



Department
of Health

Annual Report by the Chief Social Worker for Adults

2015-16





Ministerial Foreword



**Minister of State for
Care Services,
Alistair Burt MP**

The last year has seen a fundamental shift in the system of health and care, a shift which puts the individual and their carer at the

centre of the care and support they receive. The Care Act, now entering its second year of implementation, triumphs the principle of wellbeing and rightfully places professional social work practice at the centre of adult social care.

Social workers do one of the most important jobs across the country, supporting individuals and their carers to experience better lives. It is therefore right that we are bringing the social worker role to the very heart of government, and I would like to commend the work carried out so far by our Chief Social Worker, Lyn Romeo.

The inclusion of a clear role and contribution for social work in supporting all people with social care needs and particularly those with mental capacity and mental health needs, alongside support for people with dementia and autism, has been one of many achievements since Lyn's appointment. She continues to ensure there is recognition of the vital contribution social workers make to supporting people, their families and the community in promoting inclusion and wellbeing.

Both Lyn and I share a vision for social work that goes far beyond its traditional statutory role in local authorities. For example, we want to explore the value social work can bring to improved primary care, an idea that is already resonating with leaders and practitioners and making a compelling case for social work as core to successful integrated services.

In the last year, this has been most evident in mental health, where social interventions carried out by mental health social workers can make a powerful contribution towards sustainable recovery and reducing reliance on services. Lyn's support for the Think Ahead Programme is a welcome part of this broader move to reinvigorate a social and citizenship approach to mental health.

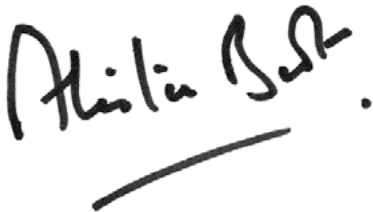
The potential to expand and deepen social work's role can only be met however, if we continue to raise the profile of social workers and the work they do. It is crucial that we provide them with the skills, knowledge and organisational and professional leadership to produce excellent social work. Lyn has worked hard over the last year to maintain social work as a unified profession with shared priorities for supervision and continuous professional development, and I look forward to working with her as we develop a new approach to social work regulation which delivers the highest quality practice.

One of the biggest successes of the Chief Social Worker role has been the continuous engagement with the sector. Lyn has now

visited almost 100 local authorities since 2013, motivating and challenging senior leaders and practitioners to create the conditions and set standards for excellent social work practice.

We have successfully introduced and championed the role of principal social workers, who are now in place in every local authority and some mental health trusts, supported by national and regional networks and providing strong leadership for social work. Lyn's focus on embedding the role and function firmly within adult social care has led to improved practice leadership within statutory social care settings and much stronger support for social work.

Social workers, alongside their colleagues across the health and care system, are working fantastically hard to deliver the requirements of the Care Act and integration. I welcome this report which sets out the achievements of the Chief Social Worker's role in the last year, and highlights the remaining challenges for government and the sector if we are to ensure that people and their carers are able to realise the benefits that social work and social workers can bring to improving their lives.

Aislinn Burt.

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Introduction



Lyn Romeo, Chief Social Worker for England (Adults)

It has been a busy time for social work with adults and their families since publication of my first annual report in

October 2014. Implementation of the Care Act, the revised Mental Health Act: Code of Practice and further improvements in application of the Mental Capacity Act in response to emerging case law are putting the role of social workers and social work values of empowerment and promoting independence, firmly at the centre of adult social care.

Updated statutory guidance accompanying the Care Act was published on 10 March 2016 and includes additional clarification on the role and function of principal social workers and the responsibility of local authorities to ensure there is a designated principal social worker in statutory adult social care.¹ This is an important step in ensuring greater consistency in achieving an enhanced profile for social work practice and its importance in delivering improved health and care outcomes.

The announcement at the beginning of the year by the Education Secretary of the

intention to create a new regulatory body for social work is significant for the whole profession. It demonstrates support for social workers and the ambition to continue to drive up the quality, status and regard for our practice, whilst recognising the vital role we play in improving lives for our most vulnerable children, families and adults. The new body will initially support the accreditation and assessment for child and family social work – however, the intention is that it will also support recognition of social work in adult social care, including the assessed supported year in employment (ASYE) programme, as well as social work roles in mental capacity and mental health.

Defining social work has always been challenging and contested in England, where the statutory child and family social work role has and continues to be, the dominant discourse. Social work practice with adults which is focused on personalisation and coproduction, promoting choice, independence and best outcomes, is consolidating the principles of social justice, human rights and respect for diversities. These are central to social work and contribute to developing a broader definition of social work practice and the contexts within which it can make a positive difference to people's lives.

At the heart of the social work reform agenda is making sure we have in place a system of social work education and training that equips social workers for frontline practice. I have continued to work closely with Isabelle

¹ <https://www.gov.uk/guidance/care-and-support-statutory-guidance>.

Trowler, Chief Social Worker for Children and Families on our shared priorities, particularly in relation to improving the quality of education, training and post qualification social work practice and supervision. Areas such as working with mental health, mental capacity and best interests, will increasingly require all social workers to work effectively in applying their practice to address these issues. Making sure the organisational context supports and drives excellent social work practice is also a shared priority.

I am pleased that government has announced the intention to expand the support for Teaching Partnership arrangements between universities and employers, which will help ensure students are properly prepared for frontline social work.

One of my priorities for the coming year is to influence the remodelling of mental health services so that people using services benefit from social models of support, alongside clinical approaches to mental disorder and distress. The first entrants to the 'Think Ahead' post-graduate programme for social work in mental health will start their training later this year, helping to contribute to the future quality and supply of social workers in responding to mental health issues for people across the life span. All social workers need to have a good understanding of mental health from child protection work through to work with people dealing with end of life issues.

There have been other important developments recently, such as the success of the national Crisis Care Concordat and a new strategic focus on mental health within NHS England developed by the Mental Health Taskforce in its Five Year Forward View.² And the launch earlier this year of the 'Social Work for Better Mental Health'

initiative led by Dr. Ruth Allen, supported by the Department and in partnership with the sector, is welcome in helping to ensure the value of social work in improving mental wellbeing in society is recognised.³ The All Party Parliamentary group on Social Work inquiry into mental health is underway and also seeks to consider the influence of the social model for mental health services and the contribution of social work to holistic approaches to prevention and recovery.

Social workers are the core of the Approved Mental Health Professional (AMHP) workforce, playing a vital, statutory role in protecting people's human rights and promoting least restrictive options as set out in the Mental Health Act: Code of Practice (2015). I have recently written to all local authority Directors of Adult Social Services to clarify their statutory responsibilities for AMHP services and their role in ensuring AMHPs are properly supported, including with access to legal and professional advice, supervision and a development programme. I am working with colleagues in the Department of Health and the Care Quality Commission (CQC) to look at how we can improve the current approach to quality assuring AMHP provision, including whether there is a need for improved regulation of AMHP services, in line with expectations for the new social work body.

This year has seen significant developments across the health and social care system, which will further raise the profile for social work's role in supporting some of the most vulnerable people in society. The majority of respondents to the government's consultation on the Green Paper: "*No Voice Unheard, No Right Ignored*"⁴ expressed support for

2 <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

3 <https://www.gov.uk/government/publications/social-work-improving-adult-mental-health>

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

proposals for a named social worker for people with learning disabilities and complex needs, to provide a single point of contact for individuals and their families and enable professional challenge throughout the health and care system. I am working with officials and hope to test this proposal in a small number of local authorities in 2016-17, to inform wider rollout.

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

The additional £3.5 billion in the spending review for local authorities by the end of this Parliament is welcome in helping to put adult social care on a more sustainable footing. However, the back-loaded nature of this funding means most authorities will not see any positive impact in the short to medium term. For many, the need to find further efficiencies alongside increasing demand and expectations from those needing care and support, will continue to create challenges for delivery across the adult social care system.

This dual squeeze on the care and support system will require employers to maximise their social work resource to where it can have most impact. My focus for the coming

year is to achieve recognition for the role and contribution social workers make to an integrated health and care system; improving outcomes for people; protecting people appropriately and maximising the effectiveness of expenditure across health and care overall by ensuring we take a more rights, strengths and coproduction approach to creative and innovative ways to improve people's lives.

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



Lyn Romeo

March 2016

Introduction

This is my second annual report as Chief Social Worker for Adults. As before, the report is divided into three parts. The first part looks at progress in helping raise the status and quality of social work with adults in the last year and the issues I will be focusing on in the year ahead. The second part invites individuals and organisations from the sector to share their views on improvements and where I should focus my priorities, along with contribution and feedback from people who have used social work services. The third part provides a summary of progress in delivering the recommendations in my first report and my priorities for 2016-17.

PART 1

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

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

As this report discusses in more detail, increasing demand for local authority adult social care services from people with more complex, multiple health and care needs is creating further pressure on already stretched social work resources and caseloads.

To put the scale of activity in adult social care, including social work services into context, in 2014-15 there were 1,846,000 requests for support, with the majority (72%) from those aged 65 and over. Although the majority of these (59%) resulted in universal services/signposting or no services provided, 20% of requests resulted in provision of further support, either short-term or long-term, representing 666,000 requests.

The number of Deprivation of Liberty Safeguards (DoLS) applications received by councils has seen a tenfold increase since 2013-14, with 137,540 applications in 2014-15, the highest since the safeguards

were introduced in 2009. And although safeguarding referrals saw a small reduction to 103,900 individuals during 2014-15, compared to 104,050 in 2013-14, just over half of these individuals (52 per cent) required physical or mental health support.

Detentions under the Mental Health Act rose by 9.8 per cent (5,220) to 58,4003 in 2014-15 compared to the previous year. This follows rises of 5.5 per cent during 2013-14 and 3.7 per cent during 2012-13. This is creating further stress on the system, particularly on the Approved Mental Health Professional (AMHP) workforce, who continue to be primarily local authority employed social workers. And 1,850,000 people were in contact with secondary adult mental health and learning disability services at some point in the year. This means that 3,620 people per 100,000 of the population in England accessed mental health and learning disability services (approximately one person in 28).⁵

Although social workers have always been adept at finding innovative and creative solutions to support people to meet their needs and achieve their goals, managing and reviewing allocation of resources for those with an eligible care need remains a key skill and function of statutory social work in local authorities. Continued financial pressures

⁵ All data is taken from the Health and Social Care Information Centre (HSCIC) report for 2014-15 (www.hisic.gov.uk)

combined with increasing demand for care and support, will require employers to maximise their social work resource to where it can have most impact, while drawing on the assets and resources available in the wider community.

Care Act implementation

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

- establishing a new statutory “wellbeing principle” which sets out the outcomes that should underpin care and support;
- a national minimum eligibility threshold for care and support;
- a new duty to prevent, delay or reduce needs for care and support;
- placing safeguarding on a statutory footing and supporting the Making Safeguarding Personal (MSP) model of practice in working with individuals and their families; and
- an expanded duty to assess the needs of carers and to provide support, on the same basis as rights for users of services.

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

There are some excellent examples of social workers working creatively to find efficiencies and create community-based solutions to meet people’s needs, exploring solutions from the people themselves, their social and neighbourhood networks and universal services that are available to all. Section 4 in this report includes some examples of where effective practice-led approaches are reducing reliance on formally funded adult social care services.

Mental Capacity

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

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

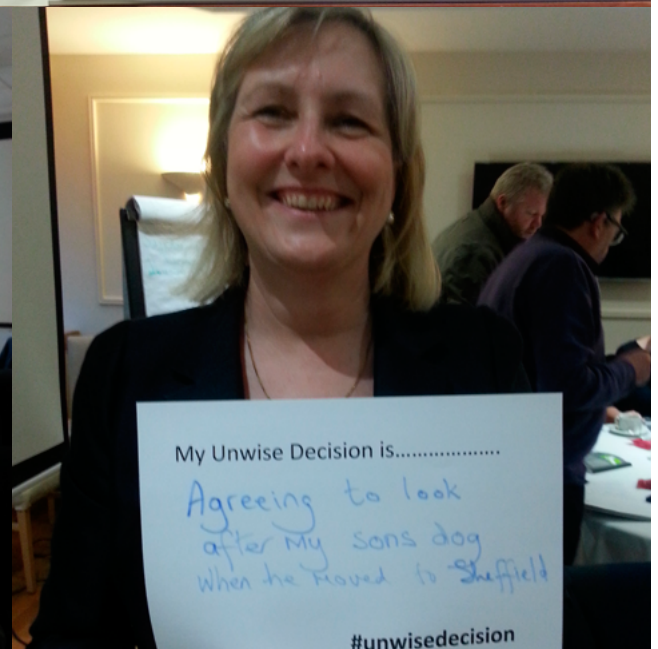
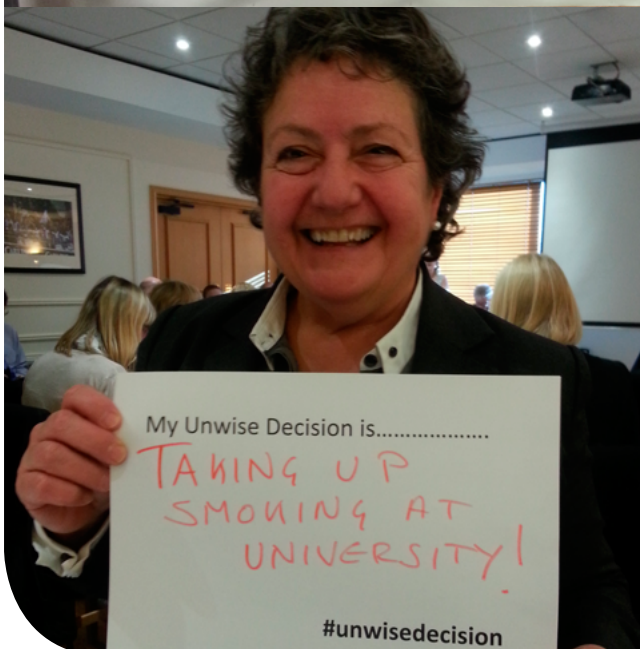
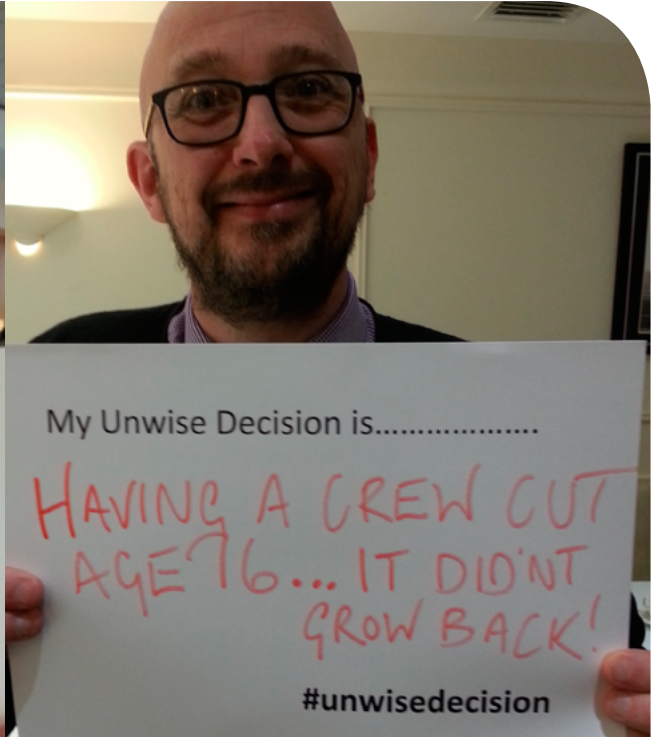
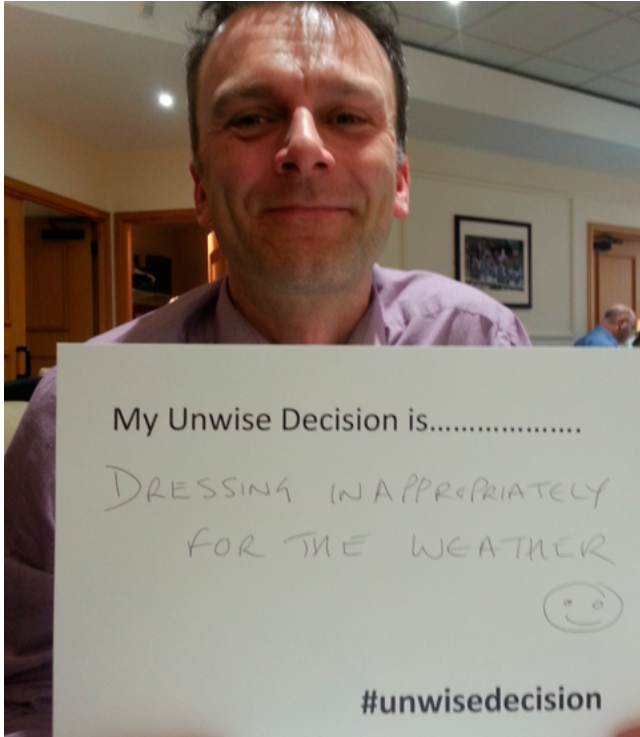
Much work has been done over the last year to begin to address this problem. The Care Quality Commission (CQC) is paying much greater attention to the MCA during its inspections and the Social Care Institute of Excellence (SCIE) has launched a new online MCA Directory containing many useful materials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

Over the last year, I have gathered the views of social workers on what can be done to realise the culture change envisaged by the MCA – through write-outs, meetings across the country and an MCA Seminar in March, where over a hundred social work professionals came together to highlight

challenges and achievements. It is important that we keep up the momentum for this work, to embed the principles of the Act and provide leadership and challenge where further action is needed.

While all professionals must take responsibility for implementing the Act and realising the potentially great benefits for service users, social workers have a vital role to play in leading cross-organisational discussions and developing joint actions to achieve consistent implementation of the Act. The Department's National Mental Capacity ACTion day⁶ took place on 15 March as this report went to press. I was delighted to see the Principal Social Workers Network play a lead role in this campaign, helping to further raise the profile of the MCA and highlighting social work's role in promoting best practice with other professional groups and with people with lived experience.

6 More details about the National Mental Capacity Forum can be found at:
<http://www.scie.org.uk/mca-directory/forum/>



I have always been clear, however, that while social workers should be playing a lead role in making sure the principles of the MCA are understood and applied, this does not equate to sole ownership. Social workers are already managing increasing demands as a result of both the implementation of the Care Act and responding to Deprivation of Liberty safeguards (DoLS), so it is essential that all professionals are taking responsibility for the Act in their areas, if the benefits of the MCA are to be realised.

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

The Department's response to the consultation is available at:

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

The new National Mental Capacity Forum, which the government announced following the General Election in 2015, seeks to harness and build on this partnership working, bringing together key partners from across the health and care fields with responsibility for implementing the MCA at practice level. I look forward to working with the recently appointed independent chair of the forum, Baroness Finlay and partners, to

identify and take forward good practice in implementing the Act.

Mental health

Mental health is a key issue of our time. Reducing the stigma that can compound distress, doing more to prevent mental health problems arising in the first place and ensuring people can get help when they are in crisis are some of the key areas for national policy and funding. There have been some important recent developments, such as the success of the national Crisis Care Concordat and the commitment by NHS England in its Mental Health Five Year Forward View to deliver significant improvements in the care of people with mental health problems. And the £1.4 billion investment in perinatal, children and young people's mental health services over the next few years is welcome in tackling the feelings of isolation and fear of ridicule which prevent many – particularly young – people from opening up to family and friends and seeking the treatment and support which can help them avoid problems in later life.

Recent health and care legislation and policy, including the Care Act, Mental Health Act: Code of Practice and NHS England's Five Year Forward View, call for a rebalancing of the capabilities and attitudes of the health and care workforce if we are to deliver services fit for the future. The ability to work with people's wishes and motivations, often in situations with a high degree of uncertainty, complexity and risk, while allocating resources appropriately and understanding the evidence base to deliver the most effective support for the person, are all essential to achieving integrated mental health services which support and enable people to live well in the community and attain a good quality of life.

This complex mix of skills and approaches is at the heart of modern social work. Social workers already undertake crucial roles in

safeguarding, crisis care and ensuring compliance with health and care legislation. However, the role of mental health social workers goes beyond their statutory function, incorporating social and therapeutic approaches, as well as practical support with employment and housing, making a powerful contribution towards supporting people into sustainable recovery and reducing reliance on services.

The focus on community mental health services in the Think Ahead graduate programme for social work recognises the contribution social workers make to working alongside people, their families and the community to promote recovery and inclusion. This will enable us to maintain the future supply of social workers and create confident leaders who can make the integration of physical health, mental health and social care services a reality.

Where there has been an emphasis on integrating social work and social models of mental health into wider mental health service provision, real gains can be made in reducing the use of clinical and secondary mental health services and improved social inclusion and citizenship outcomes for people.

These examples demonstrate what can be achieved when the NHS, local authorities and other employers of social workers create the conditions for quality social work to flourish – these include providing clarity around the role and contribution of social work; strong operational management and supervision for social work practice; professional leadership at all levels and opportunities for career advancement and continuous professional development.⁷

New care models – broadening the social work offer

The transformation of health and social care recognises the fact that no single part of the system can deliver effectively in isolation. Despite the additional funding in the spending review for the NHS and local authorities (through council tax rises and the Better Care Fund respectively), pressures on both remain and will require much greater integration of acute, primary and social care services, with more support delivered away from hospitals in the community.

The 2015 report by Health Education England set out a vision for the future of primary care, where general practice is supported by professionals from a range of health and social care disciplines, including health assistants, physician's associates, paramedics, social workers and other allied health professionals.⁸ And the Vanguard sites being delivered for the new care models programme are helping shape improved, integrated services. All of these approaches will require input from social workers and allied health professionals working alongside doctors and nurses in true multidisciplinary partnerships with patients.

People who have multiple long-term conditions or are frail account for half of all GP appointments and two thirds of hospital bed days,⁹ requiring joined up medical and social approaches which are often complex and need on-going support to resolve. Social workers are already making a significant contribution to ensuring people are discharged in a timely fashion from hospital and are ideally placed to work alongside GPs to address early intervention, addressing the practical, social and emotional issues that may be affecting a person's health and wellbeing. They are already recognised as

7 The role of social work in adult mental health services: Dr. Ruth Allen (TCSW), May 2015

8 The future of primary care – creating teams for tomorrow, HEE: July 2015

9 Partners for Better Care, RCGP/TCSW report – October 2014

important in supporting general practice,¹⁰ where social workers' expertise is being used to manage risk, support independence and coordinate care that keeps people out of hospital or care homes.

While the emphasis on recognising social workers' skills and contribution in the wider system is welcome, I believe much more could be achieved if the NHS grasped the opportunity to include social work as a part of its offer, not only in hospitals, mental health and primary care but in other vital areas such as end of life care. I would like to see a stronger social work component in NHS service provision to support the aspiration in the Care Act to deliver more personalised and community based care. To achieve this will require greater pooling of funding and incentives for primary care practices and NHS trusts to directly fund or employ social workers beyond their local authority statutory function, to help contribute to whole person responses.

More areas are starting to realise the benefits closer collaboration between social work and primary care can bring to the delivery of improved outcomes. For example, in Halton, Adult Social Services and Halton Clinical Commissioning Group (CCG) agreed to extend their borough wide Single Commissioning in Practice (SCiP) scheme. CCG funding was used to pay for an experienced social worker to manage six community care workers, providing support and social services knowledge to the community care workers and health practitioners who are co-located in three GP surgeries. Community care workers are fully incorporated into multidisciplinary team (MDT) arrangements for patients who are considered at risk and take referrals directly from health colleagues, assessing, providing care or signposting as appropriate.

This process has improved working links and relationships between Health and Social Care staff, the GP, District/Nurse (D/N) Community Matron and the SCiP worker, as well as local voluntary schemes in specific estates and the model is being used as the template for the expansion of social work teams into MDT arrangements for GP surgeries across the borough.

The proposed new body for social work recognises the unique identity of social work and reflects the aspiration for a regulated, highly trained and autonomous group of professionals, responsible for playing a leading role in delivering high quality care and helping to drive social policy change through supporting some of the most vulnerable people in society. Unless and until social work is profiled and integrated at all levels, from investment in qualifying programmes and specialist social work roles in social care and health, through to workforce planning which takes into account the whole health and care landscape, the improvements which integration is intended to deliver will remain no more than an aspiration.

The Better Care Fund (BCF) has established pooled budgets between the NHS and local authorities in every single area for the first time; escalating the scale and pace of necessary transformation in the way that local areas deliver health and social care in England and ensuring that integration happens across the country. Social workers and social care must play a vital role in these arrangements so that the whole system approach to working with people, their families and communities really will deliver better outcomes and make best use of available public resources and peoples own strengths and assets.

¹⁰ NHS England (2014) Improving general practice – phase one report

New Care Models Programme – Vanguard

The new care model vanguards are a key element of the Five Year Forward View, the partnership between NHS England, the Care Quality Commission, Health Education England, Monitor, the NHS Trust Development Authority, Public Health England and the National Institute for Health and Care Excellence (NICE).

The first 29 vanguards were launched in March 2015 and since then the programme has gathered momentum, with a further eight announced in July and 13 more in September. There are now a total of 50 vanguards working to create a new blueprint for the future direction of the NHS and an inspiration to the rest of the health and care system.

Local health and care systems across England have been working together to radically redesign care for the populations they serve. This could mean fewer trips to hospitals with cancer and dementia specialists holding clinics in local surgeries, having one point of call for family doctors, community nurses, social and mental health services, or access to blood tests, dialysis or even chemotherapy closer to home.

Crucial to the success is that all the vanguards have been working very closely, not only with health and social care organisations, but also with patients, carers, and with local communities and organisations outside the NHS, such as councils and voluntary groups.

Case Study: My Life a Full Life (Isle of Wight) integrated primary and acute system vanguard

The Isle of Wight houses the UK's first integrated care hub and it was their response to severe winter weather following rare volumes of snow – which included putting clinicians into the ambulance control room –

that really got them thinking about taking integration to the next level.

The vanguard realised that many of the ambulance calls were more appropriate for social care, mental health, community nursing or GPs – so they went ahead to develop the integrated hub, with 'care navigators' to support and coordinate individual care.

Instead of services operating in silos, the hub – a busy room at St Mary's hospital in Newport – brings together 999 emergency calls operators, NHS 111 call handlers, paramedic clinical advisers, a crisis response team, GP out-of-hours services, district nurses, mental health workers, social workers, pharmacists, the private pendant alarm company Wightcare, occupational therapists and the charity Age UK.

At this, the beating heart of the island's emergency and unscheduled care system, health and adult social care sit side by side. Crucially, there are people from different bodies sitting within feet of each other and, more crucially, constantly talking. It allows instant access to the patient's records from all those organisations.

A social worker attached to the crisis response team, recently visited a man in his 90s who was seen by paramedics after he fell and injured his head. A team discussion took place. "The paramedic has checked him over, so he is safe to be at home. He cooks his own meals, his family contact him, but by phone because they are not on the island. He's a typical example," said the social worker. The job of the crisis response team – district nurses, coronary care nurses, clinical assessors, paramedics, an occupational therapist, social worker and Age UK representative – is to wrap 72 hours of care around such cases, and they have four hours to respond to each referral. The point is to keep people out of hospital, the last place where elderly, vulnerable patients will want to be.

Improving support for people with learning disabilities and their families

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

The green paper consultation: "No voice unheard, no right ignored," looked at how to strengthen these rights, focusing on how people can live independently in their communities and make choices in their lives. Many of the responses received were fundamentally about how to treat people with respect, listen to them, how to involve them and to enable people to challenge decisions in the system by being appropriately supported to do so.

However, respondents were clear that as well as individuals and their families and advocates being able to challenge decisions, there was need for greater professional challenge. This needed to be independent but professionally-based so that challenge could be made across the health and care system. Ensuring sufficient transparency and accountability for individuals and families was also a key change requested. The proposal for a single named social worker and single professional responsible for providing information were seen as key means of achieving this. These roles would also provide a single point of contact for people and their families where care and support options are being considered, including admitting individuals to assessment and treatment units or other institutional settings.

I am working with officials to introduce a pilot scheme in a small number of local authorities in 2016-17, with a view to rolling out more widely, alongside any additional legislation that may be required.¹¹

This is a golden opportunity to demonstrate the real value social workers bring in working alongside people and their families to ensure their voices are heard and their human rights respected and hopefully transform the pattern of care arrangements and outcomes for people.

¹¹ A decision on funding for the pilots will be announced shortly.



2. Social work reform – raising the quality of education, training, regulation and practice

Social workers, whatever their preferred area of practice, have a well-grounded knowledge and skill base in building relationships and working directly with people across the life course and the capability to apply their social work skills in a variety of circumstances. Agreement of a common vision for the social work profession, based on improved arrangements for supervision and practice standards, has been a significant achievement of the Chief Social Worker roles and will help ensure we maintain a unified, flexible, highly skilled profession, able to work in increasing complex and challenging roles.

Since publication of my first report in 2014, there has been significant progress in raising the quality of social work education, training and practice, including:

- Continued investment in the Assessed Supported Year in Employment (ASYE) programme, now in its fourth year, with the majority of employers providing newly qualified social workers in both child and family and adult social work with additional support as part of the programme of induction and consolidation during their first year in practice.
- Published a statement of the knowledge and skills for social work with adults in March 2015, providing standardised criteria which all social workers need to meet in order to successfully complete their ASYE.

- Introduced the Think Ahead graduate programme for social workers in mental health to attract high-potential graduates and career changers and educate them to become excellent social workers.
- Introduced Teaching Partnerships between universities and employers, to ensure qualifying education prepares students for work in frontline practice, through improving provision of the quantity and quality of placements, practice education and continuing professional development of qualified social workers.

The creation of a new regulatory body for social work will deliver a coherent approach to how social work is regulated, with an exclusive focus on raising the quality of social work education, training and practice across all areas of social work. This will enhance a system of regulation which supports an initial qualification giving social workers the flexibility to work in many settings and contexts across England and the United Kingdom.

Importantly, a dedicated regulator will also provide the opportunity for support and recognition of post-qualifying accreditation and specialisms in some of the most complex areas of social work practice, including statutory child and family social work and adult social care.

While the new body will initially support the accreditation and assessment of child and family social work, the intention is for the new body to provide independent validation of the

Assisted and Supported Year in Employment (ASYE) for social workers working with adults, which complements the accreditation approach for statutory child and family frontline practitioners. I am working with officials to look at how the new body can also support accreditation of statutory functions in relation to Best Interest Assessor (BIA) and Approved Mental Health Professional (AMHP) roles for social workers in adult social care, as well as the accreditation of supervisors. The role and skills of supervisors are pivotal in supporting social workers and improving practice effectiveness, so the work that has been initially developed in relation to supervisors in child and family social work will make a significant contribution to social work practice overall.

Continuous Professional Development pathway for social workers in adult social care

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

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

Further learning resources for social work with carers and with older people will be available from May. In addition, the Association of Palliative Care Social Workers has published guidance for end of life/

palliative care, a key area of social work practice.¹² Practice guidance to enable social workers to understand and recognise coercive or controlling behaviours in the context of safeguarding and the impact that it has on those experiencing it, will be available later in the year. And work is underway to develop a capabilities framework for forensic social work, which I am hoping will also provide the basis for developing accreditation in this area of practice.

Although these tools are welcome, there is a pressing need for a CPD pathway which provides social workers with a clear framework setting out what they need to do to progress from practitioner, to supervisor, to leader, with opportunities to develop higher level specialisms in key areas of practice. For experienced social workers wishing to advance their career while remaining in frontline practice, there is often no option other than moving into management if they want to further their career and move up the pay scale, a point noted by the Social Work Taskforce and reiterated in Eileen Munro's 2011 review of child protection.

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

12 www.apcsw.org.uk/resources/social-work-role-eol

I recently met with the Welsh Care Council to discuss their Continuous Professional Education and Learning (CPEL) framework, which aims to equip social workers with the advanced knowledge, skills and qualifications they need to progress from newly qualified social status to experienced practitioners and into more senior practice roles.¹³ Although the size of the social work workforce is much smaller than in England, there is potential to develop a similar approach here, particularly once we have in place a system focused on raising standards and which places a renewed emphasis on CPD to keep social workers abreast of new challenges and models of practice.

Social Work Teaching Partnerships

New teaching partnership arrangements are part of the broader strategy to strengthen the quality of practice learning and CPD amongst both social work students and practising social workers. The four Social Work Teaching Partnerships (SWTPs) launched in 2015¹⁴ are designed to build upon existing partnership activities between employers and HEIs, to provide:

- more rigorous criteria for student entry;
- improved quality of statutory placements and support for student social workers;
- greater focus on the specific knowledge and skills required for child and family and adult social work; and
- more managers and frontline practitioners in the classroom, so what is taught on the curriculum corresponds to current practice.

All four SWTPs have made significant progress in a short space of time, with early indications showing improvements in information sharing, workforce planning and a shift in culture and working practices across all members of the partnerships. Providing students with certainty over their preferred areas of practice was one of the key aims of the SWTPs.

While provision of good quality statutory placements remains a core requirement for the potential planned expansion of SWTPs, consideration of ways in which students can experience a broad range of settings and understand and work with the lived experience of people using services, including substance misuse, domestic abuse and whole family/all age services such as learning disabilities, should be accommodated.

Principal Social Workers – creating professional leadership in adult social work

The integration of health and social care will increasingly require social workers to lead, both in their teams and across professional boundaries, particularly in the context of safeguarding, mental health and mental capacity. Organisational models of social work have traditionally focused on managerial, as opposed to professional leadership. The creation of the role of principal social worker (PSW) in local authority adult social care has helped bridge this divide between professional and managerial responsibility, their direct link to practice influencing the delivery and development of social work practice in their organisations.

Principal social workers are now in place in every local authority and a number of NHS Trusts in England, with guidance on the role and the support required by local authorities to enable PSWs to operate effectively included in the revised statutory Care Act guidance

¹³ <http://www.ccwales.org.uk/continuing-professional-education-and-learning/>

¹⁴ The four teaching partnerships announced in 2015 are: South Yorkshire, Southeast London, Greater Manchester and Keele.

which was published on 10 March,¹⁵ helping put the role on a firmer footing. Despite the good progress made to embed the PSW role, however, there is still significant variation between local authorities in the role and the capacity and capability of the post holder. A 2014 survey of Adult PSWs carried out by the then College of Social Work found only a minority of respondents were in dedicated posts, with most PSWs carrying out their function as part of a wider role or remit. The survey also found that half of PSWs had less than 20% of their time to commit to the role.

The new guidance sets a clear expectation on the responsibility of local authorities to ensure PSWs are given “the credibility, authority and capacity to provide effective leadership and challenge...and that the role is located where it can have the most impact and profile.” However, we need to do more to ensure that all PSWs are providing professional leadership for social work in adult social care; are able to advise and challenge on social work practice at a strategic level and can positively inform decision making from the realities of practice. I will be working with the PSW Adults Network to deliver a tailored leadership and development programme to further strengthen PSWs’ capability and profile to lead social work practice, so that people with health and care needs experience excellent social work.

Reflective Supervision

Every day, social workers in adult social care are working with legal complexities, risk, conflict and uncertainty, having to make professional judgements and decisions to support the best interests of people and their carers. Raising the standard and quality of supervision to enable reflective practice which is informed by the views and experiences of

those who use social work services, remains a priority.

High quality supervision is essential in supporting frontline social workers to think through the issues, dilemmas and the best interventions and approaches to different people’s situations. It also enables a robust approach regarding the place of social care and social work in the developing, integrated service landscape.

The role of an experienced and skilled social work practice supervisor with a relentless focus on improving practice and able to support and challenge decisions with other professionals, is key if we are to position social work as an essential part of integrated health and care services. Good quality supervision is part of an organisation’s commitment to maintaining the best social work practice, alongside ensuring caseloads are manageable and training and development is prioritised.

However, while traditional managerial approaches to supervision are fairly well embedded, reflective social work supervision, where social workers are encouraged to reflect on the relationships and personal interactions between the social worker and the person or family they are supporting, and making sure they are using approaches that work, are less well developed. And yet, what service users want and value the most from social workers and from social work practice, is to be listened to and valued for their expertise and knowledge as people with lived experience.¹⁶

Putting the user of services at the centre involves a challenging culture shift for many professionals, particularly where the wishes and outcomes the person may want for themselves does not fit the organisation’s

¹⁵ <https://www.gov.uk/guidance/care-and-support-statutory-guidance>

¹⁶ Shaping our Lives report: <http://www.shapingourlives.org.uk/documents/BTUSReport.pdf>

agenda and performance targets. We must listen and learn from the people we work with, their families and carers if we are to improve social work practice and social care for the future.

Good practice supervision, such as peer supervision, case discussion models and practice observation, are becoming increasingly part of supervision arrangements led by principal social workers. We have opportunities to develop innovative approaches to practice supervision which remain person-centred and involve face-to-face or written feedback from people with direct experience of social work involvement. In the coming year, I will be working with social workers, their managers and users of services to develop a 'best practice' model of reflective supervision which puts people at the heart of modern social work and builds on the developing approaches in child and family work in relation to practice observation to enable continuing professional development.

An evidence scope was undertaken by Research in Practice and Sussex University to consider how practice observation methods can be used to inform the assessment of social work practice was published in July 2015.¹⁷

¹⁷ <https://www.rip.org.uk/resources/publications/evidence-scopes/regarding-the-use-of-practice-observation-methods-as-part-of-the-assessment-of-social-work-practice-evidence-scope-2015/>

“Helping me to think critically and independently” – a social worker shares his experience of reflective supervision

What I want most from supervision is the chance to be reflective and the chance to think about cases on a more deeper level. I have had supervision in the past that has been solely based on talking about a case in terms of how it is progressing and when it will be closed.

However, supervision with Alison was different. We talked about cases that I was finding difficult in a different way and looked more at why it was that I found them difficult. This gave me an opportunity to really think about what I found challenging so that I could then work on this to improve.

Reflective supervision has really helped to develop me on a professional level as well as on a personal level. It's helped me to think about situations in a different way by using methods and tools such as Johari's Window, The 6 Thinking Hats, and the Kolb Learning Cycle. We used these to really breakdown a case which helped us to identify thoughts and feelings that may have been there on a subconscious level.

Reflective supervision has really helped me to think critically and in turn, has given me confidence to think independently. Think of it like this; when I started out, I was riding a bike with stabilisers and an instructor by my side to guide me. Reflective supervision has given me confidence to now ride a bike without stabilisers around a Velodrome, on my own!

By reflecting on cases in supervision, it's helped me to highlight certain shortfalls I have had and look at training needs to help develop me as a professional.

Having a supervisor that has developed me and helped me to grow, has really inspired me to want to help grow and develop newly qualified social workers myself.

Zahid Iqbal

Adults and Communities
London Borough of Barnet



3. Social work workforce – maintaining future supply

Current issues and trends in the adult social work workforce¹⁸

The shape of the social work workforce has remained relatively stable in the last two years. There were around 4,600 enrolments onto social work education courses in 2013-14, the same as in 2012-13. While this is a slight reduction on earlier years (a fall of around 30% since 2012-13), figures indicate that the rate of decrease over recent years is slowing.

Almost 5000 social work students successfully completed their course in 2013-14, which is broadly consistent with numbers in each of the years since 2009-10.

The numbers of social worker jobs in statutory adult social care has increased by 400 in the year to 2014 to 16,100 – this is most likely in response to local authorities needing more social workers to implement the Care Act. This reverses the previous downward trend that reflected the reduction in statutory sector jobs across all roles including social work and is in contrast to a continued decrease in the size of the statutory adult social care sector as a whole during 2015.

The last year has also seen real progress in strengthening and consolidating arrangements for newly qualified social workers, with 1208 registrations for the

	2009-10	2010-11	2011-12	2012-13	2013-14
Base	4,990	4,820	4,620	4,910	4,960
Number					
Undergraduate qualification	3,520	3,150	3,100	3,250	3,210
Postgraduate qualification	1,120	1,370	1,280	1,360	1,490
No qualification	350	310	250	300	270
%					
Undergraduate qualifications	71%	65%	67%	66%	65%
Postgraduate qualifications	23%	28%	28%	28%	30%
No qualification	7%	6%	5%	6%	5%

Table 1: Leavers from social work higher education courses by level of qualification achieved (Source: HESA Student record)

¹⁸ All figures in this section are from: Social Work education in England – SfC report, January 2016 and the NMDS-SC, 2013-14.

Employer Type	Number of Employers participating	Number of NQSWs registered
Local Authority	122	1009
NHS	14	71
PV	62	128
Total	198	1208

Table 2: ASYE Registrations (Source: Skills for Care)

assessed supported year in employment (ASYE) in 2014-15, an increase of 14.5% on the previous year. This is a welcome development – however, it reinforces the need for employers to ensure they have in place a robust programme of induction and support, in line with requirements set out in the knowledge and skills statement, ASYE framework and the Employer Standards.

Skills for Care are now supporting employers nationally and locally with moderation of their assessment decisions, helping increase employer confidence in the new processes. The intention is for the new social work body to provide external validation for the decisions made at moderation, helping ensure that standards are consistently applied nationally.

Future challenges

Funding

Funding for social work education in 2015-16 totalled £81m, which incorporates £58.5m on the Social Work Bursary and £23m on the Education Support Grant to support practice placements for students. This represents a significant investment by government – however there is more that could be done to utilise this investment to support improvements in the quality of education and ensure we maintain sufficient supply and retention of social workers. Unlike in health, there are significant numbers of social work graduates that do not go on to practice as social workers, including those who receive bursaries and vacancy rates are high especially in child and family social work, but

also in some adult social work roles in some areas of England.

Entry to social work is different to entry to NHS professions. We know from recent reviews of social work education that there is room for standards of training and the quality of intake to be improved.

Since taking on the Chief Social Worker role, I have been clear that we need to maximise existing resources to improve the quality of social work education, by:

- having in place a system which attracts people with the right skills and values to qualify as social workers, particularly those who may go onto work in adult social care, mental health or other health roles;
- providing a quality placement experience which prepares students to work in statutory adult and child and family social work; and
- strengthening post-qualifying arrangements and CPD which supports social workers to develop their career while remaining in practice.

Fast track graduate programmes such as Frontline and Think Ahead are funded separately and did not affect the size of the mainstream bursary funding in the last Spending Review. However, there has been concern expressed by many in the sector that support for these programmes comes at the expense of mainstream qualifying programmes. Any changes should ensure that we do not limit the system of social work

education and training, both in terms of numbers applying to social work programmes and the diversity of entry routes.

However, programmes such as Think Ahead present a valuable opportunity for the sector to help shape practice excellence in a range of roles and settings, particularly support that helps people to stay well, remain in work and socially connected, which will become more important as we move away from traditional, service based models of care.

The emphasis in the Mental Health Task Force Five Year Forward View on improved access to social work in mental health care and for social work to be recognised, with recommendations to ensure that sufficient social workers are being trained through mainstream programmes, expansion of the Think Ahead programme and through inclusion of social workers in NHS commissioner and provider workforce planning, particularly welcome.

Future demand for social workers

The lack of a consistent approach to workforce planning in social work continues to create challenges for policy makers in determining future supply of social workers. Data collected by Skills for Care's (SfC) National Minimum Dataset-Social Care (NMDS-SC) already provides detailed information about social workers who are employed by Local Authorities adult social care services. However, if we are to obtain a full picture of where all registered social workers are located, it is important to include those employed in the independent sector and I am pleased that SfC are intending to reflect these social workers in their reporting.

This information will be invaluable in informing strategic decisions about the social work profession, including the imperative to invest in social work and the value social workers are bringing to settings outside of local authorities. It will also be helpful to learn more about the different settings and the models of social work practice that are in development, to respond the challenges facing our society across health, social care and community settings.

Work to develop a national model for social work workforce planning by the Centre for Workforce Intelligence (CfWI) will be finalised at the end of March and will enable policy makers to generate a range of different scenarios. Given the aspiration we have for Teaching Partnerships to contribute to more robust social work workforce planning, there is potential for this model to support consistent, nationally approved workforce planning across the partnership regions. Officials in the Department of Health and Department of Education (DfE) have agreed that additional work to support Teaching Partnerships by an intelligence function will take place.

From April 2016 the Department will collaborate with Health Education England and SfC to continue the provision of intelligence to support workforce planning across the sector, once the current CfWI contract ends on 31 March.

4. Engaging the sector

Since the publication of my first report in October 2014 I have been busy continuing my visits to local authorities, mental health trusts and speaking at relevant national conferences.

One of my key priorities is to meet with directors and leaders responsible for social work practice and frontline social work teams, to ensure that issues in the field inform my advice and guidance to ministers and officials on social work and related areas. The purpose of my visits is to influence and motivate, as well as support and challenge, local authorities and the sector to ensure organisational commitment to social work that enables social workers to practice effectively. I have been able to meet with front-line social workers and practice supervisors, as well as people who use services and their carers. These visits have also been a great way for me to share information about my priorities for social work and social care and to advise on direction of health and care policy nationally. Face to face contact still seems to trump blogging and tweeting for effective engagement!

Highlights

Total Local authority and Mental Health Trust Visits since Sept 2013	LA Visits from Nov 2014 to Mar 2015	No. of conferences attended since Nov 2014
97	48	35

Since November 2014, I have visited 48 local authorities and attended 35 national and regional conferences. This has given me a unique insight into the key issues currently facing local authorities and adult social care. I have also had the opportunity to visit several Mental Health NHS Trusts and speak with front line mental health social workers, who are at the heart of integrated services.

In the past year I have delivered some key speeches, including social work practice in working with people with dementia and their families; primary care and the emergence of closer collaboration between general practice and social work; the role of social work in mental health and forensic settings and in end of life/palliative care. I also spoke at a British Institute of Learning Disabilities conference on promoting the health and wellbeing of older people with learning disabilities, and have given a variety of speeches around transforming the adult social care workforce.

I hope that by raising the profile of social work with adults in these arenas, I am helping to change the narrative about social work with adults and to contribute to increasing the understanding and value that social work can bring to protecting and improving the lives of adults with health and social care needs.

One of the key highlights from my visits to local authorities is being able to experience first-hand the creative work that is being carried out around the country. In West Sussex and Hertfordshire they have been

working hard to create a model of social work that is informed by service users and carers who are helping to shape modern social work practice. In many local authorities, such as Medway and Essex there has been excellent progress in the approach to improving practice and Continuing Professional Development with the development of social work academies and improved partnerships with local universities and colleges.

At HMP Risley in Warrington, I had the chance to discuss and see first-hand the model of social work practice in prisons since the implementation of the Care Act, where social workers are using advanced communication and therapeutic skills to carry out assessments of prisoners needs. Social workers understood and clearly articulated the difficulties around the existing prison estate and the ageing-related needs of the prison population. They face complex barriers when carrying out prisoners' assessments, both from an environmental as well as a forensic perspective. However, social workers have enhanced the health and care assessments carried out in prisons, and their contribution is now valued by all staff in the prison.

Social workers working in prison settings are growing in professional confidence, making recommendations about what they perceive as required changes and are passionate about this area of work. They are feeling empowered to make a difference and senior managers across the prison service the local authority and the NHS have worked well together to create the right conditions for good practice to flourish.

In Bradford it was great to see NHS integrated mental health service at work. I learnt about Bradford's comprehensive joint integrated working arrangements which they have successfully delivered within their crisis and community services. I also discussed their joint working with the police and the

resulting reduction in the use of cells and s136.

MerseyCare Trust has developed an innovative development plan with service users at the heart of mental health services. Social work and social work practice is making a significant contribution to these developments and it is heartening to see the way in which the value base of social work and social care is helping to shape the culture of integrated mental health service provision. Their PSW, Emad Lilo, has also led an important piece of research on mental health integration which will assist in informing future developments¹⁹. The development of the Centre for Perfect Care and Wellbeing has also increased service user involvement and is leading to more innovative approaches to delivering better outcomes for the people using their services, including coproducing a model of care for depression.

The Royal Borough of Greenwich has taken forward the development of a restorative practice model approach within social care which promotes strengths based approaches to working with people. This approach has had great success in child and family social work, for example in Leeds City Council and it is great to see this being applied in adult social work. Essex county council have also developed a more holistic view of people and the idea of early support to ensure a good life approach and whole family approach to help in working with transitions and challenges across the life course.

In Derby City Council they have introduced Local Area Coordination, putting a focus on people and places, which is generating new possibilities for positive change. The aim is to identify solutions that help people sustain themselves within community settings and seeking to promote a different way of delivering services, with a greater focus on

¹⁹ http://cdn.basw.co.uk/upload/basw_15516-8.pdf

personalisation. This supports the Care Act's objective to empower individuals and improve health and wellbeing outcomes through community solutions.

In Bury I was able to discuss some of the challenges for the social work profession around the greater Manchester devolution, namely the need to ensure that the value of social work is not lost in the integration with health with its dominant medical approach to working with individuals. Also, that social work and social care is not seen as a barrier to transformation but as a vehicle to engender social value, personal autonomy and responsibility for individuals. Bury are working to overcome this by having social care at the heart of a horizontal integration of "out of hospital" providers, as opposed to vertical integration with acute trusts. They are building on holistic approaches of working with the individual, families and communities and working closely with partners such as community NHS services, GPs, police, fire and probation services, going beyond traditional health and care integration. They have successfully adopted asset-based approaches to the way they work and have a clear focus on outcomes at every level.

Social work is facing many different challenges in the current climate and many local authorities, such as Rotherham, Middlesbrough and Liverpool, are facing a particularly challenging resource context. Despite this however, it is inspiring to see how the principals of the Care Act are being embedded into a strengths-based approach to social work. Places such as Rutland, the smallest local authority in England, are also working hard to ensure that this approach to social work is making a real difference.

The Care Act is challenging the culture of practice, helping shift the focus away from paper and process, to a relational, person-centred approach, which looks at the person in the context of their environment and social

networks, leading to more creative, holistic, rights and asset-based social work practice.

Social work in rural areas is also facing particular challenges. In large counties such as Somerset, Cumbria, Devon, Norfolk and Cornwall, social workers have long distances to cover when making visits, where in connecting service users with the right support, as well as recruiting social workers can be challenging. I hope that in the coming year I can work with social workers and managers on the challenges faced in more rural communities and develop effective social work responses to meeting these challenges.

The role of the principal social worker has been paramount to improving social work practice in adult social care. PSWs working alongside their social care colleagues have strengthened arrangements around reflective supervision and continuous professional development, and developing practice in more complex areas such as capacity and people with hoarding issues.

In Calderdale they have worked hard to embed the PSW role. The role is seen as a bridge between senior management decision making and frontline practice. The direct involvement of the PSW with the Director of Adult Social Services has enabled social workers in Calderdale to be professionally accountable across all adult settings, to ensure that people are supported to make decisions within a model that is truly positive in terms of risk-taking and upholds the fundamental rights of individuals to remain in control of their lives wherever possible, in order to make choices and decisions that are right for them. They have created an environment that better supports people to take risks where possible and to strive for outcomes outside of traditional social care 'solutions.'

Social work leaders have really used their value base and skills to lead and manage people effectively, demonstrating good decision making and partnership working. Grounded social work skills, such as interpersonal and relationship building skills, emotional intelligence and empathy, are fundamental to transformative leadership and where social workers have taken on roles as chief executives and directors, the influence of their social work values and skills in strategic leadership supports better local delivery of public services.

One example of this is the leadership team in Wirral Council, including the Chief Executive, where their social work backgrounds have enabled them to take problem solving, task focused approaches to dealing with largescale, complex challenges; provided them with the authenticity and public service values intrinsic to helping improve people's lives of people; and enabled them to work collaboratively with their colleagues and other professionals to affect change.

In conclusion, over the last year, I've seen a real shift away from process to strengths and rights based approaches to social work practice, helping realise the aspiration to deliver the policy and principles of the Care Act and other social care legislation and policy. There are effective integration models that have sustained and maintained social work as part of the offer, but equally there have been areas where social work has been taken out of integrated arrangements. Social work's distinctive skill set in balancing a preventative role with allocation of resources has sometimes been diminished in integrated services where NHS performance drivers predominate, leading to an undermining of partnerships where this has not been addressed.²⁰

There will be continuing challenges around resources and workloads going forward, but I was inspired to see over this last year, the creative thinking within local authorities in this difficult climate and the motivation amongst social workers on keeping social work practice at the heart of social care.

Media and Communications

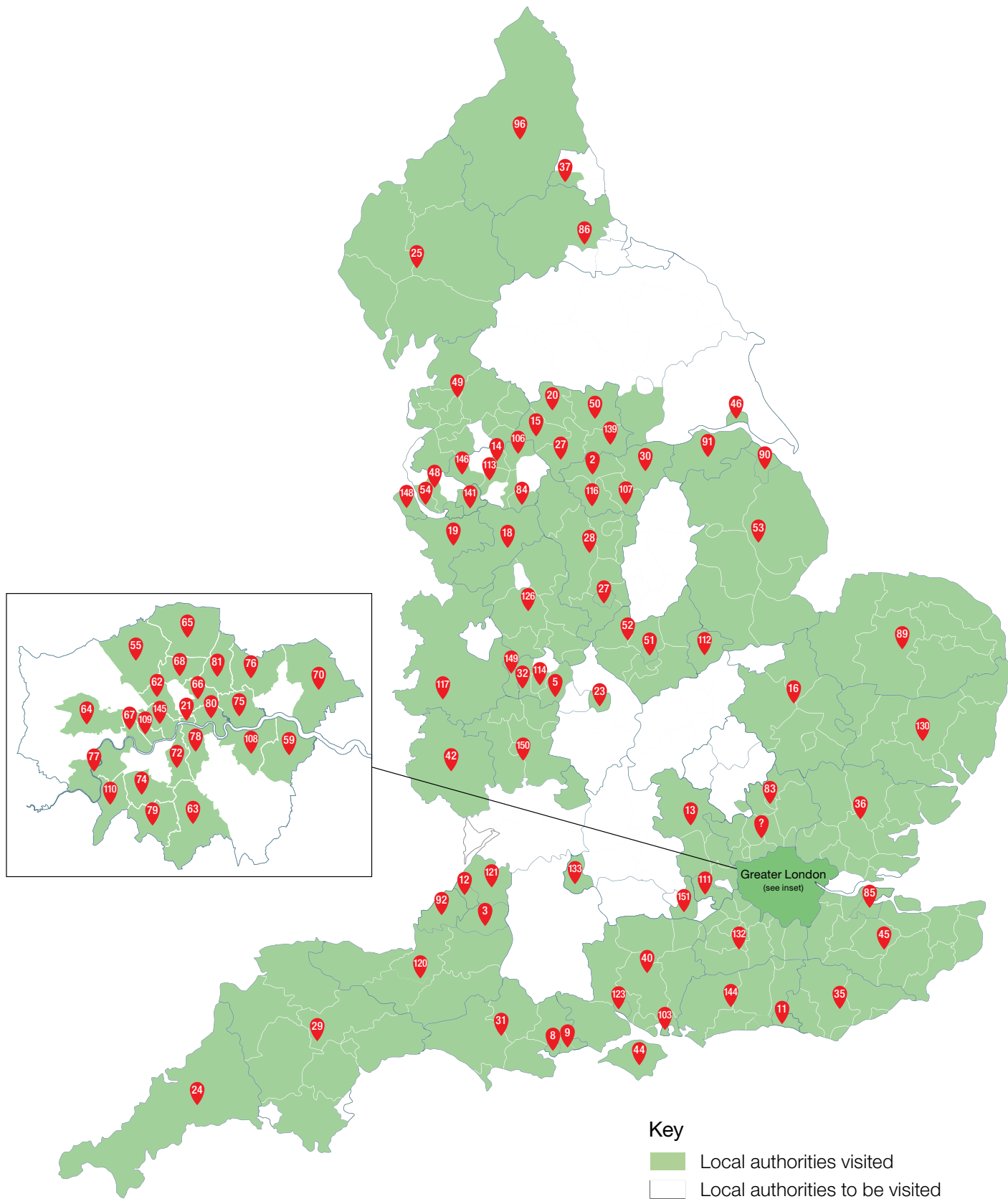
One of my objectives for the coming year is to really highlight social work with adults beyond the traditional health and social care audience. I am working to create a communications strategy that aims to highlight the positive difference social work makes to people's lives and raise the profile of adult social work in the public consciousness. The aim is to get the wider public, to think about social work with adults and to encourage people who may not have considered social work as a career, to do so.

The story I want to tell is one that captures what social work can be and which emphasises the value of good quality, relationship-based engagement with people and effective practice to support people to achieve the outcomes they want for themselves. I continue to work with the Department and the sector to reach out to a wider audience, through articles, blogs and through participating in events to raise the profile of social work with adults.

I would particularly welcome your ideas and suggestions in helping to shape a narrative for adult social work, which realises the potential of the profession to shape and inform wider debates about societal change and which ensures a greater hearing for social work in how we address the impacts of this change.

²⁰ <https://www.gov.uk/government/publications/social-work-improving-adult-mental-health>

Chief social worker visits since September 2013



Ref	Council	Ref	Council	Ref	Council
1	Blackburn with Darwen Borough Council	55	London Borough of Barnet	109	Royal Borough of Kensington and Chelsea
2	Barnsley Metropolitan	56	London Borough of Hillingdon	110	Royal Borough of Kingston Upon Thames
3	Bath & North East Somerset Council	57	London Borough of Hounslow	111	Royal Borough of Windsor and Maidenhead
4	Bedford Council	58	London Borough of Barking & Dagenham	112	Rutland County Council
5	Birmingham City Council	59	London Borough of Bexley	113	Salford City Council
6	Blackpool Borough Council	60	London Borough of Brent	114	Sandwell Metropolitan Borough Council
7	Bolton Metropolitan Borough Council	61	London Borough of Bromley	115	Sefton Council
8	Borough of Poole	62	London Borough of Camden	116	Sheffield City Council
9	Bournemouth Borough Council	63	London Borough of Croydon	117	Shropshire Council
10	Bracknell Forest Council	64	London Borough of Ealing	118	Slough Borough Council
11	Brighton & Hove Council	65	London Borough of Enfield	119	Solihull Metropolitan Borough
12	Bristol City Council	66	London Borough of Hackney	120	Somerset County Council
13	Buckinghamshire County Council	67	London Borough of Hammersmith and Fulham	121	South Gloucestershire
14	Bury Metropolitan Borough Council	68	London Borough of Haringey	122	South Tyneside Metropolitan Borough Council
15	Calderdale Metropolitan Borough Council	69	London Borough of Harrow	123	Southampton City Council
16	Cambridgeshire County Council	70	London Borough of Havering	124	Southend-on-Sea Borough Council
17	Central Bedfordshire Council	71	London Borough of Islington	125	St Helen Metropolitan Borough Council
18	Cheshire East Council	72	London Borough of Lambeth	126	Staffordshire County Council
19	Cheshire West and Chester Council	73	London Borough of Lewisham	127	Stockport Metropolitan Borough Council
20	City of Bradford Metropolitan District Council	74	London Borough of Merton	128	Stockton-on-Tees Borough Council
21	City of London	75	London Borough of Newham	129	Stroke-on-Trent City Council
22	City of York Council	76	London Borough of Redbridge	130	Suffolk County Council
23	Coventry City Council	77	London Borough of Richmond on Thames	131	Sunderland City Council
24	Cornwall County Council	78	London Borough of Southwark	132	Surrey County Council
25	Cumbria County Council	79	London Borough of Sutton	133	Swindon Borough Council (SEQOL)
26	Darlington Borough Council	80	London Borough of Tower Hamlets	134	Tameside Metropolitan Borough Council
27	Derby City Council	81	London Borough of Waltham Forest	135	Telford & Wrekin Council
28	Derbyshire County Council	82	London Borough of Wandsworth	136	Thurrock Council
29	Devon County Council	83	Luton Borough Council	137	Torbay NHS Care Trust
30	Doncaster Metropolitan Borough Council	84	Manchester City Council	138	Trafford Metropolitan Borough Council
31	Dorset County Council	85	Medway Council	139	Wakefield Metropolitan Districts Council
32	Dudley Metropolitan Borough Council	86	Middlesbrough Council	140	Walsall Council
33	Durham County Council	87	Milton Keynes Council	141	Warrington Borough Council
34	East Riding of Yorkshire Council	88	Newcastle Upon Tyne Council	142	Warwickshire County Council
35	East Sussex County	89	Norfolk County Council	143	West Berkshire Council
36	Essex County Council	90	North East Lincolnshire Council	144	West Sussex County Council
37	Gateshead Metropolitan Borough Council	91	North Lincolnshire Council	145	Westminster City Council
38	Gloucestershire County Council	92	North Somerset Council	146	Wigan Metropolitan Borough Council
39	Halton Borough Council	93	North Tyneside Council	147	Wiltshire County Council
40	Hampshire County Council	94	North Yorkshire County Council	148	Wirral Metropolitan Borough Council
41	Hartlepool Borough Council	95	Northamptonshire County Council	149	Wolverhampton Council
42	Hertfordshire	96	Northumberland County Council/Northumbria Healthcare Foundation Trust	150	Worcestershire County Council
43	Herefordshire County Council	97	Nottingham County Council	151	Workingham Borough Council
44	Isle of Scilly Social Services	98	Nottingham City Council		
45	Isle of Wight Council	99	Oldham Metropolitan Borough Council		
46	Kent County Council	100	Oxfordshire County Council		
47	Kingston-Upon-Hull City Council	101	Peterborough City Council		
48	Kirkless Council	102	Plymouth City Council		
49	Knowsley Metropolitan Borough Council	103	Portsmouth City Council		
50	Lancashire Council	104	Reading Borough Council		
51	Leeds City Council	105	Redcar & Cleveland Borough Council		
52	Leicester City Council	106	Rochdale Metropolitan Borough Council		
53	Leicestershire County Council	107	Rotherham Metropolitan Council		
54	Lincolnshire County Council	108	Royal Borough of Greenwich		

5. Social work research

The need to understand what works in current social work practice is vital if we are to understand the effectiveness of social work models of intervention and develop an evidence base that helps raise the quality of social work. Following publication of my first report, the Department commissioned the Social Care Workforce Research Unit (SCWRU) at Kings College London to undertake a systematic scoping review looking at the effectiveness of social work interventions with adults.²¹ The aim of the review which was published on 1 March was to provide insight into, and aid our understanding of, the current research and evidence base for social work, including potential gaps and areas for development.

The review is based on systematic searches across electronic databases, website and bibliographies of published studies. It looked at research about different types of “effectiveness”, including changes to quality of life, cost and wider outcomes. Overall the review concluded that results from social work are broadly positive. Social workers’ effectiveness seems to rest most on their ability to combine a number of roles, including assessment, local knowledge, and being able to provide counselling and/or ongoing support. I hope you will use this review in your organisations and partnerships to help identify and develop social work research and evidence.

The review also identified that evidence about social work with adults is mixed and uneven, and pointed to the need to develop the evidence base in several areas, including social work with people with learning disabilities. The review suggests that without better empirical evidence to develop our awareness and understanding of the effectiveness of these and other approaches undertaken by social workers, their work will remain overlooked and undeveloped.

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

In addition to implementing the named social work pilots to develop practice with people with learning disabilities and looking at options for evaluation, during 2016-17 I will also be looking for opportunities to develop the evidence base to assess the impact of:

- social work interventions for older people with complex needs, including dementia, to help identify the most effective use of social work resource within the overall system of care and support for older people.

21 <http://www.kcl.ac.uk/sspp/policy-institute/scwru/res/knowledge/effectiveness.aspx>

- co-production with users of services in social work supervision and reflective practice, to increase critical reflection and support person-centred work through meaningful involvement of service users in supervision. This was raised as a priority area for the Chief Social Worker role in discussions with users of services in preparation for this report.

However, building a solid foundation for social work research and evidence will not come only from central government but from the daily realities of practice, where social workers are using their unique blend of skills and knowledge to support people to achieve better outcomes. Research and evidence related capabilities are referenced in both the knowledge and skills statement and the Professional Capabilities Framework (PCF) and there is scope to include a stronger research focus in the ASYE programme, as well as opportunities for research in enhanced CPD arrangements, in line with Croisdale-Appleby's review of social work education.

I want to use this report to call on social workers at all levels from newly qualified to experienced practitioners, to use and develop practice research and evidence. There is a growing evidence base that social workers can access through organisations such as the NIHR School for Social Care Research (SSCR), SCIE, the National Elf service, NICE, RiPFA and Community Care. Employers and educators should support social workers to reflect on, use, gather and share practice informed evidence and research in team meetings, forums and supervision. I want social workers to be confident in sharing examples of their impact and in using research and evidence that will enable them to work well and I will work with leaders across the sector to join up efforts to support this.

I will continue to use my role to influence strategic priorities for research through the

Department's research programmes and other research funding programmes, to promote high quality research that makes a difference across health and social care. I will also continue to work with research and practice communities and with people who use services, to improve our understanding of effective social work interventions and strengthen social work's impact, through better use of research and evidence and greater practice input to the evidence base.

PART 2

Views from the sector

Adult Principal Social Workers Network

I am proud to represent the network at a time when Principal Social workers have grown in number and influence at local and national level.

We have benefited from the leadership, support, guidance of the Chief Social Worker. It means a great deal to practitioners to see her at local events, forums. Her accessibility, visibility, and open approach is a key staff motivator in times of austerity and change.

The year has once again brought forward key challenges of managing and delivering social work at a time of savings targets, implementation of the Care Act, Deprivation of Liberty safeguards and the Mental Capacity Act.

Social workers have shown their resilience during this period. Principal social workers are showing real outcomes for staff and the public we serve.

In the coming year, key priorities for principal social workers:

- Using the network to strengthen leadership in social work at local and national level, to stand up for social work and demonstrate the added value that principal social workers bring to make a difference to front line practice and promoting the sharing of good practice.
- Robust delivery in the social work health check and action plans to continue to

raise standards uniformly across the country.

- Continue to maintain effective links between children's and adult services to promote a "whole family approach" and develop the asset based community development role of social work.
- Continued implementation of the Care Act, Mental Capacity Act and the integration agenda.
- Focus on social work education – the role and development of teaching partnerships, the Think Ahead scheme and continued professional development for social workers

Margaret Barrett
(outgoing) Network Chair
Gateshead City Council

Association of Directors of Adult Social Services (ADASS)

The Chief Social Worker role continues to be important to ADASS and colleagues across the sector; clear, considered professional leadership, actively listening to voices across social care and speaking authoritatively to government in a way that ensures the important, rewarding yet often challenging work undertaken by social workers and their colleagues is better understood and supported.

If we are to support people to lead fuller more independent lives in supportive families and communities then the Chief Social Worker must continue to be able to ensure government policy and decisions support this important aim.

Principal Social Workers continue to provide much needed professional leadership for social work in statutory adult social care, where social workers are central to delivering high quality support, particularly in providing safeguards for people subject to restrictions under mental health and mental capacity legislation, as well as broader safeguarding contexts and helping to promote a social model of care.

Ray James

ADASS President (outgoing) and
Director of Adult Social Services,
London Borough of Enfield

Skills for Care

During this year the accessibility and visibility of the Chief Social Worker to the sector – making herself available to practitioners, employers and stakeholders – has remained a key to successfully promoting the highest profile for the role of social workers in services for adults. It has been a pleasure for Skills for Care to work with and support Lyn in a number of important policy areas and implementation plans as she champions quality social work services in our wider society and local communities.

One highlight of the year has been the introduction of the Knowledge and Skills Statement for social workers in adult services. We encouraged and saw many employers and social work education partnerships responding to the consultation on this statement, and were able to offer our expertise in research and evaluation to the Chief Social Workers team ensuring she was able to provide a robust response with which to inform the final statement.

The Assessed and Supported Year in Employment (ASYE) features strongly in the Knowledge and Skills Statement, where requirements to increase the robustness and consistency of the assessment process were set out. Whilst ASYE is not a mandatory programme the Chief Social Worker has now set out clear minimum requirements to help achieve national consistency. Skills for Care advised the Chief Social Worker on the development of these requirements from our experience of supporting the existing ASYE activity. Working directly with employers, we reviewed and revised the guidance and supporting resources for ASYE, and then provided workshops to launch the new material and help employers plan for and implement the transition to the new requirements. In our survey of employers 51% of respondents expressed lack of confidence that the ASYE was being assessed

consistently prior to the requirements of the Knowledge and Skills statement, however the majority of respondents (78%) expressed levels of confidence in their understanding of the new arrangements for assessment of the ASYE. It is encouraging to see how employers are making the latest transition in the programmes they offer their staff.

A new element is the requirement for ASYE moderation processes to be in place. Many employers have developed this activity in the past and we are now helping to build on this and ensure that every employer is part of a moderation partnership, and we facilitate the national panel – again made up of employer representatives. We look forward to continuing to work with Lyn to ensure that these arrangements for ASYE are fully embedded.

The year ending March 2015 again saw an increase in the number of newly qualified social workers in adult services rising over 14% on the previous year; and the year to March 2016 shows a further increase of 12%. We continue to evaluate a small group of employers and social workers from the first year of ASYE in 2012/13. This shows the impact of ASYE, for example, ‘when commenting on the use of their reflective supervision all but one of (former newly qualified) social workers said that they discussed their training and development needs’ indicating a strong continuation of CPD. Overwhelmingly there was the sense of the ASYE being a valuable transition from University into practice, enabling the social workers to increase their confidence and put theory and knowledge into practice in a safe, structured and supported way.

We have also strongly supported the Chief Social Workers commitment to the development of Teaching Partnerships across adults and child and family services. The Skills for Care workforce development remit enabled us to support the partnerships in the

development phase highlighting the potential links with ASYE partnership activity, and we will continue to support this emerging initiative.

Skills for Care was pleased to be part of a delegation led by the Chief Social Worker to the Primary Care Workforce Commission and to support the key contribution of social work and social care in developing a truly integrated care and health workforce for the future.

We look forward to continuing to support the Chief Social Worker and provide her with workforce data and information that will assist in keeping social work and its contribution through practice leadership prominent in adult social care services across England.

Sharon Allen
Chief Executive Officer

British Association of Social Workers (BASW) England

BASW England welcomes working in partnership with the Chief Social Worker (CSW) for Adults and continues to be a member of the Advisory group to the CSW. BASW members have expressed that although there may be differences of opinion about social work reform in adult services, they feel they can have an open and constructive dialogue with the CSW and their views and opinions are listened to. BASW appreciates the positive approach the CSW has taken to her role while emphasising the challenges the social work and social care sector still face.

It is difficult to assess either the impact the CSW has had on the standing of social work amongst the general public or the standard of practice in social work with adults. As BASW is a major voice in the social work sector we anticipate working more closely with the CSW in the year ahead.

There are significant issues and challenges remaining for social workers; including the austerity agenda, the delay of full implementation of the Care Act 2014, high complex caseloads and the impact of spending cuts and the forthcoming Comprehensive Spending Review. Members have also expressed concern about the possible development of a national assessment and accreditation scheme for social workers in adult services modelled on the national assessment and accreditation system for child and family social workers.

Social workers in adult services have an integral role to play in prevention, wellbeing and personalised integrated support and care. Members are concerned that social work is not at the heart of integrated services and this is an area that must be promoted at a national and local level by the CSW. BASW also believes there is more work needed to enhance the social model of care.

BASW England believes that priorities for the coming year should include:

- Transition and access to mental health preventative and specialist services
- Integration, including primary health care – placing social work at the heart of this work
- Best practice development in adult social work – supporting asylum seekers and refugees
- Developing policy and good practice to improve outcomes for people with disabilities
- To actively support the development of good social work practice in implementing the Care Act 2014 and promote the Professional Capabilities Framework

Maris Stratulis
BASW England

Social Care Institute for Excellence (SCIE)

Lyn has clearly worked hard over the year to promote the development and profile of the adult social work profession. She is known to have done what she can to get out into the field and therefore help present the Department of Health as listening and in touch.

Over the last year she has helped ensure a smooth follow up to the demise of the College of Social Work, helping avoid any suggestion of reduced governmental support for the development and representation of the social work profession. She has maintained strong links with children's social work issues, helping enable focus on common vision and values. A real success has been her work to raise the profile of mental health issues and support for cross-disciplinary, integrated working.

Looking ahead, the Chief Social Worker will need to provide advice and support to the profession in making real the wellbeing principles underlying the Care Act, now one year into implementation.

Tony Hunter
Chief Executive Officer

Joint University Council Social Work Education Committee (JUCSWEC)

The Joint University Council Social Work Education Committee is pleased to comment on the progress made by the Chief Officer for Adult Social Work in England.

The appointment of a Chief Social Worker for Adults, continues for the second year to offer leadership, sustainability and continuity for adult social work and Lyn has been instrumental in achieving this for the social work profession. The Chief Social Workers commitment to the protection of vulnerable adults and their families is widely acknowledged throughout the sector and her national leadership has successfully sustained social work for vulnerable adults at a time of significant professional and political change. Implementation of key legislation, The Care Act 2015 and ongoing legal consultations has enabled social work with adults to remain focused on social justice and wellbeing, offering a clear direction of travel for adult social work.

JUCSWEC welcomes Lyn's continued willingness to work collaboratively with the HEI sector and her commitment to maintaining high academic standards; continued funding through the educational support grant and by ensuring social work education is located within higher education. Universities have responded proactively to the changing needs of students, practitioners, employers and policy makers in the development of new frameworks for pre and post qualifying education. However, many challenges and uncertainties lay ahead. The closure of The College of Social Work, the loss of the endorsement process, Practice Educators Standards and the development of a new regulator contributes to increasing uncertainty and challenge.

For the forthcoming year, JUCSWEC in collaboration with all stakeholders seek the support of the Chief Social Worker for Adults in:

- Developing a unified and strong profession, led by the profession and in partnership with service users and carers
- Continued commitment to a generic profession with specialism developed post qualification
- Identifying significant investment in social work research through establishment of new ring fenced funding streams
- Completion of an impact assessment across all stakeholders to ensure the highest standards are reached during periods of change and uncertainty

JUCSWEC affirms its commitment to creatively of ideas, engagement with new stakeholders and evidence informed professional practice. We are in unprecedented times for social work, where a clear need for certainty of development and certainty of delivery is required. JUCSWEC remain committed to working with Government and all stakeholders to deliver high quality standards to empower and protect vulnerable people within systems and practices which are transparent and publically accountable.

Samantha Baron
JUCSWEC Chair and Head of Social Work,
Manchester Metropolitan University

Chief Social Worker for Children and Families

Lyn and I continue to work closely together on a range of significant developments in social work as well as specific practice areas. We are thinking a lot about transition between children's and adults social work services and the use of the Mental Capacity Act across the wide range of children, young people and adults with whom we all work.

How we secure a strong, well respected, post qualification national infrastructure will be a key focus for both of us over the next four years. The learning from the accreditation programme in child and family social work will influence how arrangements are taken forward on the adults' side and vice versa.

There is much to debate about the usefulness of accreditation and Lyn and I will continue to engage a wide range of social workers in those discussions. Whilst the analysis for the first phase of the accreditation process is still underway, over 900 social workers have participated to date. Their contribution has given us unprecedented evidence about the strength of practice knowledge and skill in one specialist area of social work practice. We will use this intelligence to inform our future thinking about professional development.

A strong national focus on supervision and practice leadership is a key priority for both of us moving forward. Our ongoing collaboration will help to ensure that social work is seen to be a vital part of the public service landscape.

Isabelle Trowler
Chief Social Worker for Children & Families

Think Ahead

It's been a successful first year for Think Ahead. We've attracted thousands of students and career-changers to consider a career in social work, and we're hugely grateful to the many partners we've worked with across the sector – including service users, social workers, service leaders, and academics – to set up the Think Ahead programme.

And of course we're very grateful for the involvement and support we've had from Lyn and her team at the Department of Health. Lyn has been a key supporter of our co-production approach and has attended Think Ahead's Service User and Carer Reference Group, chaired by Dr Sarah Carr (Chair of the National Service User Network), which shapes all of our work.

Lyn has fed into the design of the Think Ahead curriculum, which has been created by Professor Martin Webber of the University of York with wide input from experts across the sector. And she and her team recently attended as expert observers at some of Think Ahead's assessment centres, which have been designed using input from social workers and service users to ensure that they test candidates for the attributes key to becoming an excellent social worker.

We're looking forward to our first cohort of participants starting the programme this July, and delighted that Lyn will be meeting them all at the Summer Institute which will prepare them to begin their training in the workplace. Beyond that, we're looking forward to working with Lyn and her colleagues across the social work and mental health sectors as we take Think Ahead forward.

Kate O'Regan

Programme Director (and registered social worker)

NHS ENGLAND

Lyn has been a very valued, collaborative and supportive colleague.

She is highly committed and has a vision of modern, transparent, recovery and strengths focussed services. Her commitment to engagement with a wide range of stakeholders and to fully participating in the huge social care and mental health programme is impressive. She is a highly resilient person and has been tremendously helpful in relation to the Mental Health Act: Code of Practice, the Crisis Concordat, the use of Mental Health Act data collection and the role of social workers in the multidisciplinary, multiagency programme going forward.

It's been a very great pleasure to work with her and I wish I could have had more time, but for both of us being sole practitioners with very wide responsibilities, has been a challenge.

Dr. Geraldine Strathdee
National Clinical Director Mental Health –
NHS England

6. Feedback from people with lived experience

Shaping our Lives

This is a time of great change for service users, with innovations in services and support as well as fewer resources and less funding. Social Work is also going through major changes. That is why the role of Chief Social Worker is potentially so important at this time. It provides a means of communication between government and grassroots service users in the same way as the Strategic Partnership Programme for the voluntary sector does, in which Shaping Our Lives is involved. What is key is that the Chief Social Worker offers a chance for government to understand social work and the issues facing it by providing a well-informed professional viewpoint to ministers and civil servants.

Also it is key that the central purpose of the Chief Social Worker is to make sure that the rights and needs of service users and carers are communicated effectively to government as well as to the profession, helped by the network of principal social workers and networks of service users and User-Led Organisations like Shaping Our Lives.

Becki Meakin

General Manager, Shaping Our Lives

Creative Communities Group UK

Statement from Russell Hogarth, Chair and co-founder Creative Communities Group UK

Lyn Romeo has done an incredible job since becoming chief social worker for adults, involving service user/carers in every aspect of the social work planning and decision-making process. She has consulted with me and my Creative Communities Group service user/carer colleagues on a number of occasions, giving us all the unique opportunity to co-design the services that we receive.

In addition to supporting Lyn at social work conferences, I've also had the opportunity to contribute to Lyn's service user carer advisory team in Richmond house London. Lyn is a great ambassador for social workers, social work students and social work services.

On a personal note I would like to say that it has been an absolute honour and pleasure being part of Lyn's team, and I feel that my contribution to her meetings are both valued and taken on board.

1. What are the key issues and priorities for people who use social work services and their carers?

In my experience talking to a number of service users/carers, the key issues seem to vary depending on the needs of the user but service users consistently mention a lack of social work staff and support to deal with problems and limited access to additional funding and resources.

Means testing and having to self-fund is another issued raised. Access to higher education is often beyond the reach of a number of people using social services, especially for the more mature service user.

Education is often highlighted because access to higher education is based on previous success at school and college. A young carer

or somebody from the harder to reach in society some may have been disenfranchised from education due to social circumstances.

Social inclusion, lack of confidence and being undervalued is often highlighted by long-term service users.

Large waiting lists and limited access to mental health services and counselling services is seen as a major issue.

Work assessment was a hotly debated topic, especially from mental health service users. There appears an apparent lack of government understanding of the difficulties of living with a long-term health condition and its impact on a person's day-to-day activities; not to mention their ability to work.

2. What can the Chief Social Worker do to address these, working with others (ministers, officials, Local Authorities, health, VCS, etc.?)

Lobbying ministers and continuing to contribute to health and social care policy based on the needs and feedback of people who use services.

Extend the principal of co-design with service users and carers in the review and development of education and training programmes for health and social care students.

3. What will success look and feel like in 2016/2017?

- The need for respite and a triage service for mental health service users, with the addition of a dedicated emergency drop-in centre in towns and cities; early mental health responders.
- Addressing the stereotypical, often media fuelled image of social workers and social services. Bring about positive change by highlighting the positive side of both social workers and the services they deliver.

- The positive lived experiences of service users both documented and delivered to a wider audience in government, academia and throughout the community.
- Additional power to Chief Social worker helping to make the step change in improving social care services by working alongside service users/carers and providers.
- Improving the hospital environment that best aids recovery, and the improvement to the community that people live, work and play in.
- A significant financial investment in the community and networks, to fund community involvement projects that improve and support mental health and well-being.

West Sussex and Hertfordshire County Councils – feedback from people who use services and their carers

Key issues and challenges for customers and carers in adult services

Attendees at two workshops with users of services, their carers and social workers raised the following issues and challenges for adult social work services:

- People were unanimous that continuity of staff, through allocation of a named social worker is vital to providing consistency and stability in the relationship between the person and their reduced social worker. Carers reported finding the system stressful, bureaucratic and difficult in accessing available support.
- The service user/social worker relationship should be one of equity – people can be put off asking very busy social workers for help. This unapproachability is compounded by customer service/contact centres which can keep people at arm's length. Having social workers based in the community would help improve accessibility.
- More specialist social workers are needed in key areas such as support for people with Alzheimer's/dementia, learning disabilities and people at end of life – to be supported with a clear CPD framework and recognition for these roles by the health professions.
- Lack of consistency in social work practice and funding within and between different local authorities – for example, more or less flexibility in choice and control over how people meet their needs according to area.
- Concerns that reduced availability of local authority funding for social care could have a detrimental impact on people's ability to meet more than just basic needs

– investment is needed in the voluntary and community sector to increase provision of services to promote social inclusion and wellbeing.

- Need for better integrated support for people with mental health needs and for people accessing primary care – e.g. social workers based in GP surgeries. Overall, there needs to be more collaboration and sharing of best practice between organisations across the health and social care system.
- Encourage people to feedback on their experience after working with a social worker, through surveys/focus groups to help inform and improve social work practice.

When asked to think about what success would look like in 2016-17, people wanted to see:

- Well-trained social workers with strong customer-focused values embedded in practice.
- Consistent social work practice across the county/country and sharing of good practice.
- A named social worker.
- Real choice and control over the way people meet their social care needs, with people feeling heard and supported.
- Poor social work practice identified, challenged and issues addressed appropriately.
- Good quality information which is communicated effectively and is accessible.
- Integration of health and social care, including greater use of the proactive care model (integrated health and care teams).
- A vibrant voluntary sector providing support to people with social care needs and their carers.



PART 3

Priorities for 2016-17

My focus for the coming year is to achieve recognition for the role and contribution social workers make to an integrated health and care system, improving outcomes for people, keeping people safe and making most effective use of expenditure across health and care overall. This has shaped my priorities for 2016-17, which are outlined below:

- Continue to work across government and the sector on the social work reform agenda, including:
 - Ensuring the developing system of social work regulation continues to support the social work profession overall and enhances social workers role and contribution in strengths based approaches to working with children, adults and their families across the life course.
 - Supporting the expansion of Teaching Partnerships between HEIs and employers to improve the student experience, through the provision of high quality practice placements in statutory children and adult settings and supporting social workers to become ‘action researchers’ to strengthen evidence-based social work practice.
 - Work with the Department and NHS England to ensure social work is recognised as a key component in delivering the new care models programme.
 - Realise the potential contribution of social work to improving efficiency and productivity of primary care and GPs, through better collaboration and co-working in primary and secondary health settings.
- Specifically, I would like to see a stronger social work component in NHS service provision to support the aspiration in the Care Act to deliver more personalised and community based care, through pooling of funding and incentives for primary care practices and NHS trusts to directly fund or employ social workers, helping contribute to whole person responses.
- Achieve greater clarity and support for the role of social workers in support for people with complex health and care needs, including dementia, learning disabilities, older people, end of life/palliative care and mental health, alongside increased recognition and investment in these specialist roles by the NHS.
 - Support efforts to retain the existing social work workforce through development of a practice-based career pathway and specialisms and support return to practice schemes.
 - Support efforts to remodel mental health services to include greater emphasis on psycho/social models alongside clinical approaches to treatment and increasing the contribution of social work practice in mental health care.
 - Continue to contribute to the Department of Health’s social care research priorities to strengthen the research and evidence base for social work practice and models of intervention as part of integrated, multidisciplinary arrangements.

	Chief Social Worker's priorities for 2015	Progress in 2016	RAG rating
i.	Continue to work with the sector to drive improvements in the quality of social work practice with adults, through the implementation of the KSS, ASYE programme; lead the development of a CPD framework; and ensure implementation of the Care Act.	On track: The KSS was published in March 2015 with the ASYE now successfully in its fourth year. Work underway to develop a CPD framework and specialisms for adult social work.	
ii.	Develop a clearer profile for the contribution social workers make in key areas-specifically, working with people with learning disabilities and with people with dementia, autism and needing end of life care and in integrated health and social care arrangements.	On track: The Department has published guidance on social work with dementia and autism and will soon be publishing guidance on social work with carers. Intending to pilot access to a named social worker for people with learning disabilities following the 2015 Green Paper consultation.	
iii.	Consolidate and further develop the role of PSWs, ensuring they are embedded in all local authorities and other organisations & work with them to ensure the Employer Standards are fully embedded.	On track: PSWs are now in place in every local authority and several NHS trusts in England. Revised Care Act statutory guidance was published on 10 March and includes additional clarification on the role and function of PSWs in adult social care and responsibility of employers to support the role.	
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.	On-going: Publication of scoping review looking at the effectiveness of social work interventions was published on 1 March and will inform future research priorities- report is available at: http://www.kcl.ac.uk/sspp/policy-institute/scwru/res/knowledge/effectiveness.aspx	
v.	Continue to work across the Office of the Chief Social Worker to take forward shared priorities on education and training, regulation & practice improvement.	On-track:	
vi.	With the sector, lead further improvements to the education and training of social workers, including: selection and entry criteria for students; Bursary and Education Support Grant (ESG) funding; and the development of more robust teaching/employer partnerships.	On-going: Creation of four Teaching Partnerships in September 2015 to enhance the existing partnership arrangements between HEIs and employers to improve the quality of education received by social work students.	
vii.	Ensure development of the Think Ahead graduate fast-track programme supplements and enhances the social work workforce and provides an effective route into social work in mental health settings.	On-track: first cohort to start programme in July.	
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.	On-going: We are facing challenges times and restrictions on resources across the sector, however we are all seeking innovative ways of working to overcome this challenge.	
ix.	Strengthen social work practice leadership to support excellent social work and the key contribution it plays in integrated arrangements.	On-going: calling for a stronger social work component in NHS commissioning and workforce planning and as part of new care models.	
x.	Work with other social work leaders through national publicity & 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 to the lives of people who use services, carers and communities.	On- going: The office works daily to communicate the key messages and importance of adult social work through Lyn's engagement with the sector, blogs and tweets.	

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