre has a social work led domestic abuse unit which is making a real contribution to improving Bradford, Leeds and Huddersfield students’ understanding of the impact of domestic violence on families.

Workforce Planning – Supply and Demand for Social Workers

Registered social workers account for around 12%, or over 16, 000 employees in the adult social care statutory sector workforce, with approximately another 2000 employed in health settings. Croisdale-Appleby’s review made the point that workforce planning is less developed in social work than in other professions and that this needs to improve if we are to ensure that government’s considerable investment in social work education is meeting the demand for social workers in adult services.

Service	Headcount				FTE			
	2010	2011	2012	2013	2010	2011	2012	2013
Adult	23,240	16,115	16,335	16,340	21,030	14,633	14,509	14,861
Children's	22,025	22,025	22,025	24,885	20,020	20,020	20,020	22,913
Total	45,265	38,140	38,360	41,225	41,050	34,653	34,529	37,775

Table 1: Social workers employed in children and adult services in Local Authorities in England

Skills for Care (SfC) and the Centre for Workforce Intelligence (CfWI) work closely together to support workforce planning and to provide improved intelligence on social workers in the adult social care workforce.

SfC produce the National Minimum Data Set for Social Care (NMDS-SC) on behalf of the Department⁶. This is an online data collection portal for the adult social care sector and is the recognised leading source of robust workforce intelligence for adult social care – it provides detailed information about social care service providers and their employees and enables comparisons on workforce data to be made at both national and local level.

The CfWI has led the monitoring of social work education and employment data, primarily to inform numbers of social work students. The CfWI are undertaking two social work projects for the Department:

- Hosting, maintaining and updating the social worker supply and demand model⁷ – this was commissioned by the Social Work Reform Board and launched in 2011, with data updated annually. A major rebuild is being planned for 2015.
- Collating and analysing social work student data to inform bursary and funding policy.

However, there are limitations in the data, the most significant being the demand for social

workers and where social workers are currently employed. For example, out of nearly 90,000 social workers registered with the HCPC, only 41, 225 work in Local Authorities and of these, only 16, 340 work in adult social care. This means there is a discrepancy of almost 50,000 social workers, where it is not possible to say where they are working or in what capacity, i.e. the Private Voluntary and Independent (PVI) sector, with an agency or in other organisations and roles requiring registered social workers.

To address this, I will be working with the CfWI and SfC to improve our understanding of the social work workforce, with the aim of improving how we approach workforce planning, both nationally and locally.

Recruitment and retention

NMDS-SC findings show that, as of 2013, 50% of social workers in adult services began working in their current role before 2008, with the remainder starting between 2009 and 2013. As the table below shows, this is broadly commensurate with that of all statutory adult social care roles.

Compared to statutory social work in children's services, which carries significant vacancies, the picture for adult social work is one of a relatively stable and aging workforce, with social workers aged 50 or above accounting for over 1 in 3.

At the other end of the spectrum, registrations by newly qualified social workers (NQSWs) to take part in the Assessed and Supported Year in Employment (ASYE)

6 <http://www.skillsforcare.org.uk/NMDS-SC-intelligence-research-and-innovation/NMDS-SC/NMDS-SC.aspx>

7 The model is available at www.cfwi.org.uk/files/news/social-worker-supply-and-demand-model

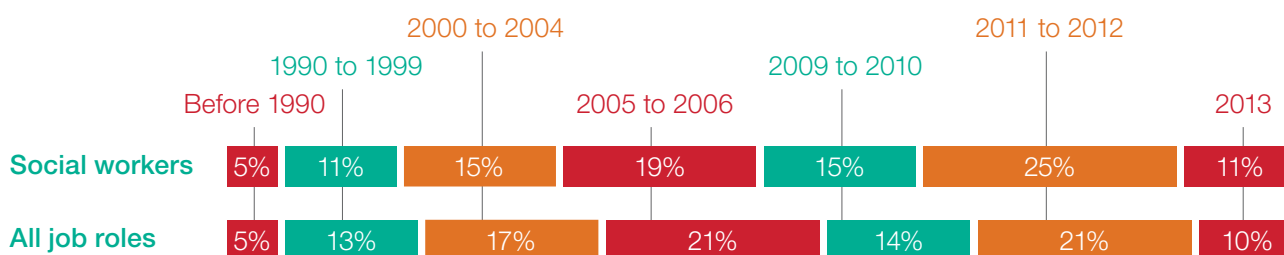


Chart 3: Year started in current job of all statutory sector workers and statutory sector social workers

between 2012 and 2014, indicate that an increasing number are employed in the private, voluntary and health sector, as opposed to statutory adult social care. While I agree with David Croisdale-Appleby's conclusion that: "We are educating and qualifying too many social workers for the social worker roles available," if we are to have sufficient numbers of social workers in 10 years' time, any measures taken to reduce the number of social workers qualifying will need to consider both the age profile *and* the increasing numbers of NQSWs moving into non-statutory social work.

Demand for social work courses is high and remains a popular choice for students at both undergraduate and postgraduate level, with seven applications for every place. I fully support the government's aim to maximise the return on its £90.75 million annual investment on social work education, including innovative models of recruiting onto social work programmes.

Croisdale-Appleby's proposal to divert bursary funding to post-graduate, as opposed to undergraduate, qualifying programmes, helping to train the future leaders of the profession may make financial sense. However, it is my view that we need a range of qualifying programmes at Bachelors and Masters level, to attract entrants at different stages of their career. Some undergraduate students may enter social work education later in life and require additional support to undertake a fulltime degree. Through bringing their life experience

to their practice, these people often go on to become some of the most effective social workers. Ensuring that investment is sufficient to maintain numbers of applicants across *all* entry routes is therefore, key, which is why I will continue to work with colleagues in the Department and the sector to maintain diverse entry routes, informed by robust selection criteria, which are central to delivering a quality social work workforce.

Teaching Partnerships

Informal teaching partnerships between HEIs and employers are now in place in a number of areas and are already helping to manage the number and quality of practice placements. Together with the Chief Social Worker for Children and Families and officials in the Department of Health and Department of Education (DfE), I am exploring options for how we might develop teaching partnerships to enable better workforce planning, placement availability and quality.

This would provide government with an important lever to link quality of education to both the quality and supply of placements and to raise teaching standards across all social work qualifying courses. Any developments must take into account the overall system and the unintended consequences of specific changes that may result. What is clear however, is that a more robust approach is needed to endorse both the quality of programmes and the placement experience in preparing students for practice.



4. Raising the profile of social work in adult services

The Chief Social Worker – a change agent in the social work sector

One of the key messages I have heard from social workers over the last year, is that they really value having a chief social worker to give the profession a voice within government and particularly within the Department, and the recognition that social workers have a key contribution to make to improving outcomes in adult services.

My immediate priority has been to reposition social work with adults in the Department and the wider social care sector, through ensuring national legislation and policy in relation to social care, reflects the unique skills and contribution of social work to integrated, personalised care and support.

Through early engagement with officials drafting the regulations and statutory guidance accompanying the Care Act, social work values and practice have been reflected throughout, with prevention, people's well-being and the outcomes that matter to them, at the heart of the Act. This should be celebrated as a significant achievement for social work, solidifying its position as the lead profession in adult social care. Implementation of the Act will require a

significant shift in culture, attitude and practice and social workers have a pivotal role in helping lead these changes at all levels.

My task, as I move into my second year, will be to support and challenge government and the sector so that the organisational commitment to social work is in place and social workers are providing practice leadership and being deployed where they are most effective.

Employer Standards

Standards for Employers, held by the LGA and TCSW on behalf of the sector, set out how employers should support their social workers to deliver high quality social work. Ensuring the standards are implemented is essential if we are to ensure the optimum conditions are in place to support effective social work practice.

As mentioned, while progress has been made, we need to do more to apply the standards uniformly. I am working with TCSW and the LGA to explore ways to accelerate progress, including the introduction of a possible national accreditation scheme for social work employers.

In the field

One of the most important– and exciting – aspects of this job is meeting with social workers whose hard work and dedication to applying their professional practice, is making a huge difference to people's lives. Each week, I try and visit at least one local

authority area to meet with social workers, managers, students and practice educators, to hear their views and experiences in delivering improvements in adult social care and the wider social work reform agenda.

Strategic social work leaders and grass roots social workers in Northumberland noted that social work is a net exporter of values in integrated arrangements and this has significantly shaped the improved personalised health and care outcomes for people they serve. This was evident in the stories I heard from people receiving care and support, not just in Northumberland, but in places such as Leeds, Merseyside, Rochdale and Greenwich, where strong collaborative relationships and a relentless focus on putting people at the centre to achieve best outcomes and, crucially, to make the most effective use of resources from health, local authorities and communities, are making a real difference. In Calderdale, real progress has been made to implement the Standards for Employers, freeing up social workers to focus on outcomes for the people using their services.

Different organisational arrangements which are social work led, such as Focus in North East Lincolnshire and People2People in Shropshire, are also demonstrating the real differences that social workers and people and carers who use services shaping the model of social work delivery, can have in connecting better with communities and delivering asset based approaches to supporting people.

I have also spoken at a number of key strategy groups, events and conferences and again, where there are robust collaborative partnerships in place, there are real successes in improving the education, training and continued improvement in social work practice. Example such as the North West Social Work strategy partnership, where employers, HEIs and Principal Social

Workers from across the region are collaborating to improve approaches to educating and training students and ensuring good quality placements are available, as well as robust regional approaches to arrangements for the ASYE.

In terms of progress in getting a hearing for social work across the sector, the ADASS spring conference in April was a significant step in raising the profile of social work across adult social care. Annie Hudson from TCSW and I gave a presentation outlining the opportunities – and some of the challenges – for social work in integrated social care services. This was a fantastic opportunity to take the message about social work's vital contribution to an audience of 300 delegates, including many Directors with dual responsibility for adults' and children's services, further highlighting the opportunities for collaboration across the social work profession.

Since then, further work has been carried out by TCSW and the Royal College of GPs to develop a new model of care, which will see GPs and social workers collaborating to provide greater choice and control for people to live independently as active citizens, in a move which seeks to shift the balance of care from acute to community settings. Areas such as Derbyshire and Leeds have made real progress with social workers working closely with GPs to get it right for people, and I have heard directly from GPs as to the real difference this is making to how they are engaging with their patients.

Principal Social Workers – ‘the critical practice leadership force in social work’

Although the role of the Chief Social Worker is to provide the leadership and momentum for social work at a national level, if we are to raise standards of social work practice and create the conditions where excellent social work can thrive, progress on the frontline is equally, if not more, important.

That is why the role of the Principal Social Worker (PSW) is so vital. First recommended by the Munro review in 2011 for children’s services⁸, PSWs are now in place in adult services in 141 local authorities in England, playing a key role in leading change and improvement in social work practice, supporting local authorities, NHS Trusts and other organisations to best utilise their social work resource.

Mark Godfrey, interim chair of the PSW Adults Network since its foundation in 2012, has been crucial in helping get the PSW role established and building Network meetings which are attended by up to 80 PSWs. The first joint conference of PSWs drew 150 delegates from both children’s and adult services and was testament to the enthusiasm for improving social work practice and – critically – bringing their experiences of social work to the heart of national policy and delivery.

Complexity of work, volumes, the continuing demands of paperwork and the pressures within existing systems remain key issues which need to be addressed to ensure we can retain social workers and most importantly, practice well to protect vulnerable individuals who use our services. Places such as Gateshead, Hertfordshire, Stockport, Tower Hamlets, Cambridgeshire, to name a few, are ensuring that Principal Social Workers are supported and positioned to drive improvements in delivering improved models of practice.

Engaging the public – social work and the media

Of particular importance is the need to create a clear narrative about the specific contribution of social work to wider adult

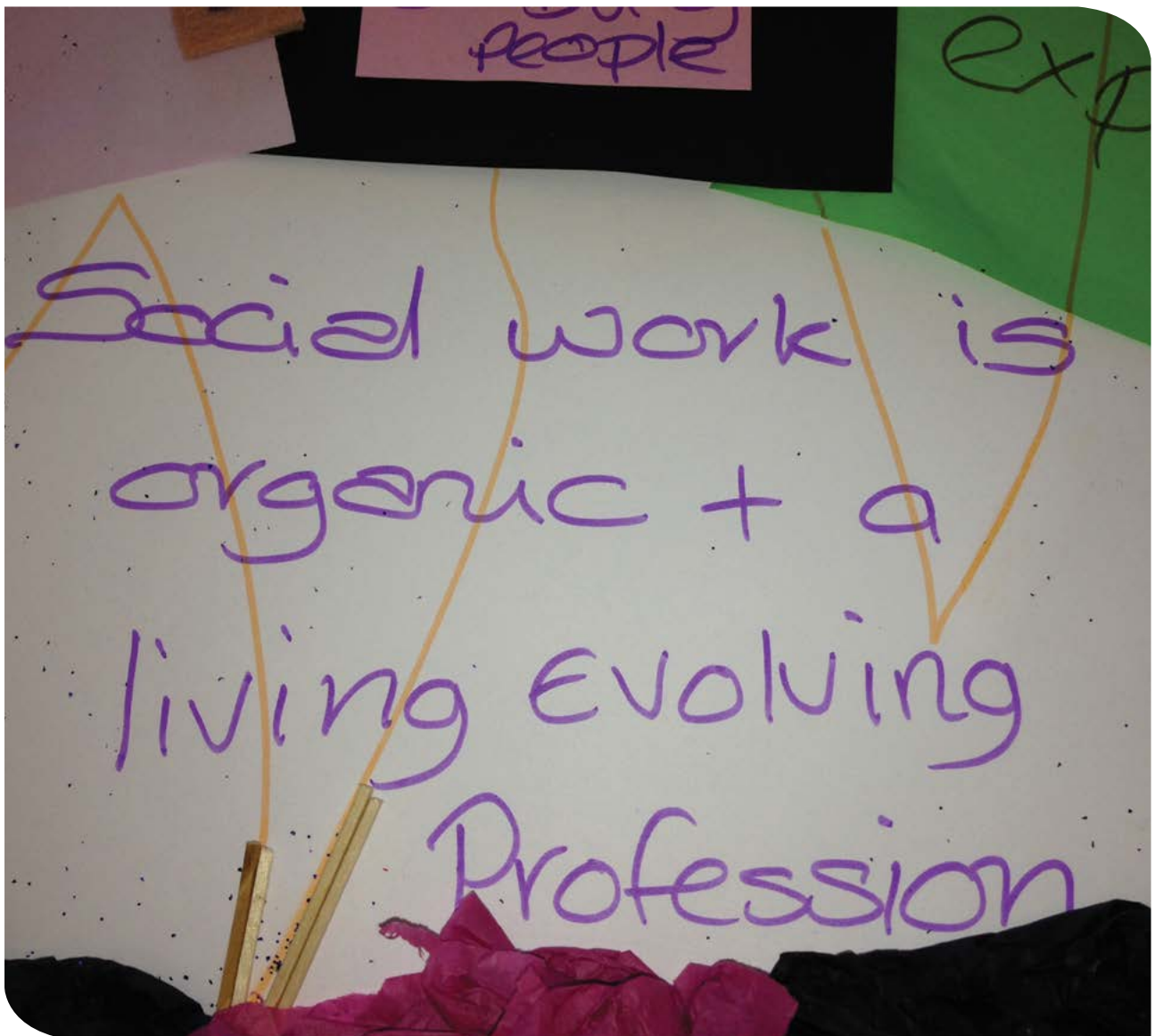
social care priorities, particularly the added value it can bring, including financial, social and cultural change to values and behaviours in working with people, carers and communities. Much of the national debate around social work tends to be framed in terms of children’s social work – the contribution of social work in adult services is thus, sometimes marginalised.

Alongside providing strong messages about the role of social work to the wider health and social care sector, equally important is promoting the benefits of social work in adult services to the wider public. Social media is an excellent way to generate and engage in debate around the issues facing social work and social care – both positive and critical – and in a way that can resonate beyond our usual audience.

Together with the Chief Social Worker for Children and Families, TCSW, ADASS and ADCS, we are developing a joint-media strategy, which will:

- Create a collaborative approach across the profession with practitioners, TCSW, ADASS and ADCS, to share and agree key media statements and press releases, and to establish joint relationships with the press;
- Generate a clearer focus on what social workers do and their contribution to society;
- Create a more proactive media and public relations strategy, greater awareness of potential news stories and more confidence in building relationships with the media; and
- Provide media training and advice for principal social workers and others to speak on behalf of the profession.

⁸ <https://www.gov.uk/government/publications/munro-review-of-child-protection-final-report-a-child-centred-system>



5. Building the evidence base for social work interventions

Context

There is increasing policy emphasis on the need for social workers' practice to be evidence based, which Croisdale-Appleby's review highlighted. Yet many policy makers and practitioners find it difficult to access good quality evidence on the effectiveness of social work interventions.

One of the unintended consequences of the dominant emphasis on the role of social workers as care managers in statutory services in the aftermath of the NHS and Community Care Act 1990 was that the role of social workers became increasingly obscured. This loss of social workers' distinctive identity also had a negative impact on the quality of education, particularly the need to "equip social workers with the capability to engage in research and the importance of evidence-based practice as an essential component in their future professional capability to practice⁹."

We need to revitalise the importance of evidence-based practice in adult social work, reflecting the potential good social work has to transform the lives of those who need support. To do this will require a renewed effort across the profession, from HEIs

ensuring that research is included in the curricula for social work qualifying courses, to employers providing opportunities for newly qualified social workers to undertake research to deepen their practice and – crucially – opportunities for the existing social work workforce to undertake reflective supervision and quality assured continuous professional development.

Research in the Department of Health

The National Institute for Health Research (NIHR) School for Social Care Research, funded by the Department, is investing £15 million over 5 years to deliver research to help improve social care practice. In addition, the Department's Policy Research Programme (PRP) also leads social care research, supporting several policy research units working in the social care field.

As part of their programme, in July 2014, the PRP funded Social Care Workforce Research Unit (SCWRU) at Kings College London, published their evaluation of the Social Work Practices with Adults pilot programme¹⁰ which looked at the impact of pilots in a small number of Local Authorities which contracted out their statutory social work functions.

However, it is important that we do more to strengthen *social work* research as distinct from wider social care policy. For example: whether involving social workers in

9 Croisdale-Appleby: Recommendation 10

10 <http://www.kcl.ac.uk/sspp/policy-institute/scwru/res/roles/swpa.aspx>

assessment for reablement influences the quality of assessment and the outcomes for service users; what is the role of social workers in post-diagnostic support for people diagnosed with dementia? These are just some of the questions that should be informing models of practice and interventions in adult social care. I will be working with the Department and the NIHR to improve the focus on developing an evidence base for social work interventions and outcomes.

Driving innovation in social work practice

Social workers are adopting increasingly innovative approaches to commissioning and delivering social work services. Focus, a Community Interest Company (CIC) from North East Lincolnshire delivering adult social work services, is one of several examples where social workers are being empowered to deliver imaginative, creative solutions to meet outcomes for their clients.

Data already shows increasing numbers of NQSWs working in non-statutory roles, and this pattern is likely to continue, given the pressures facing statutory services. Ensuring we have a strong evidence base which supports social work's distinctive role and contribution, will become even more important as we move further towards integrated working and a more diverse social care market.

That is why I have asked the SCWRU to carry out an evidence review of the effectiveness of social work interventions with adults. The review, which is expected in spring 2015, should provide a useful starting point for further research to develop the evidence base for social work.

I am also considering, with Skills for Care, whether we can work with the Adult Social Care Outcomes Framework (ASCOF) data to look at whether the ratio of social workers has an impact on improved social care outcomes.

Ensuring NQSWs are using evidence-based practice to inform their decisions is critical to delivering effective social workers. In drafting the KSS, I have ensured explicit reference is made to the importance of critical reflection, supervision and analysis to inform employers' decisions:

Social workers should have a critical understanding of the difference between theory, research, evidence and expertise and the role of professional judgement. They should use research to inform the complex judgements and decisions needed to support, empower and protect their service users¹¹.

In the coming year, I will also be working with universities to ensure the use of evidence is integral to social work qualifying courses, and with principal social workers to embed action research and evidence-minded practice throughout their organisations, helping create social workers who can shape and influence practice and communicate effectively with their peers, outside their direct authority and across professional boundaries.

¹¹ <https://www.gov.uk/government/consultations/adult-social-work-knowledge-and-skills>

PART 2: Views of the sector

The College of Social Work

A strong sense of mutual reciprocity and benefit characterises The College of Social Work (TCSW)'s positive working relationship with the Office of the Chief Social Worker. Lyn Romeo's arrival at the Department of Health has been instrumental in giving social work with adults a much needed and stronger profile. Amongst other things, this has meant that there is a much more nuanced understanding of the particular expertise adult social workers bring, and how the social work contribution must be clearly differentiated from that of the wider adult workforce.

TCSW has greatly appreciated Lyn's active and open engagement with us as England's professional college, supporting our mission to be a centre of excellence and to provide an effective leadership voice for the profession. The benefits of this engagement are evidenced on several fronts. Lyn made a positive contribution to TCSW's first and very successful national conference in January, to the December 2013 summit on the business case for adult social work and, then most recently, to the Principal Social Worker (PSW) conference in July

Two key TCSW publications were given good support by Lyn, namely on *The Roles and Functions of Social Work*¹², and on *The Role of Social Work in Adult Mental Health Services*¹³. Lyn's expertise and in depth knowledge were invaluable in shaping the content of these publications and in helping to give them a positive national profile. In many ways, therefore Lyn, as a TCSW member and as the Chief Social Worker for adults, is actively supporting work to create a credible and confident professional College for social work.

Our shared ambition of strengthening practice standards and professional leadership is being realised through a number of Care Act implementation related activities, including curriculum guides and work on dementia. Our shared interest in building strong professional leadership has found expression in our joint work to support the new adult Principal Social Worker (PSW) network. Over the past year the network has become an increasingly influential professional leadership group, offering expertise and professional wisdom on issues such as the draft guidance on the Care Act.

12 <http://www.tcsw.org.uk/uploadedFiles/TheCollege/CollegeLibrary/Policy/RolesFunctionsAdviceNote.pdf>

13 <http://www.tcsw.org.uk/uploadedFiles/TheCollege/Policy/MH%20Launch%20Document%20April%202014.pdf>

Similarly, we have worked well in partnership on other social work policy issues, such as the recent social work education reviews, the Think Ahead qualifying training initiative, and discussions about the need for a national framework for continuous professional development (CPD).

Much attention is, very understandably, being given to initial qualifying training and how best we can attract the very best calibre of recruits into social work. Equally crucial is our capacity to retain experienced professionals. Whilst there is no simple panacea, social work's historically rather *ad hoc* approach to CPD has been a key factor underpinning the migration of many experienced practitioners away from frontline practice. TCSW welcomes Lyn's explicit commitment to driving progress to develop a national framework in this area and we look forward to working closely with her and her Department of Health colleagues in translating our ambitions into practice.

I came into post as Chief Executive at TCSW at the same time as Lyn assumed her national role; from the outset I have appreciated her open style and explicit commitment to working closely with TCSW. Shared recognition of the need to build shared system leadership across social work agendas has created much good synergy between the work of TCSW and that of the Office of the Chief Social Worker. Notwithstanding the fact that we have different roles and accountabilities, it is positive to see how social work's new architecture (in the form of TCSW, Chief Social Workers and PSWs) is beginning to have real purchase, influence and most importantly, impact.

Annie Hudson
Chief Executive Officer

Association of Directors of Adult Social Services (ADASS)

I am delighted to contribute to this annual report.

The role of social workers is of critical importance as we find new ways to focus on the wellbeing of people who have care and support needs, seek to work across organisational boundaries in order to coordinate care to ensure that best outcomes are met, and increasingly seek to ensure that independence, choice and control are the norm for as many people as possible. Of course this happens in the context of the opportunities provided by the care act and resource constraints.

Lyn has given impetus to the social work reforms providing independent leadership for the profession. This has helped to ensure that there are now 141 Principal Social Workers to provide local leadership and focus; raised the profile of social workers in adult social care locally and nationally and forged links across the sector to further the aims of the Chief Social Worker role. In demonstrating her passion for the role she has also been a role model in her visits to many authorities across the country.

This visible leadership is across the sector and is much needed. Social workers are in highly challenging environments. This needs to be matched with the support and development required to ensure that social workers flourish in the many complex, sensitive and immensely valuable roles in adult social care. Lyn has quite rightly championed the importance of implementing and embedding the Standards for Employers of Social Workers in England and we are working together with her and the sector to do this.

Real progress has been made over the last twelve months in raising awareness of the social work role in adult social care and the difference that social workers make in improving people's lives and we are looking forward to continued improvements in the year ahead.

David Pearson, President
Corporate Director and Deputy
Chief Executive
Nottinghamshire County Council

British Association of Social Workers

Members of The British Association of Social Workers (BASW) have commented on the Chief Social Worker's personable manner and her willingness to listen to constructive challenge.

We have welcomed this positive partnership engagement with Ms. Romeo, particularly in statute and policy reform consultation processes.

BASW is a member of the advisory group to the Chief Social Worker for Adults and has played a key partnership role in the development of the Care Act 2014 and associated guidance and regulation, contributed to the draft consultation on the development of the Knowledge and Skills for adult social work and the Mental Health Code of Practice.

We feel that the voice of the Chief Social Worker has contributed to social work being incorporated in the Care Act 2014.

Adult Social Work needs representation at a national, regional and local level. Practitioners in this field need the same recognition as in other service areas such as child protection.

The Chief Social Worker has an influential role in raising the profile of social work with adults to the public. It is BASW's belief that Ms Romeo needs to continue to advocate for social workers for adults working in diverse environments, including the voluntary and independent sector.

The Chief Social Worker has attended key BASW events, including the BASW England Conference and the Social Work Awards judging panel (of which BASW is a Corporate Sponsor).

Ms. Romeo has also attended a four nations meeting to support the IFSW (International Federation of Social Work – of which BASW is a member) European Conference, to be held in Edinburgh from 6–9 September 2015.

BASW members are pleased that the Ms. Romeo takes time to highlight good professional practice and innovative work. However, they have also raised concerns that the functions and role of the Chief Social Worker for Adults does not have sufficient reach.

The role should, for example, also have a specific remit for highlighting obstacles that hinder good practice, including issues such as: local authority budgetary cuts, waiting lists for Best Interest Assessments and the fragmentation of funding for Assessed and Supported Year in Employment (ASYE) between different government departments.

BASW England will continue to work in partnership with the Chief Social Worker for Adults and we look forward to shaping a whole person centred approach to personalised planning, as well as putting the professional social work role centre stage in integrated service delivery.

Maris Stratulis
BASW England Manager

Skills for Care

The year since the Chief Social Worker has been in post has seen the position of social work in adults services further strengthened. It is evident through Skills for Care's work supporting employers, and through formal evaluation, that the Assessed and Supported Year in Employment (ASYE) has been firmly embedded both in establishing an effective basis for long-term CPD and in defining job roles and structure. The year on year growth in numbers of newly qualified social workers (from 815 in 2012/13 to 1056 in 2013/14) being supported by their employers, through ASYE, is an indicator that the social work role is still seen as vital by employers in the provision of person centred adult social care.

There have also been significant increases in the numbers of voluntary sector and NHS employers directly supporting newly qualified social workers. It also demonstrates recognition of the benefits of investing in good supervision, support and development for the workforce. Our evaluation of the ASYE also identified that more experienced social workers and managers – responsible for the supervision and assessment of ASYE – were benefitting considerably in their own development from supporting their newly qualified colleagues through ASYE. In addition employers continue to focus on the needs of managers through use of a 360 degree development tool, developed and delivered in partnership with The College of Social Work, which is part of the Social Work Leadership Toolkit.

A full Local Authority return to the NMDS-SC (National Minimum Data Set for Social Care) shows that the social work workforce is relatively stable, however 50% have been in post five years or less, and almost 40% are aged 50 and over.

The Chief Social worker is giving significant prominence to the social work workforce, and workforce planning and development issues in relation to new and developing policy and service design. This is especially evident in the development of the Care Act guidance and regulations, and in the promotion of newly emerging employment settings such as 'mutuals'. Skills for Care has been pleased to work with the Chief Social Worker in supporting employers to plan to meet the workforce challenges ahead; for example through involvement in our Social Work and Personalisation workshops.

Sharon Allen
Chief Executive Officer

Principal Social Workers (Adults) Network

Principal Social Workers (PSWs) are a vital link between frontline practitioners, senior management and nationally to The College of Social Work and Department of Health. PSWs can lead beyond the authority that they have and play a key role in influencing decision making through the realities of practice.

In supporting the work of Lyn Romeo, the Chief Social Worker for Adults this year, I have had the privilege and pleasure of chairing the Adults Principal Social Worker Network. During that time I have met a large number of enthusiastic and passionate PSWs from across the country, all keen to develop the role further and make a difference to professional social work practice.

The Chief Social Worker has been encouraging all local authorities to have PSWs in place and now the majority have done so. There is no one way for this role to be undertaken and there are several models in place. In my own authority we now have taken the decision to recruit 2 specific PSW posts.

Over the past year the Adult Principal Social Worker Network has supported PSWs to have greater influence locally, regionally and nationally.

We have encouraged and supported PSWs to develop their own regional networks to share good practice and support one another in what sometimes can be seen as quite an isolated role. These regional networks will help to drive the improvement of practice and we need to ensure they are connected with the ADASS branches.

We have held four national network meetings with between 50 and 80 PSWs attending, and they have demonstrated a real commitment in being at the forefront of developing their role and sphere of influence. PSWs have met with representatives from the Department of Health and influenced the Care Act Regulations and Guidance to reflect

the vital contribution of social workers, particularly in key areas, such as adult safeguarding, complex assessments and capacity.

It is also important for PSWs for Adults and Children and Families to join together in their local areas and to come together nationally, and a greater appetite for collaboration was evidenced with 150 PSWs attending the first national PSW Conference in July 2014.

The College of Social Work has played an important role in providing a steer and raising the profile of PSWs. As Annie Hudson, Chief Executive, said at the PSW Conference, 'Principal Social Workers are the critical leadership force in social work'.

During the coming year, Adult Social Care faces a number of challenges with the implementation of the Care Act in April 2015, the implications on practice from judgement in relation to Mental Capacity and Deprivation of Liberty Safeguards and not least, working within the continued financial pressures and reductions in funding to councils.

The role of PSWs is more important than ever and as Lyn Romeo said at the PSW conference 'Principal Social Workers have a vital impact on the quality of social work in this country'.

So it has been a good year for the Chief Social Worker and for Principal Social Workers. There are great expectations for developing this key role. In this next year we will work to maximise the influence that PSWs have with The College of Social Work, ADASS and the Department of Health.

PSWs are the authentic voice of social work practice and their voice is being heard.

Mark Godfrey,
Interim Chair, PSW Adults Network
Assistant Director
Coventry City Council

Social Care Institute for Excellence (SCIE)

Good social work is key to many of the changes outlined in the Care Act, which is one of the most significant pieces of legislation concerning social care since the beginning of the welfare state in 1948. It is therefore reassuring to know that the voice of practitioners as well as professional leadership through the office of the Chief Social Worker sits at the heart of policy making as well as in support of implementation.

SCIE is committed to the development of a confident, well informed social work workforce which is skilled, ready and well equipped for the challenge. We share a common value-base and goals with the Chief Social Worker – improving the quality of people’s experience of care and support, promoting their rights and improving outcomes based on what works for them and have been pleased to work with her during this first year of her office.

SCIE brings together evidence from a variety of sources, sharing knowledge to improve lives. We know that, alongside other practitioners, many social workers subscribe to our bulletins and value for example practice guides that support them in taking decisions and making a positive difference to

people’s lives. In our second year leading the NCCSC, we have valued the support that Lyn has provided us – particularly in helping to shape our latest guideline on transitions from mental health inpatient settings. Alongside the Chief Social Worker and other social care organisations we recognise the critical importance of training and continuing professional development and it has been good to hear from student and newly qualified social workers about the emphasis they place on research and evidence to inform their professional knowledge and practice.

Change is always hard, and always takes time. We are at the beginning of some far reaching system and administrative change, which are logistically demanding. In this context, as a sector, we need constantly to return to and assert the value of good social work in understanding and working with the complexity of people’s lived experience and relationships to deliver a better experience of care, better outcomes and a continuing contribution to family and community life. This year has been a good platform – for the next 10!

Tony Hunter
Chief Executive

Research in Practice for Adults (RiPfA)

In a short time and in a complex and busy context, Lyn has made a real and tangible difference. Her easy, informal style has enabled her to engage with very large numbers of people in the social care world. And my sense is that social workers feel they now have someone at the very of government who really understands their everyday working lives. At RiPfA, we value her active respect for evidence, her drive to

focus on what most helps people to achieve their outcomes, and her keenness to foster learning cultures.

Chris Davies – CBE,
DL Associate Director,
Research in Practice for Adults

Joint Social Work Education Committee (JSWEC)

Throughout 2013/14 members of the JSWEC community have experienced successful approval of qualifying programmes by the professional regulator, Health Care Professions Council, with many higher education institutions simultaneously seeking and gaining professional body endorsement by The College of Social Work. Universities have worked consistently and effectively across all social work stakeholders to ensure the rigorous maintenance of high educational standards in the delivery of new social work programmes. 2013 was the first year of the newly formed qualifying programmes, which incorporate practice skill requirements and throughout the HEI community, student, employer and academic feedback has been outstandingly positive. Programmes remain committed to high quality provision as they develop and implement second and final year degree programmes within the wider context of significant organisational, professional and political change for social work education and training.

JSWEC have actively sought to participate and influence the debate through membership and attendance at national and regional bodies at these unprecedented times. Collaboration and Partnership have been key cornerstones in the formation of coordinated developments in social work education and training and have led to improvements in unifying the profession and positioning social work education as a key contributor to the emerging political picture on the provision of services for vulnerable people. In support of this, significant progress has been made throughout the country, to develop frameworks for the continuing professional development for qualified social workers. Work in this area, needs to be sustained and developed further with employers over the forthcoming year to enhance and promote standards of professional practice post qualification.

JSWEC has welcomed the opportunities to work collaboratively and effectively with the Chief Social Worker (adults). We have been invited to sit on various forums and working groups and we have benefited from the discussions with the CSW. We welcome the efforts made by the CSW to engage with all stakeholders, her work welcoming students this September and her willingness to seek the involvement of the HEI sector in developments such as Think Ahead. JSWEC have appreciated the value attached by the CSW to the work of those programmes supporting high quality social work education, and her recognition of the hard work within the sector to meet the expectations of the Reform Board.

At times of change and uncertainty, JSWEC welcome the opportunity to work closely with key stakeholders in the development of social work education and recognise the process can simultaneously be challenging and stimulating. The advent of alternative models for social work education remains a challenge, as does the uncertainty over the profession's generic base for professional education and training. The uncertainty in funding remains a critical challenge, as does the maintenance of social work as an academic discipline within HEIs. However, JSWEC remain committed to working in partnership to achieve the very best for the most vulnerable members of our society.

Kate Morris,
Chair & Professor of Social Work,
Nottingham University

Samantha Baron,
Head of Social Work,
Manchester Metropolitan University

Carers UK

As our population ages and people live with the complexities of managing multiple long-term conditions, more families than ever are increasingly trying to navigate our health, care and social security systems.

Recent research from the Care Quality Commission found 84 per cent of those surveyed described choosing care for a parent or other older relative as ‘very stressful’ or ‘quite stressful’, ranking it higher than many of life’s most stressful events¹⁴. For many families across England the support of a Social Worker to guide them through this maze and to support them to put in place the right care and support is invaluable.

Every family and caring scenario is different. For some, information, advice, and a direct payment to buy, for example some replacement care or driving lessons to make caring easier, might be what’s needed. In others, complex support from both NHS and social care services will be needed. A skilled Social Worker can bring together these different sources of support.

Without the right practical support in place families find that the impact of caring can be unbearable. The Carers UK State of Caring survey of over 5,000 carers found that six out of ten carers said they have been pushed to breaking point with a quarter of these requiring medical treatment as a result.¹⁵

Those caring round the clock are over twice as likely to be in bad health as non-carers and 73% of carers reported feeling more anxious because of their caring role.

The survey showed that carers are put under pressure by:

- Insufficient support: 1 in 5 full time carers responding are receiving no practical support with caring
- Lack of integration between health and care services: 50% of carers report difficulty with the way that NHS and social services work together
- Poor quality care of care: A quarter of carers (24%) reported negative experience of social care services such as home care or respite care. Without enough reliable, quality support in place carers are unable to have the time they need to look after their own health, maintain other caring responsibilities or relationships or stay in work.

The new legal framework put in place by the Care Act 2014 brings clarity to a previously confusing legal patchwork and has at its heart a duty to promote the wellbeing of the individual. It also includes the strongest ever rights for carers, creating new duties which put the needs of carers on par with those they support. Putting in place support can mean reconciling different views as well as needs. In some cases someone may depend on a loved one for support but be unwilling to accept that this is the case or that it has an impact on their loved one. Accepting care from outside the family can be difficult for everyone but may be the only way to enable a carer to continue.

Good social work which brings together a package of support which is right for the whole family is absolutely key to making a caring role sustainable and making a reality of the promise which the Care Act 2014 holds for carers.

Heléna Herklots
Chief Executive

¹⁴ www.cqc.org.uk/content/sandwich-generation-carers-say-choosing-care-one-lifes-most-stressful-events

¹⁵ Carers UK, State of Caring (2014)

Creative Communities Group

The Creative Communities Group UK that I co-founded and chair has been contributing to the education of university students since 2012.

We also designed and deliver a conference workshop based on our personal lived experience of health and social care entitled 'Towards a Better Tomorrow'.

This unique workshop highlights the achievements of service users, and shares their personal journey, celebrating their valued contribution to society.

The creative communities group conference workshops and university teaching seminars have been receiving tremendous evaluations from both university academics and students, and we have received many comments about how working with the creative communities group members has changed their understanding of health and social care and the people who use and receive services.

Students also commented that they now feel better informed and educated as a direct result of working with our service users and carer members.

The creative communities group aims to empower people locally, nationally and internationally for positive change through volunteering and community engagement

It is also helping many in society regain their confidence, self-esteem and help them with social inclusion.

The creative communities group UK asked me to send Lyn a personal message of thanks and best wishes for the future. The members also wanted me to acknowledge and thank Lyn for her valued contribution to the design of social work and social services, which is now directly contributing to improving the lives of many in society who receive social care and support.

Russell Hogarth
Chair

ASYE Social Worker (2012-14)

In November 2012 I commenced the Assessed and Supported Year in Employment (ASYE) programme which I completed in July 2014. As a newly qualified social worker, this programme helped me to develop in confidence, become critically reflective and improve my knowledge of the application of evidence-based practice. I was able to identify my professional and developmental needs and use different methods of learning appropriate to my role and service in order to achieve these. As I worked through the programme I was able to link my development needs with the ASYE 9 domains in the Professional Capabilities Framework (PCF) and present this information in a table, enabling the

assessor to reference the necessary evidence.

For me the ASYE programme was separated into two parts; the first year was practice based with my employer and the last 6 months included an academic module with the local university.

I was allocated an ASYE supervisor as part of the practice based learning, who was supportive and holistically assessed my development throughout the programme. However my experience and that of my colleagues reveals significant differences between local authorities in their delivery of the ASYE programme, particularly the lack of clarity around the supervisor's contributing

role towards the ASYE portfolio. I think the knowledge and skills statement which the Chief Social Worker has drafted is a really positive move – setting a clear framework for how the ASYE programme is delivered will reassure social workers, employers and the public that the same standards of supervision and assessment are being applied in all local authorities.

Participating in the ASYE programme has helped increase my skills and effectiveness as a social worker. I was encouraged to use my own initiative in gathering evidence of progress and use a range of techniques to support my practice development, including: self-directed learning; attending peer group sessions to discuss my case and share research I had undertaken independently prior to the session; and using formal and informal feedback from service users, carers and other professionals to inform my practice, helping me gain confidence in the specific areas I needed to develop.

The ASYE university module gave me the opportunity to attend many social work lectures on topics such as risk assessment, defensible decision making, lessons from serious case reviews, practice advice about working with resistant service users and inter-professional working. I was allocated a tutor which was really beneficial for building my confidence, supporting my learning and applying reflective practice.

Preparing social workers to use self-learning techniques and reflective practice throughout the ASYE programme is essential, as this will be an expectation throughout their career. To achieve this I feel the academic module and the employer's expectations of the outcomes of the ASYE programme outcomes could be better aligned to support the application of formal learning to practice. For example, the peer group sessions could be delivered to ASYE students, enabling them to reflect on what has been learnt from

their university modules and consider how they would apply their learning to a work environment.

When I started the academic module, I was encouraged to complete a social worker skills questionnaire, which helped me to identify my future learning needs. Having this tool at the start of the ASYE programme would have helped evidence my areas of continuing professional development.

Although I have highlighted some areas for improvement, I am confident that the application of this programme is already improving and becoming more effective for newly qualified social workers. I have enjoyed the ASYE programme and encourage other newly qualified social workers to participate, to maintain the type of learning and development which is often overlooked in practice. Often, newly qualified social workers may take up to a year to learn about their role and identity, how to prioritise their work load and develop relationships with other professionals, which can often cause anxiety. Through effective implementation of the ASYE, the right support can be given to help social workers through these challenging times."

Karina Rawlins
Social Worker, Cheshire East Council



Case study – a Carer

Anna's story

In June 2011 we sadly lost my mum after her battle with breast cancer. My sister and I were, overnight, left with the responsibility of our elderly father who at 89 years old was almost blind due to glaucoma and increasingly frail.

We were, to say the least, totally ignorant of the responsibility and the commitment we were about to undertake. My dad needed day and night care and had little in the way of savings. My sister and I decided we would spend half a week each sleeping at his house. This was extremely difficult as we both have families, both children and grandchildren, and demanding, full-time jobs.

After a few weeks both my sister and I were extremely worried about the pressure upon us, and asked dad's GP for advice. We were told to contact social services and following an assessment of dad's needs, social services agreed to visit each day for six weeks to help my father to 'help himself'. My sister and I were left distraught having to watch a staff member trying to 'train' my father to do general kitchen chores. Dad became very depressed and incessantly said he wanted to die. We stopped the visits.

By 2013 my father had become needier and my sister and I knew we would not be able to cope much longer by ourselves. We were both exhausted mentally and physically. We discussed our situation with a privately-run home help company who advised us to contact the County Council's Adult Care team. A visit was set up with a social worker to assess dad's needs whose excellent support we could not be more grateful for.

Dad was now completely blind, was becoming slightly incontinent and suffering from memory loss. The social worker was exceptionally empathetic and helpful, showing great compassion towards dad and talked through his difficulties with him directly as well as us. A month later we received confirmation that my father was entitled to four nights paid care per week. I was given full advice on how to manage the direct payments for these and then took the next step and employed two staff to help with night care.

Further down the line as our circumstances changed we were visited by the assessor who had previously dealt with us once again and were able to get some further night support.

Since December 2013 my father has deteriorated both physically and mentally and he has now been diagnosed with dementia. I have been dealing with the direct payments and paperwork relating to our care workers. I also manage the care rota and the day-to-day running of his home. My experience at the outset can only be described as an uphill struggle.

What transformed it for me was the support and help of one social worker. She pushed and pushed for us. With the support of that one social worker our experience – though not entirely without pressures (in particular around direct payments) – has been so much more positive. I can't thank her enough.



6. Feedback from users of services*

All too often, the stories we hear about social workers follow an all too familiar pattern, that of tragic consequences caused by individual or systemic failings, with the finger of blame pointing squarely at social work's door. In reality, social workers in adult services support approximately 1.5 million people, often in some of the most challenging and difficult circumstances, to achieve the outcomes they want for their lives. The following examples are just a tiny fraction of these unreported 'good news' stories, which social workers are responsible for every day.

Person A

During the last three and a half years I have been very fortunate to have the help of social services in particular one officer whom I now consider her a friend – her name is Lisa and without her support and care along with her colleagues, I would never have reached where I am now. She and a family safety unit Independent Domestic Violence Advocate, gave me the strength I needed to break free from the situation I was in and the hell I was living in at this time. It took some time but eventually I broke free.

[A's partner was arrested for assault by police in 2014, resulting in a criminal bail condition that he could not return to the home. During this time A was empowered and supported to make a change in her life and remove herself from her domestic violence situation.]

The best thing that I ever did was to trust social services... to make me realise that I wasn't the monster my ex-partner made me believe I was. The best thing I ever did was to get away from his influence over me. I am now living a happy life and not just existing.

Person B

It has been a very difficult time for me... through these dreadful weeks... I know when I really bring myself to task that the placement will work well... he will grow and further his skills of life, our children can only be borrowed and we must let them go for them to learn new skills and experiences... I am so pleased you became John's social worker...we have really appreciated your help throughout this very difficult time.

[The main carer for the service user, a young man with a learning disability and various health and mobility difficulties, had, for many years, been his grandfather. He died just over a year ago, leaving the main caring role to the young man's grandmother, who, as well as dealing with her own grief and trying to support her grandson through his, also has various deteriorating health conditions which had increasingly impacted on her ability to continue to support her grandson effectively, despite her desire to do so.

The social worker, along with an advocate, worked with the service user and his grandmother, increasing support to ensure that the service user has the stimulation and social interaction that he enjoys and needs, and to try to reduce stress on his grandmother.

Eventually, it became apparent that the young man could not continue to live with his grandmother, and again the social worker, with involvement of the advocate, worked with both of them to try to find the most appropriate place for him to move to. This was done in a sensitive and supportive manner over a period of time, with various options, including supported living, being fully explored before eventually the service user moved into a local very small residential home.]

Person C:

Jane was more than just my Mum's social worker; she was also there for us with guidance and advice. She knew exactly what to do and what to say... As a family, but mainly for my Dad, we wanted Mum settled in a suitable home. Even though there have been a few teething problems with Mum, Jane has dealt with them for us efficiently and effectively.

[A social worker supported a female service user with an early onset of dementia who was being cared for by her husband who had been diagnosed with terminal cancer and their daughter (who was, understandably) experiencing carer stress. It was the husband's dying wish to see his wife settled into permanent residential care which the social worker facilitated via best interest decision making and who was later contacted by the daughter seeking support to care for her Father who had been given days to live. The social worker liaised with the NHS critical care team to facilitate an admission into the same care home as his wife, who was able to be by his side when he died.

An important message is that, whilst the social worker was allocated to assess need and provision of residential care for the father, the family were confident and reassured by the social worker's response, that in a time of crisis they approached her again for advice and support, which was evidenced by a positive outcome for the whole family. It also demonstrates a level of emotional intelligence, whereby a social worker needs to be comfortable discussing death and dying with service users, carers and their wider families.]

Person D

'Andrea' had been rough sleeping for two years and had declined offers of accommodation and support. She was displaying no overt psychiatric positive symptoms, such as hallucinations. As the Approved Mental Health Professional (AMHP), I assessed Andrea, drawing on my experience of working with mentally ill homeless adults and found that she had hallmarks of negative symptoms of schizophrenia, such as lacking fluent speech, self-isolation, lack of volition, unable to focus on housing issues and lacking emotions.

The local Community Mental Health Team (CMHT) expressed unease about engaging with Andrea in the street and, on being unable to identify any mental illness, closed the case. The case was subsequently escalated to AMHP duty, where I used the Mental Capacity Act (MCA) framework to successfully argue that Andrea lacked capacity and that her rough sleeping was not therefore, a lifestyle choice. Given the risks associated with a lone female rough sleeping, I advocated for the CMHT to carry out a mental health assessment, where I again used the MCA to advise the assessing medical consultant concerning Andrea's capacity to rough sleep.

Once in hospital, Andrea exhibited further symptoms of mental disorder, leading to diagnosis and treatment for schizophrenia.

She is now in a nice studio flat, sees the Community Psychiatric Nurse (CPN) and is engaging with services, where in the past she was very paranoid about them. Her consultant at the time said that had she not had been admitted, she could have died on the streets. She now has the ability to reflect and has thanked the social worker for not giving up on her... saying that she was confused and could not think straight.

Approved Mental Health Professional and senior social worker, London

**All names have been changed to protect identities.*



PART 3

7. Priorities for 2015 and recommendations for government and the sector

Priorities:

In 2015, I will:

- i. Continue to work with the sector to drive improvements in the quality of social work practice with adults, through implementation of the KSS and national criteria for the ASYE programme, following the consultation; lead the development of a CPD framework; and ensure implementation of the Care Act.
- ii. Develop a clearer profile for the contribution social workers make in key areas to enhance the social model of care – specifically, working with people with Learning Disabilities in assessment and treatment facilities, with people with dementia, autism and needing end of life care and in integrated health and social care arrangements.
- iii. Consolidate and further develop the role of PSWs, ensuring they are embedded in all local authorities and other organisations where social workers are based and work with them to ensure the Employer Standards are fully embedded, with health checks to deliver improvements in social work practice.
- iv. Put in place a clear strategy to develop a research and evidence base for social work practice, to demonstrate the difference that social workers and social work interventions make to improve people's lives.
- v. Continue to work across the Office of the Chief Social Worker to take forward shared priorities on education and training, social work regulation and practice improvement across children's and adult services.
- vi. With the sector, lead further improvements to the education and training of qualifying social workers, including: the selection and entry criteria for students; Bursary and Education Support Grant (ESG) funding; and the development of more robust teaching/ employer partnerships to improve placement experience and preparation for work.
- vii. Ensure development of the Think Ahead graduate fast-track programme supplements and enhances the social work workforce and provides an additional and effective route into social work in mental health settings.
- viii. Work with employers, PSWs and ADASS to ensure appropriate levels of resourcing are in place for social work as a key element of the health and social care offer to local citizens.
- ix. Strengthen social work practice leadership to support excellent social work and the key contribution it plays in integrated arrangements, ensuring a strong voice for social workers.

- x. Work with other social work leaders through national publicity, communications and public events to create a clearer and more positive public profile for social work with adults, and the positive and critical impact social workers make every day to the lives of people who use services, carers and communities.

Recommendations:

- Government must continue to recognise and value the contribution that social work and social workers can and do play in improving health and social care outcomes for citizens, by ensuring all policies properly support and reflect this contribution.
- Consideration should be given by government to parity of esteem between social care and health care, through fairer investment in research, including specific research on social work interventions, education, training and continuing professional development of social workers.
- Social workers and social work leaders and educators must continually challenge and improve the quality of social work practice, ensuring that it is based on excellent application of social work knowledge and skills, informed by research and evidence of what makes a real difference to people's lives.
- As a priority, employers must put in place and maintain the optimum conditions to enable excellent social work practice through implementing the Employer Standards, particularly in regards to social workers' health and wellbeing.

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Appendix A

About Lyn Romeo

Lyn Romeo took up her post as Chief Social Worker for Adults in September 2013.

Previously, Lyn worked as the Assistant Director for Adult Social Care in the London Borough of Camden. She has also worked as an inspector with the Social Services Inspectorate, as well as working in Yorkshire for over 20 years as both a field social worker and in a variety of management roles across children and adults.

Chief Social Worker for adults

The Chief Social Worker for Adults works collaboratively with the Chief Social Worker for Children and Families. Together they work from the Office of the Chief Social Worker to:

- support and challenge the profession to ensure that children and adults get the best possible help from social workers
- provide independent expert advice to ministers on social work reform, and the contribution of social work and social workers to policy implementation more generally
- provide leadership and work with key leaders in the profession and wider sector to drive forward the improvement and reform programme for social work
- challenge weak practice to achieve decisive improvements in the quality of social work
- provide leadership to the network of principal social workers

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