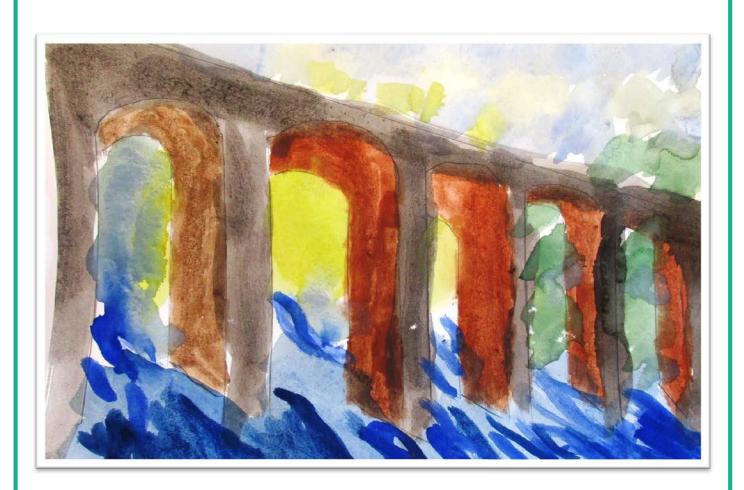


Forensic Mental Health Social Work: Capabilities Framework



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Title: Forensic Mental Health Social Work: Capabilities Framework

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Forensic Mental Health Social Workers and their Line Managers, Senior Managers in Councils employing Forensic Mental Health Social Workers, Senior Managers in Provider Forensic Mental Health and Learning Disability organisations, Commissioners of Secure Mental Health and Learning Disability Services, Commissioners of Community Forensic Mental Health and Learning Disability Services, Social Work academics delivering Mental Health and Learning Disability and Safeguarding training courses, Senior Managers in National Probation Service.

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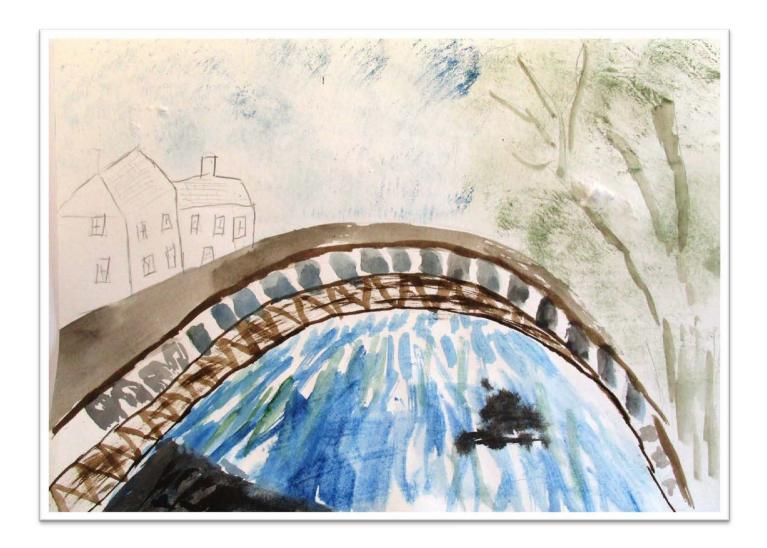
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Contents

| Contents | 3 |
|---|----|
| Table of Figures | 4 |
| Acknowledgements | 5 |
| Steering Group | 6 |
| Supported by | 7 |
| Foreword | 8 |
| Executive summary | 10 |
| 1. Introduction | 12 |
| The Role of the Forensic Social Worker | 12 |
| About the Framework | 13 |
| Using the framework in practice | 18 |
| 2. Forensic Mental Health Social Work Capability Framework | 22 |
| Professionalism | |
| Values and Ethics | 23 |
| Diversity | 24 |
| Rights, Justice and Economic Wellbeing | |
| | 27 |
| Critical Reflection and Analysis | 28 |
| Interventions and Skills | 29 |
| Context and Organisations | 31 |
| Professional Leadership | 32 |
| 3. Knowledge and Skills Statement | 34 |
| Key Roles and Functions | |
| Capability Statements: Knowledge and Skills at different levels | |
| Appendix 1: Bibliography | 43 |
| Appendix 2: Self-Assessment Tool | |
| Appendix 3: Capability Grids | |
| Appendix 4: High Secure Services Standards | |
| Appendix 5: Consultation Activities | 92 |

Table of Figures

| Table 1: Support Requirements at each level of capability | 16 |
|---|----|
| Table 2: Knowledge and skills at different levels | 39 |
| Table 3: Capability Grids | 48 |
| Table 4: National Standards for the provision of social work services in the high secure (updated January 2016) | • |



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Foreword



I am delighted to support the publication of this framework, which has been developed with Forensic Social Workers, their managers, commissioners, multidisciplinary colleagues and most importantly, the people and families whom they directly support. Forensic Social Work is a highly specialist area of mental health work which demands both generic and more specialist knowledge and skills. Forensic Social Workers work alongside a whole range of other professionals, often in a health professional-led context, and maintaining their professional identity and perspective as Social Workers can sometimes be a challenge.

Previous policy and capability work in relation to mental health social work more generally has been well received by the sector. The 'Role of the Social Worker in Adult Mental Health Services' paper (Allen, 2014¹), and more recently the

Department of Health sponsored initiative 'Social Work for Better Mental Health' (Allen et al, 2016²) launched in January 2016, have set out the contribution which social work makes to mental health treatment and care. This new document continues to build on these resources and focuses on the forensic social work role and task, identifying not only the capabilities, but also the knowledge and skills that a social worker in forensic mental health setting will need as they progress through different career stages and continue to develop.

Forensic social workers operate in a range of contexts, both in secure inpatient settings but also within community teams supporting, and sometimes supervising individuals subject to Conditional Discharge following Restriction Orders. While part 3 of the Mental Health Act 1983 is the main legal framework under which individuals are treated, Forensic Social Workers need to have a well-developed knowledge and skill base to negotiate the various legal interfaces, considering complex issues such as risk and public protection, and balancing aspects of human rights. Forensic Social Workers have to maintain their awareness of community care services and eligibility for social care support under the Care Act 2014 and Section 117 Mental Health Act 1983.

Within the consultation exercises which supported the development of this framework many colleagues referred to the social work role as a 'bridge' between different settings and systems, and this type of role means that practitioners need to develop a comprehensive practice toolkit,

¹ Allen, R (2014) The role of social work in adult mental health. Available at - https://www.basw.co.uk/resources/tcsw/Roles%20and%20Functions%20of%20Mental%20Health%20Social%20Workers%202014.pdf

² Allen et al (2016) Social Work for Better Mental Health: Resources and Strategic Statement. Available at - http://socialworkresources.org.uk/download/social-work-for-better-mental-health/

spanning a range of knowledge and skills, in order to provide the best possible social work service within complex and challenging environments.

Social Workers take on statutory duties in relation to Mental Health Tribunal reports and often are a resource for teams regarding Adult and Child Safeguarding issues. These situations may involve complex judgements about mental capacity. Social workers not only support individuals subject to statutory intervention within treatment services, but they also work with families and often take a lead on Multi Agency Public Protection Arrangements and on helping clinical teams keep in mind victim issues, particularly in relation to developing realistic care pathways into the community.

Forensic Social Workers often have the opportunity to work with individuals and families over an extended period following serious violent or sexual offending, as a range of interventions helps to improve symptoms, reduce risk and promote individual recovery. I know from many conversations with Forensic Social Workers how rewarding this work can be.

This document showcases the range of expertise within this specialist practice context. It provides a comprehensive career development framework which can be used to inform commissioning, service design and delivery, practice assessment and the development of appropriate training to support practitioners to develop the capabilities required of the role.

I am sure that this PCF will encourage wider awareness of this specialist area, and will assist the development of enhanced professional skills and knowledge, and so support individual recovery and public protection.

Lyn Romeo.

Chief Social Worker for Adults.

Department of Health.

Executive summary

Social work is characterised by its ability to see the individual within the context of their family, their community and the wider society. Legal knowledge and an ability to understand how and when to intervene are both necessary and appropriate in forensic settings. This makes social work an essential element in the care and rehabilitation of people supported within those settings.

What this means in practice is that forensic social workers understand and engage with individual service users/patients, and also with their families and the communities from which service users have come. They support them through their journeys between different levels of security, and are knowledgeable about the community situations to which they will return. Like other social workers, their understanding of human rights, and other legal frameworks, are key to the support they offer. Professional isolation is a key concern for many forensic social workers, who are often located within health professional dominated environments. In this context, it is vital that practitioners are able, and supported, to keep abreast of strategic changes impacting on social work and community care services generally and maintain their distinctive professional voice within the context in which they are working.

Forensic Social workers are involved in gatekeeping and ensuring that service users are being managed at the least restrictive level of security. They act as core members of multi-disciplinary teams working with detained patients who have committed serious sexual or violent offences, and they bring a social and family perspective to inpatient services.

Forensic social workers lead on safeguarding children and adults and they maintain links with the home areas to which most service users will eventually return. Social workers are involved in writing mental health tribunal and other reports, and in care pathway planning, in order to minimise delays and ensure suitable community placements in line with Care Act (2014) requirements. Forensic social workers are involved in the community management of service users, particularly those who are subject to conditional discharge or community treatment orders.

Their focus on the individual service user and also the wider system means that forensic social workers are able to understand and seek to balance the needs and rights of different people. This includes the patient who needs to understand their legal position, the victim who needs to feel understood and protected, the family and friends who may struggle to understand what has happened, and why. They are authentic and genuine when interacting with others, demonstrating empathy to engage different people in the work that they do, whilst maintaining professional boundaries.

The work to develop capabilities for forensic social workers was commissioned by High Secure Mental Health Commissioners, NHS England, and aims to refresh previous work on

professional development within forensic social work, and set it within current best practice models.

The process of consultation to develop this framework included social workers from across the forensic sector, providing an opportunity for them to articulate their role within the systems in which they work. This includes what can be expected of them at different points in their professional development, and the unique contributions that they bring to the lives of service users within the forensic system.

The Role of the Forensic Social Worker

The definition of forensic social work devised by the Central Council for Training and Education in Social Work (CCETSW) during the 1990s remains relevant today and this framework seeks to build on this and the modern generic social work frameworks of the Professional Capabilities Framework (PCF) (TCSW, 2012) and the knowledge and skills statement (KSS) for adult social workers (DH, 2015).

The Purpose of the Forensic Social Work Capability Framework

The forensic social work capabilities framework is designed to build upon these generic requirements, which should be demonstrated by all social workers, rather than duplicate them. They set out a framework for post-qualifying progression and development for social workers practising within forensic mental health settings.

How the guidance can be used

This guidance can be used in a number of ways.

It is intended to be useful to commissioners, helping them to ensure that any social work provision commissioned in the future is backed up by support for professional social workers. Organisations, both NHS and independent sector health providers, can use it as a way both to understand the contribution of social work, and to ensure social workers are supported to maintain the social focus essential to their roles.

It is also intended as a resource for individual social workers, their supervisors and managers, to help identify development needs and plan how to meet them. Education providers will also find it helpful in developing specialist modules for forensic social workers.

1. Introduction

The Professional Capabilities Framework (PCF) for Social Workers is the generic framework which defines the standards expected of all professional social workers working at different levels throughout their careers. The forensic social work capabilities framework is designed to build upon these generic requirements, rather than duplicate them. The new capabilities, set within the nine domains of the PCF, set out a framework for post-qualifying progression and development for social workers practising within forensic mental health settings.

The PCF consists of nine domains and five post qualifying levels, progression through which is characterised by the ability to work with increasing risk, ambiguity and complexity with confidence and autonomy. The level and domain descriptors provided by the PCF, combined with the wealth of legacy documentation previously applied to forensic mental health social work, were used during an extensive consultation process with a range of stakeholders to help to think about and shape the standards and expectations of social work in both secure and community forensic mental health service settings. (See Appendix 5 for details of the full consultation processes involved in the development of this framework. Full details of the PCF domains, levels and capabilities can be found at - https://www.basw.co.uk/pcf/)

The Knowledge and Skills Statement (KSS), published by the Chief Social Worker for Adults (2015), is also applicable to the role of the Forensic Social Worker. The KSS requirements have been built into this framework, with the expectation that the standards required for a social worker at the end of their Assessed and Supported Year in Employment (ASYE) are common across all adult settings. Full details of the KSS can be found at -

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/411957/KSS.pd f

The Role of the Forensic Social Worker

In 1995, the then regulatory body for Social Work Education – the Central Council for Education and Training in Social Work (CCETSW) - published two documents: 'Achieving Competence in Forensic Social Work' (1995a); and 'Forensic Social Work: Competence and Workforce Data' (1995b). The former provided a working definition of the role of the forensic social worker:

"Forensic social work is social work with mentally disordered people who present, or are subject to, significant risk and as a consequence are, or could be, in contact with the criminal justice system...The key purpose of forensic social work is to hold in balance the protection of the public and the promotion of the quality of life of individuals and by working in partnership with relevant others to identify, assess and manage risk; identify and challenge discriminatory structures and practices; engage effectively and identify, develop and implement strategies" (CCETSW, 1995a, p.12)

Since this definition was developed, the social work profession has seen significant changes, including regulation and registration, development into a graduate level profession, and the identification of explicit knowledge, skills and professional capability expectations. However, whilst the context of the role and the underpinning framework of social work as a profession has changed over the last 20 years, this original definition of the purpose of the forensic social work role remains as relevant today as it was at the time of its publication.

The task and context of the forensic social worker may have changed, but the role itself remains focused on bringing a social perspective into the multi-disciplinary team, delivering social interventions and discharging statutory duties, including working with a wide range of stakeholders and agencies to ensure that effective bridges are built between in-patient detention and community discharge. This involves planning for and intervening in diverse issues such as responding to safeguarding concerns, application of the Mental Health Act 1983 and working with families, victims and family victims, in liaison with Multi Agency Public Protection Arrangements (MAPPA).

About the Framework

Within the framework, each domain statement aims to capture the essence of the role of forensic social work in that area. Capability statements are provided in each area as examples of how that domain might be seen in forensic social work practice, and the responsibilities and support requirements at different levels of practice are set out. Whilst relevant to other parts of the UK, this framework is based on the expectations and professional requirements for social workers in England and Wales.

Within each domain area it is expected that practitioners will build upon their more generic social work capabilities, as set out in the PCF and the Knowledge and Skills Statement (KSS) for Adults, with the specialist requirements and standards for forensic mental health social work.

Different services and settings have different requirements and functions, and as such rather than attempt to specify all the tasks that may be undertaken by a Forensic Social Worker, this framework sets out how they would be expected to use their capabilities in the roles and functions they undertake. In other words, what is important is not simply the tasks the forensic social worker undertakes, but how they undertake them.

The terms 'service user' and 'patient' are used interchangeably throughout this document. This was a conscious choice due to the differences in opinion across the sector on what is the appropriate terminology to use in the forensic mental health service context.

Scope

For the purposes of this framework forensic social work is used to describe the tasks of social workers operating within settings where service users/patients subject to part 3 of the Mental Health Act 1983 are treated and supported. Forensic inpatient services typically also have patients who are detained under part 2 of the Act, for example on section 3, when a patient's risk has escalated to the point that local services seek additional support. This includes services

within the public, private, and voluntary sectors and encompasses high, medium, low secure, community forensic services and specialist learning disability provisions.

Level Descriptors

As social workers progress and develop the breadth and depth of their capabilities, the levels of risk they are able to work with, the autonomy of their decision making and their confidence in practice increases. For those working in forensic settings, both secure hospital and community contexts, this is most likely to be evident in a wide range of practice tasks, for example the ability to write more complex reports and work more autonomously in their day-to-day practice, recognising when the expertise and support of the wider multi-disciplinary team or the social worker's supervisor is needed.

The generic level descriptors within the PCF have been developed further by application to the roles and functions of a social worker within a forensic setting, and considering the support that would be needed by forensic social workers operating at different levels of capability, these are as follows:

- By the end of the Assessed and Supported Year in Employment (ASYE) social workers should have consistently demonstrated practice in a wide range of tasks and roles, and have become more effective in their interventions, thus building their own confidence, and earning the confidence of others. They will seek support in supervision appropriately, whilst starting to exercise initiative and evaluate their own practice.
- In the Social Work role, they progress to practise effectively, exercising higher quality judgements in situations of increasing complexity, risk, uncertainty and challenge. Through growing understanding, they expect and anticipate, but do not pre-judge, the issues that may develop. They have greater confidence and independence (whilst accessing support when needed), and use their initiative to broaden their range of responses; they will be familiar with one or more areas of practice which will be recognised within their multi-disciplinary team. They will be familiar with and able to access local resource networks and will be recognised by peers as a source of reliable knowledge and advice.
- Experienced social workers are more autonomous in their role. They demonstrate expert and effective practice in complex situations, assessing and managing higher levels of risk, striking a balance between support and control, liaising with a wide range of professionals, including more senior levels. They manage complex caseloads, and offer expert opinion within the organisation and to others externally. They chair a range of meetings, offer expert support to case conferences, and produce high quality assessments and reports for a range of functions. They model good practice, setting standards and expectations for others. They start to take responsibility and to be accountable for the practice of others, mentoring newly qualified social workers, and supervising the work of less experienced staff. They may

undertake capacity-building with individuals, families, communities, user groups and voluntary organisations, and contribute their views on service provision to commissioners. Through practising reflectively, experienced social workers are able consciously to apply evidence and theory, mentoring and teaching others and applying their on-going learning to their working relationships and interventions.

Advanced / Strategic Social Worker, for the purposes of forensic social work these two
senior levels of the PCF have been combined, and both management and advanced
practitioner roles are included in this level. Capabilities at these levels in the forensic sector
are defined by application of social work values and purpose to either an advanced or lead
practice role, or a management or leadership role within a health, local authority or
independent provider setting.

Progression through the generic social work professional capability framework is determined by a practitioner's increasing(?) abilities to manage issues such as complexity, risk, ambiguity and autonomous decision-making. In the context of the PCF, an 'experienced social worker' is someone who has demonstrated a particular level of capability, rather than someone who has completed a certain number of years in practice or completed a specific course.

Whilst job roles are not the sole indicator of a social worker's level of capability, the organisations responsible for commissioning and delivering forensic mental health services may wish to allocate particular roles, tasks or functions to a social worker possessing the appropriate level of capability.

Support Requirements

As a social worker progresses and responsibility, autonomy, confidence and ability to work with complexity across organisational and professional boundaries, so their support needs will change.

Those operating at advanced / strategic levels are likely to need a different type of support and supervision from their organisations / employers. This will consist of appropriate management input and peer networks, and involvement and engagement in debates and developments across different organisations providing mental health and forensic mental health services. Mentoring and coaching are likely to be appropriate to those at this higher level to ensure they remain grounded in social work approaches and values throughout their areas of practice.

The following table sets out the expected support requirements at each level of capability. Further detail of competence and capability expectations is set out in the attached Capability and Self-Assessment Tool at Appendix 2.

| Table 1: Support Requirements at each level of capability | | | | |
|--|--|--|--|--|
| ASYE | Social Worker | Experienced Social Worker | Advanced & Strategic Social Worker | |
| Social workers operating at ASYE level are newly qualified and as such are less experienced in their practice and require appropriate supervision, support and development from their organisations and supervisors / line managers. | Social workers operating at this level require appropriate reflective and managerial supervision to analyse their practice, work through decisions and ground them in social work theory and perspectives. | 1. Experienced social workers will require specific support in terms of any specialist roles they undertake (e.g. Approved Mental Health Professional (AMHP), Best Interests Assessor (BIA), Practice Educator (PE), Social Supervisor etc.) in terms of refresher training, supervision, and the opportunity to practice specialist skills. | 1. Advanced and strategic social workers will support social workers in forensic settings in working within complex multi-disciplinary settings in either a practice leader or management role. They will need to seek support from their own management and organisational structures, as well as from peers, to ensure they are able to deliver this function. | |
| Supervision should be provided in accordance with the requirements set out in the national ASYE standards. | 2. Personal development plans should frame continuing professional development activities, and practitioners will require support to explore their own development needs and progression pathways. | 2. Mentoring will be beneficial and peer support should be encouraged by the organisation as a learning and development activity. | 2. They will seek advice and guidance from senior managers, peers and others to ensure promotion of the social work role and contribution to both multidisciplinary practice and organisational management. | |

3. Social workers will need 3. Advanced and Strategic Social workers at this level. 3. Experienced social workers should feel confident in social workers will seek and access to appropriate should be able to work development opportunities autonomously, dealing with taking action and decision use supervision and activities, agreed as risk and complexity in making concerning appropriately and demonstrate a commitment part of a professional familiar cases, but would unfamiliar cases and development plan (PDP) require additional support to own and to others' CPD. situations when dealing with unknown agreed between supervisor and NQSW (Newly or high risk situations. Qualified Social Worker). 4. Whilst often undertaking 4. They will require the time 4. Experienced social workers 4. They are required to similar tasks to more scrutinise and authorise and space to establish a are able to make capable social workers, they autonomous decisions that network of internal statutory reports as per should be supported in their colleagues from whom to may impact significantly on organisational decision-making and seek advice and expertise a person's Human Rights. arrangements (e.g. social interventions. but should still receive time supervision reports, and support to reflect on tribunals, parole board etc.) and analyse significant and will need to keep up to decisions. date on statutory functions and be supported to do so. 5. Social Workers are able to 5. They will require the time 5. They will lead the 5. Through supervision and support, social workers at and space to establish a development of governance work effectively within this level are able to multidisciplinary settings, network of internal and around this framework identifying where within their advanced identify, and gain external colleagues and understanding and insight interpersonal and actively contribute to that practice or management into the impact of group communication difficulties roles and seek appropriate network. process on multi-disciplinary are impacting on the work. organisational support to team working. facilitate this.

Using the framework in practice

Role and context will determine how this framework is used in different settings or to inform commissioning of social work provision within the delivery of forensic services. It includes an overarching framework and detailed statements to support individual development and key knowledge, skills and tasks that can be used for appraisal and progression purposes. Each of these builds upon the generic capabilities and knowledge and skills for social workers across all settings.

Guidance for Commissioners

When developing commissioning specifications for forensic services at different levels of security, commissioners should ensure that not only are social work professionals an integrated and important aspect of the multi-disciplinary team, but also that an appropriate framework is in place to support their practice and development.

This should include:

- Regular reflective supervision from a qualified, registered social work practitioner.
- For newly qualified practitioners, access to suitable ASYE courses and support in line with national expectations.
- Support to access appropriate training and development to maintain registration.
- Support to maintain links with other social work professionals, including those in community settings.
- Using the KSS as a 'bench mark' for the areas of knowledge and skill development which forensic social workers should have access to.

Commissioners and employers of Social Workers should also be familiar with the Standards for Employers of Social Workers in England (2014) (hosted by the LGA) available at http://www.local.gov.uk/workforce/-/journal_content/56/10180/3511605/ARTICLE

Guidance for managers and practitioners

The supporting materials in the appendices to this document include several tools which can be used in practice to apply the framework and evaluate the development needs of individual practitioners. For example, the self-assessment tool in appendix 2 can be used as a starting point for appraisal, helping both the social work practitioner and their manager to think through the overall level of capability the social worker is currently working at. Discussing differences in perception of capability can be as illuminating as similarities.

Once the level of capability has been established, the detailed expectations set out below and in appendix 3 Capability Grids can be used to select areas for development. It is important not to see each set of domain statements as a list that needs to be 'completed' or 'ticked off'. Rather, two or three capability statements should be selected for each domain, and used as a focus for professional development over an agreed period of time.

For newly qualified social workers, particular attention should also be paid to their levels of personal development, resilience and their motivation for selecting the role. In addition, the specialist knowledge and skills statement is important to understand what is expected, while the PCF level descriptor at ASYE is used to judge the level/depth/complexity of knowledge and skill needed.

The aim is to provide a framework within which practice can be assessed holistically throughout a forensic social worker's career pathway. 'Holistically' refers both to the way in which different domains overlap and complement each other in practice, and to the way in which practice assessment should be carried out. 'For example, individual capability statements might be used to illustrate areas of excellence and/or areas where development is needed, within the context of an overarching assessment of capability

Guidance for organisations

From commencement in post, and throughout a social worker's employment within forensic services, they will be expected to engage in activities and programmes which will support them to develop the expected level of capabilities for their roles and functions.

Supervision, performance management arrangements and in-house appraisal processes will be the mechanism by which on-going support and development opportunities are delivered, and these are likely to vary between providers of forensic services. However, the aim should be to integrate this framework into organisational processes to ensure standards of practice, developed with practitioners and managers, are used to assess and evaluate practice and inform performance appraisal and progression activities.

An illustrative example of this process is given below. Individual organisations may wish to consider how their own processes could be used to implement and promote this framework in their own operational contexts

Induction

Corporate welcome, health and safety, mandatory training requirements.



Personal Development Planning (PDP)

Development activities planned based on probationary plans, year 1. For years 2 onward, PDPs should be based on learning needs identified at appraisal.



Learning and Development

Ongoing Continuing Professional Development (CPD) identified and framed by PDP to continue development and meet social work registration requirements.



Supervision

Critical reflection and assessment of practice (via self, peers and supervisor).



Appraisal

Holistic assessment across the framework domains, incorporating corporate objectives and capabilities where applicable.

Learning and Development

It is expected that social workers will use a range of learning methods to enhance their professional development activities in line with the requirements of the regulator (HCPC at the time of writing). Supervisors should monitor this element of a social worker's practice via the process set out above.

In considering different learning methods to support their practitioners, supervisors and managers may include the following:

- Formal accredited programmes via partner FE / HEIs (Further Education/ Higher Educational Institutions). Places for these tend to be limited and subject to competition. Approval for accredited programmes may be assessed by a panel, for example.
- In-house accredited programmes (leading to vocational or other recognised awards, e.g. work based or portfolio based programmes)
- In-house and external classroom based short programmes (e.g. 1 5 day courses on specific subjects) including mandatory updates. These may include legal updates, learning from Serious Case Reviews and mental health homicide enquiries, Social Supervision as per para. 22.80 of the MHA Code of Practice (2015), Safeguarding, AMHP (Approved Mental Health Professional), BIA (Best Interests Assessor) refresher requirements.
- Peer learning activities (e.g. mentoring opportunities, peer/group supervision, action learning sets, seminars, involvement in professional communities of interest and online debates)
- E-Learning (provided both internally and via external organisations)
- Experiential learning (e.g. shadowing experiences, critical reflection / critical incident analysis in practice)
- Practice Based Research (e.g. surveys, action planning, root cause analysis, pilot and practice development projects, master classes / workshops)
- Teaching / Learning and development (e.g. designing or delivering learning opportunities for others, writing a paper / article on a practice issue, mentoring / supervising others)
- Self-Study (e.g. reading, personal research, open learning packages)

The type of activities used will depend upon the identified development needs; however, each social worker's PDP is likely to include several different learning methods. Appraisal and supervision sessions will need to ensure that a broad range of activities are in place.

2. Forensic Mental Health Social Work Capability Framework

The following specialist domain and capability statements set out the overarching expectations for forensic social workers. The functions and roles that individuals undertake will vary according to the professional setting as well as an individual's level of knowledge, skills, experience and available support. However, capability in each domain can be determined by consideration of the indicators.

When considering either the statements below, or the additional capability statements in Appendix 3, it is important not to see each set of domain statements as a list that needs to be 'completed' or 'ticked off'. Rather, both as individuals and in teams, focus on particular statements where development is needed and consider how that change might occur.

Professionalism

Forensic Social Work operates within clear professional boundaries within which practitioners are able to work alongside other people with warmth, empathy and genuineness. Forensic Social Workers are able to articulate and maintain a holistic and social perspective, encompassing understanding of the individual, family, friends and carers, and victims within a multi- professional context and in different security environments.

Forensic Social Workers promote the reputation of the profession within and outside their organisations, and maintain a clear professional presence and identity as a social worker within a multi-disciplinary setting. They base their practice on evidence-informed approaches and have a commitment to on-going CPD relevant to their roles and contexts.

- Be able to meet the requirements of the professional regulator, legislation and best practice guidance for all the roles they may undertake (e.g. Social Worker in England, AMHP, BIA, Social Supervisor and Practice Educator etc.).
- Show the ability to explain, promote, and with greater experience and knowledge - model the social work role in a forensic mental health setting, clearly articulating and identifying as a social work professional.
- Demonstrate, maintain, and as capability increases, support others to demonstrate professionalism within multi-disciplinary and multi-agency settings,

including an awareness and application of the Caldicott Principles when working with confidential information.

- Work within professional, legislative and security boundaries of increasing complexity and varying security as their capability increases, to ensure own and others' safety and well-being, including working with individuals presenting a high-risk of serious harm to others.
- Identify, assess and work within safeguarding children and safeguarding adults arrangements, supporting multi-disciplinary colleagues and where appropriate undertaking enquiries within the framework of 'making safeguarding personal' for adults at risk of harm.
- Be able to communicate and engage with increasing effectiveness with a range
 of stakeholders, including individuals subject to part 3 of the Mental Health Act
 1983, their families, friends and carers, victims, other professionals, the wider
 criminal justice setting and other services, agencies and communities ensuring
 that bridges are built between the secure/controlled environment and wider
 society.
- Recognise and, with increasing capability, actively work to address limitations in knowledge and skill. Be able to identify, raise and over time address limitations in the practice of others.
- Identify and be able to address gaps in knowledge and skills through formal training and supervision, or informal support from internal and external professional networks.
- Promote own wellbeing, and as capability develops, the wellbeing of colleagues.
 Build resilience in self and colleagues to recognise their own needs and report serious deficiencies to higher management and outside bodies as required.

Values and Ethics

Forensic social workers are knowledgeable about social work values and codes of ethics. They maintain an awareness of the person within their family and wider community and are able to balance human rights, individual needs, public protection and victim issues. They acknowledge and respect differences in the perspectives of individuals and other professionals, whilst maintaining their own professional perspective, and they remain aware of the impact of culture in the shaping of beliefs and values in both themselves and others.

Forensic social workers conduct themselves ethically, valuing the individual, their family and the community with whom they are working, whilst acknowledging the power differentials inherent in their roles. They aim to work in partnership wherever possible, but are clear and honest about the limits of such partnership work, adhering to the duty of candour wherever relevant and applying the Caldicott principles to their practice. They

demonstrate empathy when working with individuals within strong professional boundaries that maintain safety both for themselves and for others.

Indicators to evidence capability in this area include:

- Demonstrate increasing confidence and critical application of professional ethical principles to decision-making and practice, and, where appropriate, support others to do so using a legal and human rights based framework.
- Recognise, reflect upon and with increasing capability, support others to manage the influence and impact of own values on professional practice, demonstrating increasing critical evaluation and leadership as levels of capabilities progress and increase with experience.
- Recognise and manage conflicting values and ethical dilemmas to arrive at principled decisions. As capability increases, provide guidance and support to others to analyse, reflect on and work with complex ethical dilemmas.
- Work within, negotiate and establish boundaries to underpin partnership work with service users, carers, victims and their networks.
- Use transparency and honesty to demonstrate confident understanding of the benefits and limitations of partnership and multi-disciplinary working.
- Promote and support participation by service users, carers and victims in developing service delivery
- Ensure practice is underpinned by policy, procedures and social work
 professional codes of conduct to promote individuals' rights to determine their
 own solutions, promoting problem-solving skills, whilst recognising how and
 when self-determination may be constrained (e.g. by the law, roles and
 responsibilities, organisational structures, social expectations etc.)
- Promote and advance wherever possible individuals' rights to autonomy and self-determination, providing support, guidance and challenge to others as capability increases.
- Work to promote privacy and dignity, promoting trust within professional relationships, demonstrating an increasing ability in appropriate use of self within interactions, whilst remaining boundaried and seeking support appropriately. With increasing capability, demonstrate skills in the sensitive exploration of issues of culture, privacy and information sharing in complex or risky situations in line with the Caldicott principles.

Diversity

Forensic social workers recognise and work with a diverse group of individuals and families. They have an understanding of discrimination and oppression, and how this

interacts with the forensic mental health system and the wider criminal justice system. They have an understanding of human rights and equality legislation, different cultures, protected characteristics, and of their professional obligations to work within these frameworks.

Their approach is underpinned by an ethos of equity whilst recognising and valuing difference, and balancing competing needs and demands. They have a commitment to anti-racist and anti-oppressive practice and their importance within the forensic setting. They are able to recognise, work with, and where appropriate challenge discrimination and oppression with individuals, families and within systems. They are able to articulate the value of doing so.

Indicators to evidence capability in this area include:

- Be able to identify, assess and intervene in situations where culture and equity are issues or barriers to progress.
- Identify and take account of the significance of diversity and discrimination on the lives of people, and show application of this understanding in their practice.
- As capability increases seek to inform, guide and model good practice in the application of understanding of identity and diversity to practice; identifying and taking up issues when principles of diversity are contravened in the organisation and following up on these to identify outcomes for individuals and the organisation as a whole.
- Critically reflect on and manage the power of their role in relation to others, working towards supporting others to recognise and challenge discrimination. Identify and work to challenge breaches and limitations in the ability of an organisation to meet its obligations in order to advance equality and diversity and comply with the law.
- Recognise discriminatory practices and develop a range of approaches to challenge appropriately service users, colleagues and senior staff, accessing support where required and applying organisational processes and procedures to escalate issues as necessary.
- Recognise the complexity of identity and diversity of experience, and apply this
 to practice, taking account of and responding to issues of institutionalisation,
 culture, equity, social inclusion and diversity, with support as appropriate to
 level of capability.

Rights, Justice and Economic Wellbeing

Forensic social workers are aware of and understand concepts of human rights and apply them in practice. They recognise, and work with, the impact of institutional cultures and

support individuals and their families, friends and carers, to navigate through forensic and other services. They work with victim liaison officers and family victims and understand the importance of public protection and Multi Agency Public Protection Arrangements (MAPPA), and they are skilled at balancing risks and rights within these systems. They are knowledgeable about the legal frameworks that the people they support are subject to, and can provide advice and support, demonstrating an expertise in safeguarding adults and children, mental capacity and maintaining a social perspective.

Forensic Social Workers keep themselves up to date with legal developments and current developments in case law, taking an approach to practice which includes victim rights, social exclusion, access to opportunities and welfare support. They appreciate the relationship between offending and social exclusion and the interface of both with economic wellbeing. They work to help people address the social and environmental factors that may exacerbate their ill health and offending behaviour.

- Be able to integrate the principles of, and entitlements to human rights, social inclusion and equality. As the level of capability develops, consider how and when challenge may be needed and - with the appropriate level of support provide guidance and challenge to others about applying the principles of human rights, social inclusion and equality to decision-making and practice.
- Recognise and, with appropriate support, address oppression and discrimination, applying the law to protect and advance people's rights, recognising how legislation can constrain or advance these rights and identifying and highlighting situations where interpretations of the law are neither proportionate nor fair.
- Demonstrate an increasing ability to use current legislation, case law and guidance to protect and/or advance people's rights and entitlements, balancing the use of different legislation to achieve the best outcomes. As capability increases support colleagues (both inside and outside the organisation) to do this, including promoting access to independent advocacy where appropriate.
- Identify harm and risk of harm, and make appropriate referrals / seek support in order to safeguard adults or children, being aware of issues such as mental capacity and vulnerability. As capabilities increase provide support to colleagues, chair and lead appropriate meetings and support the multidisciplinary team in relation to issues of public protection, safeguarding and mental capacity.
- Recognise and where appropriate address the impact of poverty and social exclusion and promote enhanced economic status through access to education, work, housing, health services and welfare benefits, supporting others to access opportunities that may enhance their economic status (e.g. education, work, housing, health services and welfare benefits)

- Be aware of, recognise, and work to minimise the impact of working within secure institutions on self, for example the risk of losing touch with mainstream practice and developments in community care provision, and with greater experience work to address this impact on other staff.
- Work with families and other stakeholders to promote self-advocacy and signpost to universal and other support services.
- Keep up to date with current community mental health social work practice, as well as social issues (including housing) within the communities to which patients may return.

Knowledge

Forensic social workers have knowledge in relation to mental disorder, risk assessment and offending. This can include rehabilitation, recovery and social approaches, social care needs, and the law as it relates to mental health, mental capacity and offending. They make an evidence-informed contribution to multi-disciplinary and multi-agency risk assessment and management, and are aware of the various systems and frameworks in which they operate, for example human rights, criminal justice and treatment effectiveness. They apply a holistic and social understanding of people's situations to make informed decisions about intervention, using chronologies and other methods to collate and analyse information. They seek to continue to develop their knowledge in these, and other relevant areas, including for example, trauma-informed approaches, systems working, family approaches, attachment and other theoretical understandings and evidence-informed interventions.

- Develop, consolidate and demonstrate a comprehensive understanding and use
 of knowledge in relation to mental health, offending and social care, including
 frameworks for assessment and management of risk of serious harm. This will
 involve critical awareness of current issues and new research into evidence
 based practice.
- Demonstrate knowledge and application of appropriate legal and policy frameworks and guidance that inform and mandate social work practice. Apply legal reasoning, develop professional expertise and providing advice appropriate to their level of capability, recognising where scope for professional judgement exists.
- Recognise and apply theoretical models to practice using supervision and continuing professional development opportunities to check understanding and seek support as appropriate. Continue to develop knowledge of wider theoretical frameworks as capability progresses, consciously practising in an evidenceinformed manner.

- Develop expertise and where appropriate support others to develop expertise in relation to safeguarding children and adults practice, working with complex organisational and institutional systems to manage institutional abuse and allegations.
- Be able to understand and engage with how research informs practice, including taking part in practice audit and research, working towards taking a lead role in quality and service improvement at a more advanced level of practice.

Critical Reflection and Analysis

Forensic Social Workers are knowledgeable about and apply the principles of critical thinking and reasoning. They use a variety of resources, skills and abilities to aid this process such as supervision, CPD and reflective practice. They work within a social perspective to identify, distinguish, evaluate and integrate multiple sources of knowledge and evidence. These include practice evidence, their own practice experience, service user and carer experience, together with research-based evidence, organisational policy and legal knowledge. As capability develops, they work with the complex interface between various legal frameworks, e.g. Mental Capacity Act 2005, Mental Health Act 1983 and Care Act 2014.

They use critical thinking augmented by creativity and curiosity to work with individuals, families, communities and systems, and are able to balance individual need, victim issues and wider public safety. They are self-aware, understanding and reflective on issues of personal and institutional power and consider their impact on and within clinical teams and institutional cultures.

- Routinely and efficiently apply critical reflection and analysis to increasingly complex cases, as expertise develops model critical reflection and evidencebased decision-making, and support others in developing these core social work skills
- Show creativity in tackling and solving problems, by considering a range of options to solve dilemmas, seeking support as appropriate.
- Be challenging, reflective and curious within the multi-disciplinary team setting, enabling other members to sustain awareness of the whole social and family context of the patient's journey through the system.
- Use reflective practice techniques to evaluate and critically analyse information, gained from a variety of sources, to construct and test hypotheses and make explicit evidence-informed decisions.

- Those at a more experienced level of capability provide reflective supervision which is supportive, challenging and stretching and which addresses both patient issues, and also the team, institutional and organisational context of the supervisee.
- Draw on a wide range of evidence sources, from both within and outside the multidisciplinary teams of which they are part, to inform decision-making, seeking to deepen and broaden knowledge by learning from reflection and engaging in reflective supervision to underpin practice.
- Provide professional opinion, appropriate to the level of capability, which
 includes the rationale and knowledge base, using supervision and support to
 ensure that hypotheses and options are reviewed in order to inform judgement
 and decision-making.

Interventions and Skills

Forensic social workers promote holistic assessment and clear care planning, addressing social care needs, including those related to risk, mental and physical health and social care. Their interventions are delivered in accordance with the appropriate level of security and least restrictive practice proportionate to the identified risk. They are skilful in the use of social interventions to increase social inclusion, and the overall welfare of the person, their family, and community subject to resource availability.

Forensic Social workers have a pivotal role in the process of discharge care planning. They work with multi-disciplinary teams, service users, carers and other agencies to ensure that effective bridges are built between in-patient detention and community discharge.

- Demonstrate understanding of and respond to risk factors in practice. Contribute
 to the assessment and management of risk of harm to others, including
 strategies for reducing risk, distinguishing levels of risk for different situations.
 As capability increases, anticipate, assess and manage risk, including in more
 complex cases, and support others to develop collaborative risk management
 and positive risk-taking skills.
- Demonstrate application of principles and practice for safeguarding adults and children including consideration of potential abuse. Apply strategies that aim to reduce and prevent harm and abuse.
- As capability develops, undertake assessment and planning for safeguarding in more complex and contested cases, and help others develop safeguarding skills.
- Demonstrate an understanding of, and ability to work within a multi-disciplinary team, articulating a social perspective and understanding of mental disorder,

- ensuring an appropriate balance between medical, psychological and social approaches.
- Use a range of methods to engage and communicate effectively with service users, eliciting the needs, wishes and feelings of all those involved, taking account of situations where these are not explicitly expressed.
- Communicate skilfully and confidently in complex or high risk situations. Model and help others to develop communication skills as own levels of capability develop.
- Demonstrate clear communication of evidence-informed professional reasoning, judgements and decisions, to professional and non-professional audiences. At experienced and advanced levels, be able to communicate with compassion and authority in challenging situations and with resistant individuals.
- Build and use effective relationships with a wide range of people, networks, communities and professionals to improve outcomes, showing an ability to manage resistance. Develop the ability to sustain and model engagement with people in fluctuating circumstances and capacities, including where there is hostility and risk.
- Use appropriate assessment frameworks, applying information-gathering skills to make and contribute to assessments, whilst continuing to build relationships and offer support. As capability develops as a social worker be able to gather appropriate information quickly and effectively to analyse and inform judgement for interventions including in crises, and in response to challenge, or in the absence of complete information.
- Use assessment procedures so as to inform judgement, seeking support where necessary until capability increases.
- Select, use and review appropriate and timely social work interventions, informed by evidence of their effectiveness, that are best suited to the service user(s), family, carer, setting and self.
- Develop a range of interventional skills based on evidence-informed methods, for example trauma-informed, family work, safeguarding and preventative approaches.
- Maintain and expand a range of frameworks for assessment and intervention.
 Demonstrate skilled use of a range of frameworks for assessment and intervention.
- Actively support and initiate community groups and networks, including professional ones.
- Record information in a timely, respectful and accurate manner. Write records and reports for a variety of purposes with language suited to function, using agency information management systems, which include professional

recommendations where appropriate. Distinguish fact from opinion, and record conflicting views and perspectives. Contribute to the development of the organisation's information strategy and systems.

- Share information consistently in ways that meet legal, ethical and agency requirements whilst maintaining confidentiality as it applies. As capability develops, model and help others with appropriate information sharing and the application of Caldicott principles in practice.
- Work in a manner that is compliant with the MHA Code of Practice (2015) in all their work with mentally disordered offenders.
- Recognise and appropriately manage the authority inherent in their position including accepting increasing responsibilities as an AMHP, BIA, Social Supervisor or Practice Educator etc.
- As capability increases, model and help others to manage changing circumstances with sophisticated contingency planning.

Context and Organisations

Forensic social workers work collaboratively within complex, challenging and evolving contexts. They work in partnership with a wide range of stakeholders, other agencies and statutory bodies to ensure that individual, familial, carer, community and where appropriate, victim needs, are recognised within the pathway of care, and appropriately met. Forensic Social Workers understand the wider social and political context within which the people they care for live.

Forensic Social Workers balance public protection and social inclusion whilst implementing legal duties. This includes analysing legislation, guidance, policy and research which affects the delivery of services in line with assessed risks and priorities. Forensic social workers respond to competing agendas and responsibilities whilst promoting recovery and providing effective social work interventions.

- Taking account of legal, operational and policy contexts, proactively engage with their own organisation and contribute to its evaluation and development.
 Contribute positively to the dialogue about opportunities and constraints for social work practice arising from changing local and national contexts, and model proactive responses.
- Proactively engage with colleagues and a range of organisations to identify, assess, plan and support the needs of service users and communities. As capability develops, model and demonstrate the ability to work within their own organisation. Demonstrate sound working knowledge of all relevant legal requirements, and their implications for practice.

- Explore, and identify how organisational culture can support good social work practice, and where it hinders it, be able to reflect this back, working where possible as a 'change agent'.
- Understand the relevant legal structures in the organisation, including basic case law; and know when and how to access support and appropriate legal advice and consultation as situations become more legally complex.
- As capability develops, model and encourage positive working relationships in the team, promoting strategies for collaboration and a supportive multiprofessional team culture. Recognise when conflicts within teams have become intractable, and know how to address or escalate such concerns.
- Be confident about role in the team, working positively with others. Recognise, value and engage with other specialist perspectives. Draw on and contribute to team working and collaborative support wherever possible. Keep abreast of changing roles and structures in the organisation and beyond it.
- Work effectively as a member of a team, demonstrating the ability to develop and maintain appropriate professional and inter-professional relationships, managing challenge and conflict and with support appropriate to the level of capability. Take an active role in inter-professional and inter-agency work, especially in relation to MAPPA, child protection, Adult Safeguarding and Victim work, building own networks and working collaboratively.
- Maintain and develop liaison across agencies, proactively working to bridge any differences or challenges that occur.

Professional Leadership

Forensic social workers contribute to the learning of others by sharing knowledge of the wider socio-economic context in which people live, providing constructive challenge and articulating their contribution within the multi-disciplinary team. They provide professional leadership within and across teams in relation to social work and social care needs within secure and community forensic settings. They participate in practice audit and supervision, and are able to articulate the contribution that social work makes to the multi-disciplinary team and individual / community outcomes.

- Take a professional lead within a multi-disciplinary team, setting, articulating and advocating for a social and systemic understanding and approach to recovery.
- Provide leadership around victim issues, safeguarding, MAPPA, and other issues related to interactions between the forensic environment and the wider social and family setting as relevant to their work.

- Recognise the inherent authority of the forensic social worker, and use this
 proactively to advance people's rights and opportunities.
- Offer professional opinions appropriate to their level of capability and role.
- Play a leading role in practice development in the team and help sustain a learning culture and support quality improvement.
- Contribute to supervision and to team meetings.
- Contribute to and promote the development of practice, taking the initiative to test new approaches.
- Contribute to organisational developments. Recognise the value of, and contribute to supporting the learning and development of colleagues as the organisation determines.
- As capability increases, support others to understand and work effectively within the wider context of forensic social work, including scrutiny and authorisation of statutory reports (e.g. social supervision, MHT and Manager Hearings) as appropriate to role within the organisation.
- In more senior roles, create appropriate opportunities to assist in debriefing staff following crisis intervention.

3. Knowledge and Skills Statement

Aligned with the Knowledge and Skills Statement for Adult Social Work (DH, 2015) which forms the basic requirements for practice knowledge and skills for adult social workers, the following statement sets out the knowledge and skills expectations specifically for social workers in forensic practice settings. These are designed to complement and add detail to domains 5 and 7 of the framework, and build upon the foundation knowledge and skills that are expected of all social workers in adult settings.

It is expected that the depth and breadth of knowledge is developed as capability develops, with a basic understanding expected at ASYE level, and a more sophisticated understanding, based on further learning and application in practice, at the more experienced and advanced levels.

Knowledge requirements include:

- Develop, consolidate and demonstrate an understanding of risk assessment, management and public protection processes in relation to harm to self and others.
- Maintain a practical understanding of the situations and social settings from which people come, and to which they may return.
- Develop an understanding of the links between the social and legal context, mental health and offending and apply this to assessments and interventions.
- Develop an understanding of relevant legal frameworks, including Human Rights and Equality legislation, Mental Health and Mental Capacity Legislation, including parts 2 and 3 of the MHA 1983, the Children Act, and Victim related legal frameworks.
- Understand and apply Codes of Practice including professional regulatory requirements, and Mental Health Act and Mental Capacity Act codes.
- Understand wider social care law, including Care Act (2014) and eligibility, as well as relevant statutory guidance, such as safeguarding guidance for children and adults.
- Develop an applied understanding of mental disorder, its diagnosis, and its impact on the individual, their family and their community.
- Develop an understanding of learning disability and autistic spectrum disorders and offending behaviour.
- Knowledge of impact of economic and social exclusion issues on service users and their families.

Skills requirements include:

- Assessment, care and support planning.
- Case monitoring and care co-ordination.
- Preparing and presenting reports for tribunals, legal hearings and parole boards.
- Multi-disciplinary and multi-agency working.
- Promotion of the social perspective in multi-disciplinary settings.
- Safeguarding adults and children processes and procedures.
- Risk assessment, positive risk and risk management.
- Managing complex family work.
- Working with victims.
- Accessing a variety of services and resources to ensure bridges are built towards increased independence.
- Managing aftercare.

Key Roles and Functions

A number of key tasks were identified in the CCETSW legacy documentation (CCETSW, 1995a; 1995b) that remain relevant to current practice. These have been updated and are the functions that are expected of forensic social workers working with individuals and communities at all levels. These are incorporated into the main framework but have also been set out here for ease of access.

1. Assessment

- Engage forensic service users in collaborative assessment, and their families where appropriate
- Gather developmental and offender data and information for assessment and risk analysis. Undertake assessment and analysis of risk of harm in relation to fellow patients, public, staff and of re-offending, as well as harm to self through suicide or selfharm
- Ensure the inter-relationship between offending behaviour and mental disorder is reflected in the assessments undertaken and that there is a focused assessment of individual needs and risks
- Assess the potential for diversion at the point of arrest and in the court system
- Ensure assessments can be understood by relevant audiences

 Share needs and risk information with multi-disciplinary team (MDT) colleagues and other agencies

2. Care Co-ordination

- Design care plans in line with risk assessment and long-term needs, ensuring individuals have continuity and consistency of support and treatment
- Tailor care planning to the needs of the individual within a family and social context and access resources as required (financial and social)
- Balance the conflicting demands of public safety while promoting wellbeing, habilitation, rehabilitation and – where possible - independent living
- Co-ordinate planning in the context of overlapping sets of legislation and other professionals within forensic services
- Implement discharge arrangements including effective liaison with external agencies and MAPPA
- Manage any delegation of roles
- Ensure consistency and ownership of care plans
- Research, plan, implement and evaluate strategies for improvement or change

3. Report Writing and Presentation

- Ensure reports and their presentation are fit for their purpose, and provided within statutory requirements and timeframes
- Ensure reports reflect in their recommendations the position of service users in relation to health, local authority and the criminal justice system

4. Working with Individuals and Families

- Engage appropriately with individuals, taking account of their mental state, maintaining a holistic approach to intervention and actively seeking to promote services which address the needs of disadvantaged groups
- Work in accordance with safeguarding principles in relation to adults and children
- Engage with individuals and families to ensure they understand how systems operate and their rights within those systems
- Identify the need for independent and specialist advocacy and make arrangements for these needs to be met
- Seek the least restrictive option commensurate with protection of the public

- Select, apply and critically evaluate a wide range of treatments and other interventions available for service users and demonstrate a high level of expertise in specific therapeutic interventions
- Work with individuals and families who are in conflict with, or hostile to the purposes for which the service is provided
- Work in accordance with the MHA Code of Practice (2015) and the HCPC Code of Conduct (2012) and successor regulatory frameworks for social work in all settings
- Work with a range of conflicts which result from an individual's offending behaviour, within their support networks and immediate social context
- Prepare families and communities for the resettlement of individuals in the community

5. Work in collaboration with service users and carers.

- Ensure that both service users and carers are supported and involved in line with the requirements of the Care Act 2014.
- Maintain clarity of role in negotiating with individual families and individuals
- Apply interventions which encompass an understanding of the interrelationship between mental health, vulnerability and offending behaviour
- Help individuals to increase the element of self-control in their lives, taking into account the constraints of the setting in which they are located

6. Undertake Social Supervision of Conditionally Discharged patients, and the supervision of those subject to supervision of Community Treatment Orders [community forensic services only]

- Develop, implement monitor and review social supervision plans
- Apply national and local guidance pertaining to social supervision
- Ensure individual has continuity and consistency of supervision
- Co-ordinate the contribution of other disciplines and agencies to social supervision
- Work according to the MHA Code of Practice (2015) including accessing training specific to the role

7. Working with External Agencies and MAPPA

 Manage interagency negotiation and networking in working across professional boundaries, making links with local services and communities and identifying resources

- Identify and advocate the least restrictive option commensurate with the protection of the public
- Manage a wide range of information about an individual and determine effective and appropriate communication to others
- Manage conflicts of interests
- Access external service provision so as to meet own service objectives

8. Continuing Professional Development (CPD)

- Manage work to ensure the personal safety of self and others
- Make constructive and innovative use of supervision, reflection and management processes
- Develop skills in use of appropriate information technology
- Contribute to national and international developments in forensic social work
- Review and critically evaluate the value base of forensic social work in the context of multi-professional work and demonstrate how such values are sustained
- Analyse practices and policies, including the impact of race and culture, to achieve improvement

Capability Statements: Knowledge and Skills at different levels.

These statements should be used to support the capability and knowledge and skills statements and provide a benchmark for the expectations for social workers at different levels throughout the forensic mental health sector.

| Table 2: Knowledge and skills at d | ifferent levels | | |
|---|---|--|--|
| End of ASYE | Social Worker | Experienced Social Worker | Advanced and Strategic Social Worker |
| Able to practise within the legal and ethical boundaries of the profession, managing dilemmas and conflicting values professionally in practice and respecting the confidentiality and the dignity of others. | Demonstrate knowledge and application of relevant legislation and associated policies, theories and frameworks to inform forensic mental health social work practice. | Demonstrate systematic understanding, knowledge and a critical awareness of current problems and new insights including those at the forefront of forensic mental health social work thinking. | Use detailed and comprehensive underpinning knowledge and understanding of the requirements of relevant legislation, including mental health, mental capacity, human rights, adult social care and child care legislation. |
| Know and apply relevant legislation and associated policies, theories and frameworks to inform social work practice. | Able to assess and analyse risk and balance risk management with public protection and patients' civil liberties. Able to use effective evidence-informed interventions and to | Able to assess and analyse risk and balance risk management with public protection and patients' civil liberties, and plan appropriate interventions. | Show understanding of practice environments and contexts including - criminal justice system, Care Programme Approach (CPA), social work models in forensic work, clinical conditions in |
| Demonstrate and apply in practice a developing knowledge of forensic mental health social work, current | informed interventions and to plan, monitor and evaluate the outcome of those interventions in partnership with multi- | Use excellent communication, interpersonal and presentation skills to enable meaningful dialogue with patients, | secure mental health. Working knowledge of drugs, alcohol and substance |

social work research and theories.

Show ability to use effective evidence-informed interventions to plan, engage, monitor and evaluate the outcome of those interventions.

Able to use knowledge of theory, research and reflective practice to shape exemplary forensic mental health social work practice.

Able to work with adult and adolescent psychiatric patients from diverse backgrounds and an understanding of the impact of discrimination in the delivery of social work services to patients and their families/carers.

Able to prioritise work, exercise initiative and use personal authority

disciplinary professionals.

Use excellent communication, interpersonal and presentation skills to enable meaningful dialogue with patients, families, carers, multi-agency professionals and networks, internal and external departments within other local authorities and NHS trusts, often in highly charged, complex and challenging circumstances.

Able to write reports and other documents to a professional standard.

Work as part of a multidisciplinary team in a high or medium or low security setting or in the community.

Able to prioritise work, exercise initiative and use personal authority appropriately.

families, carers, multi-agency professionals and networks, internal and external departments within other local authorities and NHS trusts, often in highly charged, complex and challenging circumstances; deliver training to large multi-disciplinary groups.

Write coherent, comprehensive, accurate and analytical records, court statements, service agreements and reports.

Able to work autonomously (whilst maintaining accountability and using line management supervision appropriately) as well as function as part of a multidisciplinary team.

Demonstrate a thorough understanding of the needs of forensic psychiatric patients, and the ability to plan, misuse, the interaction between mental disorder and offending behaviour within a family and social context.

Able to apply national and local policies including models of risk assessment and risk factors and management.

Show comprehensive understanding of the social care eligibility and funding systems, housing and welfare provision.

Undertake clinical supervision and staff management.

Demonstrate understanding of Equality and Human Rights.

Able to work in multidisciplinary settings with senior colleagues from other professions, representing social work practice in both appropriately.

Able to critically reflect upon and analyse information from a wide range of evidence sources to inform decisionmaking.

Use effective interpersonal and communication skills to enable sound dialogue with service users, colleagues and other multi-disciplinary professionals, including the ability to write to a professional standard.

Take responsibility for own conduct, practice and learning; active engagement in personal continuous professional development and supervision and understanding of the value of these.

Show a commitment to completing the ASYE programme successfully.

Able to embrace diversity in service delivery and to practise within the legal and ethical boundaries of the social work profession, respecting confidentiality and the dignity of others at all times.

Take responsibility for own conduct, practice and learning; active engagement in continuous professional development and supervision and understanding the value of these.

implement and review plans to keep them safe, in partnership with families and multidisciplinary professionals.

Able to prioritise work, exercise initiative and use personal authority appropriately.

Demonstrate and use knowledge of the Mental Health, Mental Capacity and Care Acts and regulations, codes of practice, governmental policy and guidelines and other relevant legislation relating to forensic psychiatric patients.

Demonstrate and use knowledge of adult safeguarding, child protection and social work issues especially in relation to working in a multi-cultural community.

front line and organisational and strategic decision making.

Able to apply social work practice in the framework of a non-medical model.

Demonstrate and use skills in complex Collaborative Risk Assessment and individualised Risk Management.

Model skills in recording and preparing assessment and Mental Health Tribunal reports.

Support, lead and motivate others.

Organise workload in the context of competing priorities.

Demonstrate ability to confidentially communicate social care issues at senior management level.

| Understand the role of new |
|-------------------------------|
| technology in the improvement |
| and efficiency of services. |

Appendix 1: Bibliography

Legacy Documents

The following legacy documents were used to develop this framework. These are available for download - http://socialworkresources.org.uk/download/forensic-social-work-legacy-documents/

- Bradley, Lord (2009) The Bradley Report (Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system)
- CCETSW (1995a) Achieving Forensic Social Work Competence.
- CCETSW (1995b) Forensic Social Work Competence Framework: Workforce Data.
- Department of Health Social Services Inspectorate (2001) National Standards for the provision of Social Care Services in the High Security Hospitals.
- Lewis, R.J. (1999) Review of Social Work in the High Security Hospitals (The Lewis Report)
- Joint Commissioning Panel for Mental Health (2013) Guidance for commissioners of forensic mental health services
- National Institute for Mental Health in England (NIMHE) (2003) Protocol for work between
 High Secure Hospital Social Care Services and Local Authority Social Services Department'
- High Secure Managers SSI 2001 update (2016) National Standards for the provision of Social Work Services in the High Security Hospitals, included as Appendix 4
- Royal College of Psychiatrists Quality Network for Forensic Mental Health Services (2013)
 Standards for Community Forensic Mental Health Services.

Current Best Practice Documents

This framework is intended as a specialist set of standards for forensic social work and is aligned to a range of current frameworks, these include:

- Knowledge & Skills Statement for Adults (2015)
- Professional Capabilities Framework for Social Workers (2012)
- Department of Health Social Work for better mental health: a strategic statement (2016)
- National Probation Service Level 5 Diploma Competency Framework (2016)
- National Group of Social Work Managers in Secure Services: National Quality Principles
 Best Practice Guidance for the provision of Social Work Services in Medium Secure Units
 (2010) (under revision, to be re-issued in 2017)

Appendix 2: Self-Assessment Tool

What level are you?

PCF self-assessment FSW Framework³

This is a way of thinking about your level of capability within the Forensic Social Work Professional Capabilities Framework. It uses the aspects of professional practice that influence capability across all the domains in the PCF and would be evidenced in your practice.

Work through the different aspects and choose the statement closest to your own work practice, and note the score alongside the statement. The higher the score, the higher your self-assessment of your capability.

After completing the self-assessment, you may want to share your views with your line manager, or include in appraisal.

| Co | onfidence | |
|----|---|---|
| • | I routinely need to articulate my point of view with a range of people and organisations, including in hostile and challenging situations | 5 |
| • | I can maintain and articulate my point of view, even in challenging and hostile situations | 4 |
| • | I can hold my own in a debate with colleagues and people from different professional groups | 3 |
| • | I would prefer to have someone with me if I know I have to have a particularly challenging conversation with another professional | 2 |
| • | I feel confident with my peers but would always defer to the judgement of more experienced social workers and other professionals | 1 |

³ This self-assessment tool was developed by Claire Barcham. It is free to use but should not be reproduced commercially without explicit agreement from its author.

| Ar | mbiguity | |
|----|---|---|
| • | I am often making decisions in complex and uncertain situations, and need to deal with the ambiguity and uncertainly of others | 5 |
| • | A lot of the work I do involves managing the anxieties of myself and others in the face of decisions where the answers are not always clear-cut. | 4 |
| • | I sometimes need to make decisions as part of my work where the issues are not always clear and so rely on my professional judgement | 3 |
| • | Where I am faced with a decision where the issues are unclear and there are a number of possible outcomes, I would to refer the issue to a more experienced worker. | 2 |
| • | I wouldn't expect to have to make decisions on my own when the issues are very unclear | 1 |
| Co | omplexity | |
| • | I deal constantly with complexity, working within and across organisations in ways which are challenging and invigorating. | 5 |
| • | The work that I do involves complexity in many forms and on a daily basis. It helps make the work I do interesting and challenging | 4 |
| • | A lot of the work I do is complex, and I appreciate the challenge this brings to my work | 3 |
| • | Some of what I do is complex, and I am learning to take on more challenges on my own | 2 |
| • | I prefer to co-work complex cases, I wouldn't have the confidence to take on such cases alone | 1 |
| Ri | sk | |
| • | I deal with high levels of organisational and professional risk issues on a regular basis, and expect to need to make such decisions in the most complex situations. | 5 |
| • | The work I do involves balancing risk all the time, in team and organisational contexts as well as in relation to complex cases | 4 |
| • | I work with complex risk and make decisions based on assessment of risk in cases lot of the time | 3 |
| • | There are complex risks involved in some of the cases I work with, and I am learning make more decisions on my own involving such risks | |

| • | I would prefer to co-risk cases involving complex risks | 2 |
|----|--|---|
| | | 1 |
| Au | utonomous decision making | |
| • | I expect to make autonomous, professionally informed decisions on a regular basis, and ensuring the organisation and those within it are also able to make autonomous professional decisions appropriate to their level of capability | 5 |
| • | I am constantly making professional decisions autonomously, and supporting others to develop this ability as well | 4 |
| • | In specific complex professional situations, I make autonomous professional decisions | 3 |
| • | I would check out complex professional decisions with more senior colleagues, but expect to make some decisions on my own | 2 |
| • | I would always check out my professional decision making with others | 1 |
| Pr | rofessional leadership & authority | |
| • | I represent and lead professional social work with and across the organisations that I work with | 5 |
| • | I represent professional social work both inside and outside of the organisation I work for | 4 |
| • | I support peers, less experienced social workers and students in the work that they do | 3 |
| • | I help less experienced social workers and students develop confidence in their skills and knowledge | 2 |
| • | I present a professional image to others and help people understand what social workers do | 1 |

| Social Perspective & interventions | |
|---|---|
| I can articulate the impact of systems (including social systems) on people, and work strategically to ensure resources are available in the right places to support change to happen | 5 |
| I can articulate the impact of systems (including social system) on people and help others know how and when to intervene | 4 |
| I can see and articulate the multiple systems (including social systems) within which people live and use a range of ways of intervening | 3 |
| I can see and confidently articulate the impact of social situations on people I work with, and can work to address issues | 2 |
| • I can see the ways in which people's social situations affect them, but struggle to know what to do to change things | 1 |

Self-Assessment Scoring

Whilst it is likely that responses to each area will vary according to the experience and role of the practitioner, the self-rating that is the most common across the areas can be used as an indicator to identify the level of the social worker and as a tool to identify areas where development would be beneficial to support progression.

- Mostly 1's Likely to be operating at NQSW / ASYE level.
- Mostly 2's Likely to be operating at Social Worker level.
- Mostly 3's Likely to be operating at Experienced Social Worker level.
- Mostly 4's and 5's Likely to be operating at Advanced and/or Strategic Social Worker level.

Appendix 3: Capability Grids

The following statements have been developed in consultation with Forensic Social Workers and Managers and provide the detail for the standards / expectations at each level of capability set out in this document. The indicators are not exhaustive but provide a framework for practice, building upon the generic social work capabilities and applying this to the specialist practice context.

| Table 3: Capability Grids | | | | | | | |
|---|--|--|---|---------------|------------------------------|-------------------------|--|
| Domain Statements | | Additional Capability Indicator Statements | | | | | |
| Professional | ism | | | | | | |
| PCF Statement | Additional Forensic SW Statement | | END OF ASYE | SOCIAL WORKER | EXPERIENCED SOCIAL WORKER | ADVANCED / STRATEGIC | |
| Social workers | | | Be able to meet the requirements of the professional regulator. | | | | |
| are members of an internationally recognised profession, a title protected in UK law. Social workers demonstrate professional commitment by taking | professional | 1.2 | Be able to explain the role of the social worker in a forensic setting, and promote the reputation of the profession. Promote the profession in a growing range of contexts. Provide vorker role, set expectations for others and contribute to the public face of the organisation and the profession. Provide vork role, set expectations for others and contribute to the public organisation and the profession. | | | | |

| responsibility for | Workers are able | | | | | context. |
|---|---|-----|---|---|--|---|
| their conduct, practice and learning, with support through supervision. As representatives of the social work profession, they safeguard its reputation and are accountable to the professional regulator. | holistic and social perspective, encompassing understanding of the individual, family, friends and carers, and victims within a multiprofessional context and in different security environments. Forensic Social Workers promote the reputation of the profession within and outside their organisations, and maintain a clear professional | 1.3 | Make pro-active use of supervision to reflect critically on practice, explore different approaches to work, understand the boundaries of professional accountability. | Take responsibility for obtaining regular, effective supervision from a registered social worker for effective practice, reflection and career development. | Seek supervision that covers practice, organisational and management aspects of role, applying critical reflection throughout. | Provide supervision that critically analyses, supports and challenges social workers with a view to quality improvement and professional development. |
| | | 1.4 | Demonstrate professionalism in terms of presentation, demeanour, reliability, honesty and respect. | Maintain professionalism in the face of more challenging circumstances. | Model and help others to demonstrate professionalism within a forensic mental health multi- disciplinary setting. | Provide social work leadership within a multidisciplinary context, articulating and championing the social perspective across the organisation. |
| | | 1.5 | Demonstrate workload management skills and develop the ability to prioritise with support from supervision and | Manage workload independently, seeking support and suggesting solutions for workload | Model and help others with effective workload management skills. | Provide leadership and support to experienced staff to enable them to provide |

| setting. They base their | | management. | difficulties. | | effective workload management support. |
|---|-----|---|--|---|--|
| practice on evidence- informed approaches and have a commitment to on-going CPD relevant to their roles and contexts. | 1.6 | Recognise and balance personal/professional boundaries in response to changing and more complex contexts. | Maintain appropriate personal/professional boundaries in more challenging circumstances. Make skilled use of self as part of interventions. | Model and help others to maintain professional/personal boundaries and skilled use of self. | Define and challenge professional boundaries, ensuring that institutional requirements and safety standards are maintained. |
| | 1.7 | Recognise professional limitations, and know how and when to seek advice. | Maintain awareness of own professional limitations and knowledge gaps. Establish a network of internal colleagues from whom to seek advice and expertise. | Maintain awareness of own professional limitations and knowledge gaps. Establish and actively contribute to a network of internal and external colleagues. | Lead and maintain a range of professional networks, both regionally and nationally to ensure best practice and learning is cascaded throughout forensic social work provision. |
| | 1.8 | Identify learning needs; assume | Identify and act on learning needs for | Contribute to a learning environment | Support and promote a |

| | responsibility, with support, for improving practice through appropriate professional development. | CPD, including through professional development planning and supervision. | for self, team and, colleagues. | learning culture across the organisation, ensuring that the social perspective is given due weight in CPD activities and planning. |
|-----|---|---|--|--|
| 1.9 | Develop ways to promote wellbeing at work, identifying strategies to protect and promote own wellbeing and the wellbeing of others. | Routinely promote well-being at work, build professional resilience and support others in the team where appropriate. | Recognise and seek ways to promote wellbeing for team and colleagues. Identify and support colleagues to build professional resilience. | Promote, oversee and intervene to support individual and team well- being. Provide supportive critically reflective supervision to direct reports and cascade the culture of valuing supervision across the organisation. |

| 1.10 | Identify and implement strategies for responding appropriately to concerns about practice or procedures, seeking guidance if required. | Raise and address issues of poor practice, internally through the organisation, and then independently if required. | Promote up to date expectations about practice norms, identifying and helping resolve poor practice issues. | Model and promote positive working cultures, learning and promotion of the social work role across the organisation. |
|------|--|---|---|--|
|------|--|---|---|--|

| Values & Ethics | | | | | | | |
|---|--|-----|---|--|---|---|--|
| PCF Statement | Additional Forensic SW Statement | | END OF ASYE | SOCIAL WORKER | EXPERIENCED SOCIAL WORKER | ADVANCED / STRATEGIC | |
| Social workers have an obligation to conduct themselves ethically and to engage in ethical decision-making, including through partnership with people who use their services. | Forensic social workers are knowledgeable about social work values and codes of ethics. They maintain an awareness of the person within their family and wider community and are able to balance human rights, | 2.1 | Understand and apply the profession's ethical principles and work within the legislative framework, taking account of these in reaching decisions and seeking appropriate support to do so. | Demonstrate confident application of ethical reasoning to professional practice, rights and entitlements, questioning and challenging others using a legal and human rights framework. | Demonstrate confident and critical application of professional ethical principles to decision-making and practice, supporting others to do so using a legal and human rights framework. | Model, promote and lead social work values, ethics and their contribution to forensic settings. | |
| Social workers are | individual needs, public protection and | 2.2 | Recognise, and | Critically reflect on | Model and support | Retain a critically | |

| knowledgeable about the value base of their profession, its ethical standards and relevant law. | about the value base of their profession, its ethical standards and relevant law. They acknowledge and respect differences in the perspectives of individuals and other | | manage the impact of own values on professional practice. | and manage the influence and impact of own and others' values on professional practice. | others to reflect on and manage the influence and impact of own values on professional practice. | reflective view on own and others practice and advocate the social model in health and criminal justice management contexts. |
|--|--|---|---|--|--|--|
| professionals, whilst maintaining their own professional perspective, and they remain aware of the impact of culture in the shaping of beliefs and values in both themselves and others. Forensic social workers conduct themselves ethically, valuing the individual, their family and the community with whom they are working, whilst acknowledging the power differentials inherent in their roles. | 2.3 | Recognise and manage conflicting values and ethical dilemmas to arrive at principled decisions with support and advice from others. | Recognise and manage conflicting values and ethical dilemmas, in practice, using supervision and team discussion, questioning and challenging others, including those from other professions. | Provide guidance and support to analyse, reflect on and work with complex ethical dilemmas within a multi-disciplinary context. | Support senior and advanced practitioners to negotiate the complexities of multiple agendas and demands within a multi-disciplinary and multi-agency practice environment. | |
| | 2.4 | Work within established boundaries, appropriately reshaping boundaries with support. | Negotiate and establish boundaries to underpin partnership work with service users, carers and their networks, using transparency and honesty. | Demonstrate confider understanding of the limitations of partners disciplinary working, s so, and promote servi participation in develo | benefits and hip and multi- support others to do | |
| | IOIG3. | 2.5 | Ensure practice is underpinned by | Demonstrate detailed | Promote and advance wherever | Act as a counterbalance / |

| They aim to w partnership w possible, but a clear and hon about the limit such partners work, adherin duty of cando wherever relevand applying a Caldicott prince to their practice. | therever are est ts of thip g to the ur vant the ciples | | policy, procedures and code of conduct to promote individuals' rights to determine their own solutions, promoting problemsolving skills, whilst recognising how and when selfdetermination may be constrained (by the law) | understanding and application in practice of ethical issues, retaining a focus on the potential impact of personal and professional value bases, including the use of reflective supervision. | possible individual's rights to autonomy and self-determination, providing support, guidance and challenge to others. | critical friend to the wider multi-disciplinary management structures, promoting social approaches and advocating for self-determination, rights and responsibilities throughout their role as a leader. |
|--|---|-----|--|---|---|---|
| They demonst empathy when working with individuals wi strong profest boundaries the maintain safet for themselve for others. | thin sional at ty both | 2.6 | Work to protect privacy and promote trust, whilst being able to justify, explain and take appropriate action when the right to privacy is over-ridden by professional or legal requirements. | Work to promote privacy and dignity, promoting trust within professional relationships whilst remaining boundaried within interactions and seeking support appropriately. | Demonstrate skills in the sensitive exploration of issues of privacy and information-sharing in complex or risky situations, offering support and guidance to colleagues in managing such these dilemmas. | Demonstrate, and develop in others, skills in the sensitive exploration of issues of privacy and information-sharing in complex or risky situations, offering support and guidance to colleagues in managing such dilemmas. |

Diversity

| PCF Statement | Additional Forensic SW Statement | | END OF ASYE | SOCIAL WORKER | EXPERIENCED SOCIAL WORKER | ADVANCED / STRATEGIC |
|--|---|---|---|---|--|--|
| Social workers understand that diversity characterises and shapes human experience and is critical to the formation of identity. Diversity is multidimensional and includes race, Forensic social workers recognise and work with a diverse group of individuals and families. They have an understanding of discrimination and oppression, and how this interacts with the forensic mental | 3.1 | Identify and take account of the significance of diversity and discrimination on the lives of people, and show application of this understanding in practice. | Recognise the complexity of identity and diversity of experience, and apply this to practice. | Inform, guide and model good practice in the application of understanding of identity and diversity to practice; identifying and taking up issues when principles of diversity are contravened in the organisation. | Lead practice across the organisation, providing expert consultation, advice, supervision and training to social work and multi-disciplinary colleagues. | |
| economic status, age, sexuality, gender and transgender, faith and belief. Social workers appreciate that, as a consequence of difference, a person's life experience may include oppression, marginalisation and alienation as well as privilege, power and | justice system. They have an understanding of human rights and equality legislation, different cultures, protected characteristics, and of their professional obligations to work within these frameworks. | 3.2 | Recognise oppression and discrimination by individuals, organisations, and communities and implement appropriate strategies to challenge. | Recognise discriminatory practices and develop a range of approaches to appropriately challenge service users, colleagues and senior staff. | Model critically reflective practice and support others to recognise and challenge discrimination, identifying and referring breaches and limitations in the ability of own or other organisations' ability to advance equality and diversity and comply with the law. | Develop and support critically reflective practice in others. Recognise and challenge discrimination, identifying and referring breaches and limitations in the ability of own or other organisations' ability to advance equality and |
| acclaim, and are able to challenge appropriately. | Their approach is underpinned by an ethos of equity | | | | | diversity and comply with the law. |

| whilst recognising and valuing difference, and balancing competing needs and demands. They have a commitment to antiracist and antioppressive practice and their importance within the forensic setting. They are able to recognise, work with, and where appropriate challenge discrimination and oppression with individuals, families and within systems. They are able to articulate the value of doing so. | 3.3 | Identify the impact of the power invested in the role on relationships and intervention, and be able to adapt practice accordingly. Commitment to anti-racist practice and able to identify and appropriately respond to the individual's experience. | Critically reflect on and manage the power of the social work role in relationships with others, including an explicit engagement with antidiscrimination and anti-racism agendas within institutional settings. | Demonstrate and model the effective and positive use of power and authority, whilst recognising and providing guidance to others as to how it may be used oppressively, including an active promotion of anti-racism within the forensic setting. |
|---|-----|--|--|---|
|---|-----|--|--|---|

| Rights, Justice, and Economic Wellbeing | | | | | | | |
|---|-----------------------------------|-----|---------------------------------------|---|-----------------------------------|-------------------------------|--|
| PCF Statement | Additional Forensic SW Statement | | END OF ASYE | SOCIAL WORKER | EXPERIENCED SOCIAL WORKER | ADVANCED / STRATEGIC | |
| Social workers recognise the | Forensic social workers are aware | 4.1 | Begin to integrate principles of, and | Routinely integrate the principles of and | Provide guidance and challenge to | Recognise, and work with, the | |

| fundamental principles of human rights and equality, and that these are protected in national and international law, conventions and policies. They ensure these principles underpin their practice. | concepts of human rights and equality, and that hese are protected in mational and international law, conventions and policies. They ensure these principles underpin their practice. Concepts of human rights and apply them in practice. They recognise, and work with, the impact of institutional cultures and support individuals and their families, friends and carers, to navigate through forensic and other services. They work with victim liaison | | entitlements to, social justice, social justice, social inclusion and equality in analysis and practice, by identifying factors that contribute to inequality and exclusion, and supporting people to pursue options to enhance their well-being. | entitlements to social justice, social inclusion and equality, and with support, consider how and when challenge may be needed. Address oppression and discrimination applying the law to protect and advance people's rights, recognising how legislation can constrain or advance these rights. | others about applying the principles of social justice, social inclusion and equality to decision-making and practice by advancing care. | impact of institutional and 'political' cultures and support individuals and their families, friends and carers, to navigate through forensic and other services. |
|--|---|-----|---|--|--|---|
| understand the importance of using and contributing to case law and applying these rights in their own practice. They understand the effects of oppression, discrimination and poverty | victims and understand the importance of public protection and Multi Agency Public Protection Arrangements (MAPPA), and they are skilled at balancing risks and rights within these systems. They are knowledgeable about the legal frameworks that the people they support are subject to, and | 4.2 | Understand how legislation and guidance can advance or constrain people's rights and recognise how the law may be used to protect or advance their rights and entitlements. | Routinely apply the law to protect and advance people's rights and entitlements, identifying and highlighting situations where interpretations of the law are neither proportionate nor fair to promote autonomy and self-determination. | Demonstrate ability to interpret and use current legislation and guidance to protect and/or advance people's rights and entitlements, balancing use of different legislation to achieve the best outcomes; support colleagues (both inside and outside the organisation) to do so. | Be able to communicate legislative issues relating to forensic mental health work to other professionals and agencies within service and strategic management contexts. |

| and delexy satiant cap ma per satiant cap ma per satiant cap p | n provide advice d support, monstrating an pertise in feguarding adults d children, mental pacity and aintaining a social rspective. Trensic Social orkers keep emselves up to te with legal velopments and rrent velopments in se law, taking an proach to actice which cludes victim lets, social clusion, access to portunities and elfare support. ey appreciate the ationship | 4.3 | Work within the principles of human and civil rights and equalities legislation, differentiating and beginning to work with absolute, qualified and competing rights and differing needs and perspectives. Apply in practice principles of human, civil rights and equalities legislation, and manage competing rights, differing needs and perspectives. | Apply the principles and entitlements of human and civil rights to analyse, evaluate and challenge interventions that are unlawful and / or disproportionate. Analyse differing needs, perspectives and competing rights and apply to practice. | Model best practice in applying human and civil rights, providing support to others and challenge where required. Use, and support others to use, current legislation, case law and guidance to protect and/or advance people's rights and entitlements balancing the use of different legislation to achieve the best outcomes and as capability. | Advocate, advise and provide consultation within the organisation, supporting others to use current legislation and ensuring staff teams are kept up to date with changes and policy agendas. |
|--|---|-----|--|--|---|---|
| be and and bo | between offending and social exclusion and the interface of both with economic wellbeing. They | 4.4 | Recognise the impact of poverty and social exclusion and promote | Enable and support people to consider and pursue a range of options that may enhance economic | Support others to enable access opportunities the their economic status (work, housing, health shenefits). | nat may enhance (e.g. education, |

| | work to help people address the social and environmental factors that may exacerbate their ill health and offending behaviour. | | enhanced economic status through access to education, work, housing, health services and welfare benefits. | status (through access to education, work, housing, health services and welfare benefits). | | | | |
|--|--|-----|--|---|--|---|--|--|
| | benaviour. | 4.5 | | ortance of individual tran or as is possible within the | | oonsibility and | | |
| | | | Recognise the institutional impact that forensic settings can have on individuals and their pathway through (and out of) services. | Recognise/work with institutionalisation, seeking to reduce its impact and support individuals and families to work towards re-integration where possible. | Work to address oppression and discrimination, applying the law to protect and advance people's rights, recognising how legislation can constrain or advance these rights and identifying and highlighting situations where interpretations of the law are neither proportionate nor fair. | | | |
| | | 4.7 | Identify harm and risk of harm, and make appropriate referrals / seek support in order to safeguard adults or children, being aware of issues such as mental capacity and vulnerability. | Recognise, appropriately respond and support other less experienced staff to access appropriate support in relation to issues arising from safeguarding or mental capacity. | Provide support to colleagues, chair and lead appropriate meetings and case discussions and support the multidisciplinary team in relation to issues of safeguarding and mental capacity. | Provide support and advance to the organisation and management teams, provide supervision and support to social workers and advocate for service users and carers on issues relating to safeguarding. | | |

| | 4.8 | Empower service users and carers through recognising their rights and enable access where appropriate to independent advocacy. | Where appropriate, set up and/ or enable access to effective independent advocacy. | Promote access to independent advocacy, ensuring best practice and critical review, and contribute to the evaluation of independent advocacy. | Contribute to, and where appropriate lead, service planning to ensure independent advocacy is available and appropriately used within the team / organisation. |
|--|-----|--|--|---|--|
|--|-----|--|--|---|--|

Knowledge

^{**}see also Knowledge and Skills statement p.33

| PCF Statement | Additional Forensic SW Statement | | END OF ASYE | SOCIAL WORKER | EXPERIENCED SOCIAL WORKER | ADVANCED / STRATEGIC |
|--|--|-----|---|--|---|--|
| Social workers understand psychological, social, cultural, spiritual and | Forensic social workers have knowledge in relation to mental disorder, risk assessment and | 5.1 | Consolidate, develop and demonstrate understanding and application of the | Demonstrate a comprehensive understanding and use of knowledge in relation to mental | Expand own knowledge to inform the connections between this and other settings or | Support the development of knowledge across individuals, |

| physical influences on people, human development throughout the life span and the legal framework for practice. | offending. This can include rehabilitation, recovery and social approaches, social care needs, and law as it relates to mental health, mental capacity and | | knowledge gained in initial training, and knowledge related to a specialist area of practice, including critical awareness of current issues. | health, offending and social care, including critical awareness of current issues and new evidence based practice research. | areas of practice. | teams and the wider organisation as appropriate to role. |
|---|---|-----|--|--|--|--|
| They apply this knowledge in their work with individuals, families and communities. They know and use theories and methods of social work practice. | They make an evidence-informed contribution to multidisciplinary and multiagency risk assessment and management, and are aware of the various systems and frameworks in which they operate, for example human rights, criminal justice and treatment effectiveness. | 5.2 | Understand theories and methods that underpin forensic social work e.g. lifespan, social and cultural impacts on individual presentations etc. Recognise such concepts within practice and make links with risk/practice formulation. | Understand and maximise role of professional in change process. Recognise dysfunctional attachments and be able to support service users to assume more functional behaviour. | Ability to operationalise and intervene on an informed basis using specialist skills to effect change. Provide developmental supervision, enabling reflection on the interaction between social work theory and practice within the work context. | To support colleagues to understand the challenges of the work, using evidence to self-reflect and critically review practice. |
| | They apply a holistic and social understanding of people's situations to make informed decisions about | 5.3 | Be aware of different facets of harm, including safeguarding policies and procedures, and work to keep self and others safe, | Engage with service users about risk and harm. Offer interventions which reduce challenging behaviour. | Formalise prevention strategies. Undertake safeguarding investigation where appropriate and | Support colleagues to face challenges and draw on other support systems. |

| intervention, using chronologies and other methods to collate and analyse information. They seek to continue to develop their knowledge in these, and other relevant areas, including for example, traumainformed approaches, systems working, family approaches, attachment and other theoretical understandings and evidence-informed interventions. | | including the use of professional supervision. Understand forms of harm and their impact on people, and the implications for practice, drawing on concepts of strength, resilience, vulnerability, risk and resistance, and apply these concepts in practice, including an awareness of trauma-informed approaches. | Recognise the concept of safeguarding, know how to alert appropriate agencies. | Develop expertise and where appropriate support others to develop expertise in relation to safeguarding children and adults practice, working with complex organisational and institutional systems to manage institutional abuse and allegations. | |
|---|-----|--|---|--|--|
| | 5.4 | Demonstrate a commitment to remain up to date with current theories and methods. Understand the role and importance of family casework. | Identify practice and organisational issues and use supervision and management appropriately to address these, understanding modelling. | Apply evidence-based interventions, e.g. identify and develop bespoke interventions e.g. relationships, sex education etc. Take on a teaching role with colleagues | Support, promote and deliver training and development activities for social workers and the wider organisation as appropriate to role. |

| | | Share new knowledge with colleagues. | in own and other organisations. | |
|-----|--|---|--|---|
| 5.5 | Demonstrate a basic understanding of the impact of economic issues on service users and families. | Develop stronger links with external agencies – articulating role to other agencies. Promote social and economic issues with MDT colleagues. | Share and promote advanced knowledge, taking on supervision and mentoring of others, including students and ASYE candidates. | Support, promote and facilitate continuing professional development within the social work workforce and across the organisation. |
| 5.6 | Be aware of how to access and use research and understand how research informs practice, and take part in audit processes. | Participate in professional forums as part of CPD. Demonstrate understanding of learning styles / learning theory. Understand how research can assist in understanding service users. | Participate in research projects. | Lead and support practice research within the organisation and advocate for evidence-informed interventions as a core social work contribution. |

| Critical Reflection & Analysis | | | | | | | |
|--------------------------------|----------------------------------|--|-------------|------------------|---------------------------|-------------------------|--|
| PCF Statement | Additional Forensic SW Statement | | END OF ASYE | SOCIAL WORKER | EXPERIENCED SOCIAL WORKER | ADVANCED / STRATEGIC | |

| Social workers are knowledgeable about and apply the principles of critical thinking and reasoned discernment. They identify, distinguish, evaluate and integrate multiple sources of knowledge and evidence. These include practice evidence, their own practice experience, service user and carer experience together with research-based, organisational, policy and legal knowledge. They use critical thinking augmented by creativity and curiosity Forensic Social Workers are knowledgeable about and apply the principles of critical thinking and reasoning. They use a variety of resources, skills and abilities to aid this process such as supervision, CPD and reflective practice. They work within a social perspective to identify, distinguish, evaluate and integrate multiple sources of knowledge and evidence. These include practice evidence, their own practice experience, service user and carer experience, together with research-based evidence, organisational policy and legal knowledge. As capability develops, they work with the complex interface between | 6.1 | Show creativity in tackling and solving problems, by considering a range of options to solve dilemmas. | Routinely and efficiently apply critical reflection and analysis to increasingly complex cases. | Model critical reflection and evidence-based decision-making, and support others in developing these. | Model and evaluate critical reflection within the social work workforce, advocating for reflective supervision as a core learning tool amongst professional social work teams. | |
|---|--|--|--|---|--|---|
| | identify, distinguish, evaluate and integrate multiple sources of knowledge and evidence. These include practice evidence, their own practice experience, service user and carer experience, together with research-based evidence, organisational policy and legal knowledge. As capability | 6.2 | Use reflective practice techniques to evaluate and critically analyse information, gained from a variety of sources, to construct and test hypotheses and make explicit evidence-informed decisions. | Ensure hypotheses and options are reviewed to inform judgement and decision-making. | Provide reflective supervision that is supportive and challenging, addressing patient, institutional and organizational issues and contexts. | Provide, monitor, evaluate the use and impact of reflective practice and supervision as a core part of the leadership role. |
| | 6.3 | Draw on a wide range of evidence | Start to provide professional opinion, using | Provide professional opinion, giving the | Support others to develop and articulate | |

| rameworks, e.g. Mental Capacity Act 2005, Mental Health Act 1983 and Care Act 2014. They use critical thinking augmented by creativity and curiosity to work with individuals, families, communities and systems, and are able to balance individual need, victim issues and wider public safety. They are self- aware, understanding and reflective on issues of personal and institutional power and consider their impact on and within clinical | sources to inform decision-making, using support and supervision to review and evaluate, seek support and reflect on ongoing learning. | evidence to support views and presenting robust evidence to support interventions and decision-making. | rationale and knowledge-base for decisions and interventions. | professional opinion. |
|--|--|--|---|-----------------------|
| • | | | | |

Intervention & Skills

^{**}see also knowledge and skills statement p.33

| PCF Statement | Additional Forensic SW Statement | | END OF ASYE | SOCIAL WORKER | EXPERIENCED SOCIAL WORKER | ADVANCED / STRATEGIC |
|--|---|-----|---|---|--|--|
| Social workers engage with individuals, families, groups and communities, working alongside people to assess and intervene. They enable effective relationships and are effective communicators, using appropriate skills | with individuals, families, groups and communities, working alongside people to assess and intervene. They enable effective relationships and are effective workers promote holistic assessment and clear care planning, addressing social care needs, including those related to risk, mental and physical health and social | 7.1 | Use a range of methods to engage and communicate effectively with service users, eliciting the needs, wishes and feelings of all those involved, taking account of situations where these are not explicitly expressed. | Communicate with compassion and authority in challenging situations and with resistant individuals. | Communicate skilfully and confidently in complex or high risk situations. Model and help others to develop communication skills. | Articulate professional social work issues and perspectives within the management and strategic context. |
| Using their professional judgement, they employ a range of interventions: promoting independence, providing support and protection, taking preventative action | | 7.2 | Demonstrate clear communication of evidence-based professional reasoning, judgements and decisions, to professional and non-professional audiences. | Routinely explain professional reasoning, judgements and decisions. | Routinely explain and defend professional decision-making and reasoning, supporting others to do so | |
| and ensuring safety while balancing rights and risks. They understand and | Interventions to increase social inclusion, and the overall welfare of | | Build and use effective relationships with a wide range of people, networks, | Engage effectively with people in complex situations, both | Sustain and model engagement wire people in fluctuating circumstances and capacities, including where the is hostility and risk. | |

| differentials in power and are able to use authority appropriately. They evaluate their own practice and the outcomes for those they work with. For with the product of th | the person, their family, and community, subject to resource availability. | | communities and professionals to improve outcomes, showing an ability to manage resistance. | short-term and building relationships over time. | | |
|--|---|-----|---|--|---|--|
| | Forensic Social workers have a pivotal role in the process of discharge care planning. They work with multi- disciplinary teams, service users, carers and other agencies to ensure that effective bridges are built between in-patient detention and | 7.4 | Use appropriate assessment frameworks, applying information-gathering skills to make and contribute to assessments, whilst continuing to build relationships and offer support. | Gather information to inform judgement for interventions in more complex situations and in response to challenge. Use assessment procedures discerningly so as to inform judgement. | Be able to gather interventions including in response to challe absence of complete | form judgement for ng in crises, and enge, or in the |
| | | 7.5 | Select, use and review appropriate and timely social work interventions, informed by evidence of their effectiveness, that are best suited to the service user(s), family, carer, setting and self. | Develop a range of interventions; use them effectively and evaluate them in practice. | Maintain and expand a range of frameworks for assessment and intervention. | Review, oversee and scrutinise operational and practice delivery, articulating the social work perspective within management contexts. |
| | | 7.6 | Record information in | Clearly report | Contribute to the | Lead and advise |

| | a timely, respectful and accurate manner. Write records and reports, for a variety of purposes with language suited to function, using information management systems. Distinguish fact from opinion, and record conflicting views and perspectives. | and record analysis and judgements. | development of the organisation's information strategy and systems. | on the social work perspective within the organisation's operating model and strategic planning processes. |
|-----|--|--|--|---|
| 7.7 | Share information consistently in ways that meet legal, ethical and agency requirements. | Demonstrate and promote appropriate information sharing. | Model and help others with appropriate information sharing. | Act as an advisor to social work colleagues, promoting Caldicott compliant arrangements throughout the social work workforce. |
| 7.8 | Use authority appropriately in the social work role. | Recognise and appropriately manage the authority inherent in the social work | Recognise and appropriately manage the authority inherent in the social work position. | Support others to recognise issues of power and power imbalances, advocating for |

| | | position. | Accept increasing responsibilities, e.g. AMHP, BIA, Practice Educator, Social Supervisor. | self- determination where appropriate within the organisation. |
|------|---|--|---|---|
| 7.9 | Demonstrate understanding of and respond to risk factors in practice. Contribute to the collaborative assessment and personalised and individualised management of risk, including strategies for reducing risk, distinguishing levels of risk for different situations. | Demonstrate confident and effective judgement about risk and accountability in professional decisions. Use validated tools and methods. | Anticipate, assess and manage risk, including in more complex cases, and support others to develop positive risk management skills. | Support others to use validated tools and methods, facilitating access to appropriate training as required. |
| 7.10 | Demonstrate application of principles and practice for safeguarding adults and children including consideration of potential abuse and | Regularly undertake assessment and planning for safeguarding. | Undertake assessment and planning for safeguarding in more complex and contested cases, and help others with safeguarding skills. | Lead and chair safeguarding enquiries and case reviews as required by the organisation. |

| Contexts & Organisations | | | | | | | | |
|--|--|-----|--|---|---|---|--|--|
| PCF Statement | Additional Forensic SW Statement | | END OF ASYE | SOCIAL WORKER | EXPERIENCED SOCIAL WORKER | ADVANCED / STRATEGIC | | |
| Social workers are informed about and proactively responsive to the challenges and opportunities that come with changing social contexts and constructs. They fulfil this responsibility in accordance with | Forensic social workers work collaboratively within complex, challenging and evolving contexts. They work in partnership with a wide range of stakeholders, other agencies and statutory bodies to ensure that individual, | 8.1 | Taking account of legal, operational and policy contexts, proactively engage with own organisation and contribute to its evaluation and development. | Keep abreast of changing contexts at local and national level, and take account of these in practice. | Contribute positively to the dialogue about opportunities and constraints for social work practice arising from changing local and national contexts and model proactive responses. | Lead the discussion and promote opportunities for social work development and contribution across the organisation and within strategic planning processes. | | |
| their professional values and ethics, both as individual | familial, carer, community and where appropriate, victim needs, are recognised | 8.2 | Proactively engage with colleagues, and a range of organisations to | Demonstrate the ability to work within own organisation, and | Model and demonstra work within own orga regularly work with re the organisation, prac | nisation, and lationship between | | |

| members of the organisation in which they work. They collaborate, inform and are informed by their work with others, inter-professionally within which the wider social within which the | | identify, assess, plan and support to the needs of service users and communities. | identify and begin to work with the relationship between the organisation, practice and wider changing contexts. | changing contexts. | | |
|--|-------------------------------|--|---|---|---|--|
| and with communities. | and with people they care for | 8.3 | Work within legal and organisational structures and boundaries, using supervision proactively to test decision-making and ensure alignment with organisational and professional requirements. | Work to and explain the relevant legal structures in the organisation, including basic case law; know when and how to access support and appropriate legal advice and consultation. | Demonstrate sound working knowledge of all relevant legal requirements, and their implications for practice; support others in practice. Take on additional statutory roles (e.g. BIA, AMHP, Social Supervision) as required following appropriate training. | Maintain statutory role status and standards and articulating the additional contribution to practice of the advanced knowledge required to undertake these roles. |
| priorities. Forensic social workers respond to competing agendas and responsibilities whilst promoting recovery and providing effective social work | 8.4 | Explore, and identify how organisational practice can support good social work practice. | Engage positively with and contribute to organisational development. | Engage in and contribute to the leadership of organisational development and promote the social work contribution within it. | Lead organisational development, ensuring social work has a voice within the wider cultures and context. | |

| interventions. | 8.5 | Keep abreast of cha organisation; recogn engage with other sp perspectives. | ise, value and | Identify the need for t specialist roles and th team learning. | • |
|----------------|-----|--|--|---|---|
| | 8.6 | Work effectively as a member of a team, demonstrating the ability to develop and maintain appropriate professional and inter-professional relationships, managing challenge and conflict with support. | Be confident about role in the team, working positively with others; draw on and contribute to team working and collaborative support wherever possible. | Model and encourage relationships in the te strategies for collabor supportive team culture. Work with the MDT to culture, remaining awabout the risks associty dysfunctional MDT presented in the strategies. | am, promoting ration and a re. o develop a positive rare of evidence iated with |
| | 8.7 | Work within a multi-disciplinary environment, recognising the benefits and challenges that this can create. | Take an active role in interprofessional and interagency work, building own network and collaborative working. | Maintain and develop liaison across agencies at a more senior level. Analyse legislation, guidance, policy and research which affects the delivery of services in line with assessed risks and priorities. | Lead, promote, challenge and advocate the benefits and barriers to multidisciplinary working. |

Professional Leadership

| PCF Statement | Additional Forensic SW Statement | | END OF ASYE | SOCIAL WORKER | EXPERIENCED SOCIAL WORKER | ADVANCED / STRATEGIC |
|--|---|-----|--|---|--|---|
| The social work profession evolves through the contribution of its members in activities such as practice research, supervision, assessment of practice, teaching and management. An individual's contribution will gain influence when undertaken as part of a learning, practice-focused organisation. | Forensic social workers contribute to the learning of others by sharing knowledge of the wider socioeconomic context in which people live, providing constructive challenge and articulating their contribution within the multi-disciplinary team. | 9.1 | Recognise the importance of, and begin to demonstrate, professional leadership as a social worker. | Contribute to and promote the development of practice, taking the initiative to test new approaches. Show the capacity for leading practice through the manner in which the professional role is conducted and contribute to supervision and to team meetings. | Contribute to organisational developments. Input into, and lead, quality improvement initiatives where appropriate. | Play leading role in practice development in the team and help sustain a learning culture across the organisation. |
| facilitated with a wide range of people including social work colleagues, service users and carers, volunteers, foster carers and other professionals. | They provide professional leadership within and across teams in relation to social work and social care needs within secure and community forensic settings. | 9.2 | Recognise the value of, and contribute to supporting the learning and development of others. | Contribute to the learning of others. Take steps to enable the learning and development of | Provide supervision to colleagues as organisation determines. | Provide professional leadership within and across teams in relation to social work and social care needs within secure and/or community |

| They participate in practice audit and supervision, and are able to articulate the contribution that social work makes to the multi-disciplinary team and individual / community outcomes. | Participate in practice audit and supervision. | others. | settings. |
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Appendix 4: High Secure Services Standards

Table 4: National Standards for the provision of social work services in the high secure hospitals (updated January 2016 from the original 2001 DH SSI document)

| 2001 DH SSI document) | | | | |
|-----------------------|---|--|--|--|
| 1. | Responsibilities and Requirements of the Hospital Social Care/Social Work Service | | | |
| | The hospital social care service has as its primary task to provide an effective social care service for all patients | | | |
| | General Principles | | | |
| 1.1 (4 & 11) | Families and carers should be kept regularly informed about the patient's assessment and care plan wherever possible with patient consent, and always in accordance with Human Rights Act principles (including Article 8 which sets out the right to respect for private and family life, but also other Articles of the European Convention on Human Rights which may sometimes conflict with Article 8). | | | |
| 1.2 (7) | Social workers must safeguard and promote the welfare of children and work closely with social services departments regarding leave of absence arrangements or a child visiting a patient. They must also liaise and work with Local Safeguarding Children Boards (LSCBs) whenever necessary or appropriate. | | | |
| 1.3 (13) | Social workers must work with the members of multi-disciplinary teams to ensure the implementation of patients' Care Programme Approach (CPA) | | | |
| 1.4 (9) | Social work workers should ensure that they communicate fully with other disciplines, speedily and appropriately, in the interest of patients and their families' welfare. | | | |
| 1.5 (13) | The social work service must alert the responsible social services department to the need for an assessment for Care and Support Services under the Care Act (2014) and its statutory guidance, as part of regular reviews. | | | |
| 1.6 (5 & 13) | The responsible social services department should be kept informed of planning for the patient, invited to relevant meetings and views sought. | | | |

| Social workers should facilitate and support patient access to the advocacy services provided by the hospital authorities, or other external or independent agencies, when required. Additionally, social workers, along with staff employed by the hospital, must ensure patients are informed and continually reminded of their legal rights under the Mental Health Act and are prepared for Mental Health Tribunals. Social Workers must be knowledgeable about the Mental Capacity Act and work in compliance with the Act's principles, |
|---|
| The social work manager must ensure that all social work staff are effectively supervised, their performance regularly appraised and that a staff development and training policy is in place. Particular attention should be paid to the need for professional supervision of social workers. |
| The social work service must take account of the views of patients and families and carers about care plans and services received, and ensure these are communicated to the relevant managing agencies. This should include children's views where appropriate. |
| Social workers must take into account victim perspectives, where these can be ascertained. They must ensure that victim issues are addressed sensitively throughout the admission, treatment and discharge pathway, and take a lead in maintaining MDT contact with Victim Liaison Officers. |
| Social workers should work with other agencies before and after discharge for an agreed period of time in accordance with the agreed CPA plan, and facilitate appropriate links with providers of accommodation and other community care provision |
| Social workers should ensure that other professionals in the hospital understand their key roles and tasks in respect of patients, family members and carers, children and others. This includes promoting a "Carer Aware" approach throughout the hospital. |
| Quality |
| The social care service must have systems in place for monitoring the quality and effectiveness of the work of the social work service in the light of its separate aims and priorities, |
| The social care service must have effective systems that are compatible with hospital-wide IT systems for collating information and analysis which inform management decisions. |
| |

| 1.14 | Management arrangements must ensure the practice of case recording meets accepted good professional standards and the policy and procedural requirements of the social work service. |
|------|--|
| 1.15 | Social workers should facilitate and support patient access to the advocacy service provided by the hospital authorities, or other external or independent agencies, when required. |
| 1.16 | Social workers should facilitate access to the hospital's and/or managing council's complaints procedures by patients and their families. |
| 1.17 | Social workers must have effective ways of consulting with patients about their communication and information requirements (e.g. needs for translation and interpreting). |
| 1.18 | The social work service must act fairly and with consistency about which patients get what social care services regardless of race, gender, gender identity, nationality, ethnicity, religion, disability, age or sexual orientation. Social work staff must be knowledgeable about these matters and take them into account in all aspects of their work. |
| 1.19 | The social work service must be provided in a manner that is sensitive to individuals' needs, is delivered in a non-discriminatory manner and challenges oppressive practice. In particular, this includes recognising the specific needs of women and patients with a learning disability, sensory impairment or other vulnerability. |
| 1.20 | The social work service will require and ensure that good practice in equal opportunities and human rights is reflected in the case record. |
| 1.21 | Social workers should ensure that patients have appropriate access to their social work records. |
| 1.22 | The social work manager must ensure that all social work staff are effectively supervised, that the managing council's or Trust's performance appraisal system is regularly applied to them, and that a staff development and training policy, which includes child and adult safeguarding, is in place. |
| 1.23 | The social work service should employ social workers with appropriate professional registration with the relevant regulator and the focus of their work must be social care. |
| 1.24 | The social work service should be located within the hospital's secure perimeter, alongside other professional groups of |

| | staff. The social work team must also have a professional base as well as links with specific wards and units. |
|--------------|--|
| 1.25 | The functions and responsibilities of the head of social work and any deputies should be clearly set out and understood by all social work staff. |
| | Pre-admission |
| 1.26 (1) | There should be a social care/social work assessment of the patients' needs before a decision is taken whether to admit the patient, to establish whether the hospital is the most appropriate place or whether an alternative placement can be found. |
| 1.27 (1) | This assessment may be a review of case papers and reports from other agencies, which must include social care agencies, or may include face-to-face interviews. |
| 1.28 | There should be social work participation on the hospital's admission panel. |
| | Admission |
| 1.29 (2) | The social work service should ensure that each patient is allocated a named social worker whose responsibility it will be to provide a comprehensive social history that must include a clear assessment of risk, including child and adult safeguarding issues, the view of family and carers and home area agencies. The views of victims should be included where these are available, normally via the Victim Liaison Officer |
| 1.30 (8) | The social history should inform the development of a social work care action plan, which should in turn form part of the CPA care plan. The named social worker should be responsible for ensuring that this plan is implemented. |
| 1.31 (13) | If family members, carers or victims have needs identified as part of this process, a referral should be made to the appropriate agency with their consent where this can be gained (see Social Care Services to Patient's Families and Relatives at paras 1.61-1.67). |
| 1.32 | The named social worker should inform the council with ongoing responsibility for the patient that the patient has been |

| (5) | admitted to the hospital and request acknowledgement of responsibility, and that the patient is allocated a named officer within the council. The patient should be told which council is responsible and given the name of the officer where an individual is appointed. |
|---------------------|--|
| 1.33 (6) | The named social worker must liaise with the National Probation Service and/or the home Community Rehabilitation Company to determine the nature of any involvement. |
| 1.34 (3,13 & 14) | Social workers should facilitate and support patient access to the advocacy services provided by the hospital authorities when required. Additionally, social workers, along with staff employed by the hospital, must ensure patients are informed and continually reminded of their legal rights under the Mental Health Act and are prepared for Mental Health Tribunal Hearings. |
| 1.34 A | Social Workers should take a lead within the MDT in Identifying MAPPA eligible patients on their admission to hospital, in Notifying the home and host MAPPA of that admission, in Screening for the appropriate MAPPA level, and in Referring where Level 2/3 MAPPA involvement is required, in accordance with current National MAPPA Guidance. |
| | Treatment |
| 1.35 (10 & 13) | The hospital social worker must prepare for and attend all CPA reviews. This must involve contacts with the patients in advance of the meetings. |
| 1.36 (10 & 14) | The hospital social worker must prepare reports for and attend all Mental Health Tribunals. This must involve contacts with the patients in advance of the meetings. |
| 1.37 (4,11 & 12) | The social worker should continue to network with other agencies (including Victim Liaison) and maintain appropriate links with family members. |
| 1.38 | The social worker must have as a primary focus social care issues. |
| 1.39 (13) | The social work service must undertake a full social care re-assessment on every patient at least annually. This should be tied in with a CPA review. |

| 1.39 A | The social worker will attend the patient's multi-disciplinary care team/ward round/clinical team meeting in accordance with local Hospital requirements |
|-------------------|---|
| | Planning for Discharge |
| 1.40 (16) | Planning for discharge (including securing agreement for future funding) under section 117 Mental Health Act 1983 should be started as soon as a patient is admitted to the hospital in line with the MHA Code of Practice (2015). Social work staff, in partnership with the responsible local council, shall take a lead in this. |
| 1.41 (13 & 16) | The social worker must also work closely with the responsible social services department so that a comprehensive Care Act (2014) assessment is undertaken at the appropriate point. |
| 1.42 (13) | Social workers must assess the social care needs of patients, taking into account the needs of their family members, or others with whom they have significant relationships, including children, on a continuing basis as appropriate, and involve them in care planning and discharge arrangements in line with the provisions of the Care Act (2014) |
| 1.43 (13) | If family members, carers or victims have needs identified as part of this process, a referral should be made to the appropriate agency, with their consent where this can be gained (see Social Care Services to Patients' Families and Relatives at paras 1.61-1.67). |
| 1.44 (16) | Social workers must advise the Responsible Local Authority that a social supervisor for restricted Section 37/41 patients is required as soon as a discharge plan is being considered. |
| | Preparation for Transfer or Discharge |
| 1.45 (12 & 16) | The patient, his/her carers and all key agencies must be made aware of the elements of the care plan, including arrangements for ongoing support and care prior to discharge. Agreement to the plan must be obtained, before the discharge takes place, from those individuals and agencies that will be providing services. |
| 1.46 (12 & 16) | Similar arrangements should exist if a patient is being transferred to prison or another unit. |

| 1.47 (10,11 & 13) | Social workers must assess the social care needs of patients, taking into account the needs of their family members, or others with whom they have significant relationships, and including children, on a continuing basis as appropriate, and involve them in care planning and discharge arrangements in line with the provisions of the Care Act (2014) Particular attention must be paid where family members have been victims of the patient's offending or may be at risk in the future. |
|----------------------|--|
| 1.48 (12 & 16) | Social care staff must provide councils and other appropriate agencies with full background social care information, including information on child and adult safeguarding issues, and social care reports on patients who are being transferred or discharged. If the patient is being transferred or discharged to a community resource, a Notification or Referral should be made to the local Multi-Agency Public Protection Panel, and Social Workers, together with other MDT colleagues, should attend any MAPPA level 2 or 3 meetings where their input is required, in line with current National MAPPA Guidance. If there is a Victim Liaison Officer in the case then they need to informed about the discharge planning process. |
| 1.49 | Social work staff may provide time-limited outreach support to patients once they have been transferred or discharged, with the agreement of their line manager and as part of a care plan. |
| | Safeguarding Children |
| 1.50 (17) | A Manager within the Social Work Service will act as the Nominated Officer. Specific responsibilities fall to the hospital-based social care services to ensure that social services departments are informed of what is required under the High Security Psychiatric Services (Arrangements for Visits by Children) Directions 2013, and associated Guidance, issued by Department of Health |
| 1.51 (7 & 17) | Social workers must be aware of and practise in accordance with the principles and requirements of the Children Act 1989, and 'Working Together to Safeguard Children 2015' and demonstrate that they understand the implications for safeguarding and promoting children's welfare. |
| 1.52 (17) | The social work service must monitor the view of patients, family members and the adult(s) with primary responsibility for a child who is visiting about the child visiting arrangements, including children's views where appropriate. |
| 1.53 (17) | The social work manager must ensure that all social care staff are effectively supervised, that the managing council's or Trust's performance appraisal system is regularly applied to them and that a staff development and training policy, which includes child safeguarding, is in place. |
| | |

| 1.54 (17) | Social workers must safeguard and promote the welfare of children and work closely with social services departments regarding leave of absence arrangements or a child visiting a patient. |
|------------------|--|
| 1.55 (17) | Social workers must work effectively within their role and ensure that other professionals in the hospital understand their key roles, particularly in relation to child safeguarding. |
| 1.56 (17) | Social care staff should ensure that all hospital staff understand their role in relation to safeguarding children. |
| 1.57 (17) | Social workers must ensure that they communicate fully, speedily and appropriately with other disciplines in respect of issues of child safeguarding |
| 1.58 (17) | The social work service must ensure that all applications presented to the hospital's child visits panel are done so in a timely and appropriate manner. |
| 1.59 (17) | The social work service should appoint an officer who will review all applications prior to the hospital's child visits panel, and the patient's social worker will attend the panel when their patient's application is being considered. |
| 1.60 (17) | The social work service must establish links with the local LSCB ACPC and have agreed policies and procedures for child safeguarding which accord with 'Working Together to Safeguard Children 2015'. |
| 1.61 (4 & 13) | Social workers may make a general assessment of the separate social care needs of the patient's family members and relatives on admission and on a continuing basis as appropriate, as part of supporting the care and treatment plan of the patient. Where this is deemed to be appropriate, approval by the team manager should be sought as usually the more detailed Carers assessment under the Care Act (2014) will be undertaken by the local Council |
| 1.62 (13) | If family members, carers or victims have needs identified as part of this process, a referral should be made to the appropriate agency, normally with their consent. |
| | |

| 1.63 | Social workers should liaise with local service providers to assist relatives and family members to have their needs assessed under the Care Act (2014) and met locally. |
|------|---|
| 1.64 | Family members, relatives and significant others should be involved in care planning and discharge arrangements as appropriate, including being informed of potential risks and crisis and contingency plans |
| 1.65 | Social workers should ensure that patients and their family members are aware of all the complaints procedures open to them, including those required to challenge Local Authority decisions regarding child contact. |
| 1.7 | Adult Safeguarding |
| 1.71 | While all hospital staff have responsibilities for Safeguarding Adults, Social Workers in the High Secure Hospitals will take a particular lead within clinical teams, and should demonstrate up to date knowledge and expertise in this area. |
| 1.72 | The Social Work Team will maintain close links with the Local Safeguarding Adults Partnership Board, and will report Safeguarding Enquiries under Section 42 of the Care Act (2014) to the Local Authority Safeguarding Team in accordance with that Team's requirements and local partnership agreements. |
| 1.73 | Where this has been agreed with the Local Authority Safeguarding Team, the Social Work Team Manager (or their deputy) may take the role of SAM (Safeguarding Adults Manager) within the Hospital. |
| 1.74 | The social work manager must ensure that all social care staff are effectively supervised, that the managing council's or Trust's performance appraisal system is regularly applied to them and that a staff development and training policy, which includes adult safeguarding, is in place. |
| 1.75 | While all hospital staff must act in accordance with the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards, Social Workers in the High Secure Hospitals will take a particular lead within clinical teams regarding capacity assessments (apart from medical treatment), and should demonstrate up to date knowledge and expertise in this area. |
| 2. | Hospital Management responsibilities include |
| 2.1 | Hospital management should negotiate with managing councils service level agreements that reflect the key social work tasks that need to be undertaken, where the Social Work Service is provided by a Local Authority Adults Service and |

| | managing council. |
|-------------|--|
| 2.2 | A formal agreement covering the following areas should be entered into by the NHS Trust and the managing council: the accountability and management structures for the service both at senior and operational levels within both agencies; the key social work services to be provided and the staffing levels required to achieve these; funding arrangements; support to be provided by the hospital to the social work service including accommodation, administration and IT; and arrangements for monitoring the service and the agreement. |
| 2.3 | The hospital management should ensure that the social work service is located with the secure perimeter of the hospital, alongside other professional groups of staff. The social care team must also have a professional base as well as links with specific wards/units. The accommodation should be suitable for its purpose and the social work service should be appropriately resourced to enable it to carry out its responsibilities. |
| 2.4 | In carrying out their responsibilities to safeguard and promote the welfare of children visiting the hospitals, the hospital management will look to social work staff within the hospitals to play a leading role in implementing the High Security Psychiatric Services (Arrangements for Visits by Children) Directions 2013 and associated Guidance. This is a most appropriate task for social work staff to undertake, though responsibility for ensuring the welfare and safety of children visiting falls on all staff within each hospital. |
| 2.5 (17) | The hospital management should establish links with the local LSCB and agree policies and procedures for child safeguarding work within the hospital. |
| 2.6 (17) | The hospital management must ensure that all hospital staff involved in overseeing child visiting are effectively supervised, their performance regularly appraised and that a staff development plan and training policy, which includes child safeguarding is in place. |
| 2.7 | The hospital management should support social work staff in ensuring that patients and their families are aware of the hospital complaints procedure. |
| 2.8 | Hospital management should liaise with councils managing the social work service within the hospitals to ensure that: - there are clear reporting and accountability lines both within the hospital management structure and to the Director of Social Services/Chief Officer and councillors; |

| | adequate management support is available to this group of specialist workers; | |
|---------------------|---|--|
| | there are clear policies especially in respect of casework management and supervision; | |
| | the nature of the links and relationships between social work staff and other hospital-based professional staff is made clear; and | |
| | there is a formal workforce strategy covering recruitment, training, supervision and career development. | |
| 2.9 | The hospital management should support: - | |
| | social work staff in ensuring that other professional staff in the hospital understand their key roles and tasks; | |
| | social work staff to participate appropriately in multi-disciplinary teams; | |
| | joint training for social work staff with other professionals; and | |
| | social work staff to be appropriately represented with other professionals in the development of policies, procedures and practices within the hospital. | |
| 2.10 (6,12 & 13) | The hospital management should involve the social work service in negotiating protocols with medium secure units, other psychiatric hospitals, the Prison Service, voluntary organisations and social care agencies (including local councils and the National Probation Service), for the care, treatment, transfer/discharge and aftercare of patients. | |
| 2.11 | The hospital management should ensure advocacy and interpreting services are available to social workers to enable them to communicate and work effectively with patients and their families. | |
| 3. | Where a Council is providing the Social Work Service to the High Secure Hospital | |
| 3.1 | The social work service should be managed by a local council as part of its wider responsibilities for the care and support of people with mental health problems. | |
| 3.2 | A senior council manager should contribute to the strategic and operational management of the high security psychiatric service. | |
| 3.3 | Managing councils and hospitals must prepare and agree service level agreements that reflect the key social care tasks that need to be undertaken. | |
| | | |

| 3.4 | Councils responsible for managing the social work service within the hospitals must ensure, in co-operation with the hospital authorities, that: - |
|-----|--|
| | adequate management support is available to this group of specialist workers; |
| | there are clear reporting and accountability lines both within the hospital management structure and to the Director of Social Services/Chief Officer and councillors; |
| | there are clear policies especially in respect of casework management and supervision; |
| | the nature of the links and relationships between social care staff and another hospital-based professional staff is made clear; and |
| | there is a formal workforce strategy covering recruitment, training, supervision and career development. |
| 3.5 | A formal agreement covering the following areas should be entered into by the managing council and the NHS Trust: the accountability and management structures for the service both at senior and operational levels within both agencies; the key social work service to be provided and the staffing levels required to achieve these; funding arrangements; support to be provided by the hospital to the social care service including accommodation, administration and IT; |
| | Arrangements for monitoring the service and the agreement. |
| 3.6 | The managing council, in consultation with the NHS Trust, should devise a policy statement which make explicit the role, functions, responsibilities and the overall objectives of the social work service and ensure that this is reflected in workers' job descriptions. |
| 3.7 | The council and the social work service should provide management structures, operational guidance and systems which enable the agreed objectives of the social care service to be met in an effective, efficient, economic and equitable manner. |
| 3.8 | The council should ensure that: the social work service has a statement of its priorities, its quality standards and the minimum level of service that all patients and their families can expect; |
| | the social work service has the required level of professionally qualified staff to meet the agreed objectives and quality |

| | criteria of the service; and | | | |
|--------------|--|--|--|--|
| | the functions and responsibilities of the head of the social work service and any deputies are clearly set out and understood by all social care staff. | | | |
| 3.9 | Social work staff should be supported in ensuring that other professional staff in the hospital understand their key roles and tasks in respect of patients, families, children and others. | | | |
| 3.10 | The council should agree protocols between the social work service and medium secure units, other psychiatric hospitals voluntary organisations and social care agencies (including local councils and the Probation Service), for the care, treatment, transfer/ discharge and aftercare of patients. | | | |
| 3.11 (17) | The council should ensure that the social care service has established links with the LSCB and has agreed policies and procedures for child safeguarding work. Where different, the council will need to support this through dialogue with the council in whose area the hospital is situated. | | | |
| 3.12 (17) | The council should support social work staff in safeguarding and promoting the welfare of children and the protection of the public by working closely with local councils regarding leave of absence trips or a child visiting a patient. | | | |
| 3.13 | The councils providing the service to the hospital Trusts should, as part of a comprehensive staff development strategy, offer social work staff within the councils the opportunity for secondment into the hospital-based teams. | | | |
| 3.14 | The council should ensure that the social work service adopts the council's equal opportunity policy and has a strategy for implementing and monitoring it. | | | |
| 3.15 | The council should ensure that its recruitment to the social work team reflects the ethnic and gender profile of the patients. | | | |
| 3.16 | The managing council must ensure that the social work teams in the hospitals have access to the complete range of community services and staff support. This should include services for people with a learning or other disability, specialist mental health forensic social work support/supervision and ongoing planned specialist and multi-disciplinary training. | | | |
| 3.17 | The council should support and encourage joint training for social work staff with other professionals. | | | |
| 3.18 | The council should ensure that all the staff of the social work service are effectively supervised, their performance regularly appraised and that a staff development and training policy, which includes child safeguarding is in place. | | | |

| 3.19 | The council should ensure that the social work service has effective systems for collating information and analysis, which inform management decisions and are compatible with the hospital and council IT systems. | | | |
|-----------------|--|--|--|--|
| 3.20 | The council's information strategy for service users should include consideration of how the social work service will communicate with patients and their families. The strategy should identify an appropriate range of information including patients' rights, complaints procedures and social care services, and should consider how it is to be delivered to intended recipients. | | | |
| 3.21 | Leaflets or other written material should be available in forms which appropriately set out the social work service's policie and procedures in formats and language that can be easily understood by patients and their families, and by other professional colleagues and interested parties. | | | |
| 3.22 | The council should review the social work service's information strategy and practice at regular intervals. | | | |
| 3.23 | The council, in co-operation with hospital management, must ensure arrangements for independent interpreters and translators for people who need them should be available to the social work team for patients and their families when they need them. | | | |
| 3.24 | The council's supervision of the social work team should ensure that non-discriminatory practice, within a framework of equal opportunities legislation and guidance, is reflected throughout the social work service's practice and is evidenced i case records. | | | |
| 4. | The Councils Responsibilities include | | | |
| 4.1 (5 & 12) | All councils must be aware of and have systems in place for carrying out their own responsibilities for patients within his security hospitals. | | | |
| 4.2 | Each council and the social work service in each of the high security hospitals should confirm their agreement to the nationally agreed protocol for work between the social work service and the council whenever a patient from their area i admitted to a high security hospital. | | | |
| 4.3 | All councils should: | | | |

| (5, 12, 7 & 17) | provide the social work service with an assessment under the Care Act (2014) and associated guidance as part of regular reviews; | | | |
|-----------------|--|--|--|--|
| | work with the social work service before and after discharge and ensure appropriate links with commissioners; and | | | |
| | work closely with the social work service to safeguard and promote the welfare of children regarding leave of absence or a child visiting a patient. | | | |
| 4.4 (17) | As the lead social work agency councils should ensure that all members of the LSCB are kept fully informed of, and involved as appropriate to do with the safety of children from their area visiting the high security hospitals. | | | |
| 4.5 | Councils must ensure that the welfare and safety of children are given priority when they receive requests from the hospitals to contribute to discharge plans or are consulted about leave of absence arrangements. | | | |
| 4.6 | When councils receive a request for a child who may have lived in their area in the past to visit a patient in a high secure hospital, they have a responsibility to respond quickly to requests for information. They should have systems in place for ascertaining whether such children might have been known to other agencies in their area and whether these agencies should be consulted. | | | |
| 4.7 | All councils should be fulfilling their ongoing responsibilities as set out in the High Security Psychiatric Services (Arrangements for Visits by Children) Directions 2013 and associated Guidance. Similar responsibilities apply in respect of patients on leave from the hospital. | | | |
| 4.8 | All councils need to balance issues to do with public protection and the rights of the individual patients. Multi-Agency Public Protection Arrangements (MAPPA) can provide agencies with a concern for patients in the high security hospitals, or on being discharged, with a community forum for assessing and managing risk. | | | |
| 4.9 | (Section 4.9 not included in original National Standards document). | | | |
| 4.10 | Each council with responsibility for in-patients in the high security hospitals should provide the hospitals with the name of senior manager for formal liaison purposes and as a point of contact. | | | |
| 5. | Local Authority arrangements with hospitals in their geographical boundaries | | | |
| 5.1 | Councils in whose areas high security hospitals are located must have agreements with the hospitals to ensure that there | | | |

| (17) | are effective policies and procedures in place to safeguard children visiting the hospitals. | | | |
|-------------|--|--|--|--|
| 5.2 (17) | The host council should co-operate with the social care service of the hospital and the LSCB to ensure that the policies and procedures used in the hospital are consistent with those of the local LSCB | | | |
| 5.3 (17) | The council and health service members of the LSCB have a particular responsibility to ensure that the hospitals receive the advice, support and practical help they require to implement the High Security Psychiatric Services (Arrangements for Visits by Children) Directions 2013 and associated Guidance. | | | |
| 5.4 (17) | The host council should invite a representative of the hospital-based social work service to attend meetings as appropriate. | | | |
| 5.5 | The host council should ensure that there is joint training for its own staff and the LSCB concerning the particular issues affecting children either visiting patients in the high security hospitals or coming into contact with them | | | |
| 6. | Multi-agency arrangements and links to the National Probation Service. | | | |
| 6.1 | There should be a protocol, similar to that for social services departments, between the hospital-based social care services and each Probation Division in England and Wales. | | | |
| 6.2 | In each National Probation Service Division there should be a named senior manager for formal liaison purposes with each of the high security hospitals and for strategic and policy issues. | | | |
| 6.3 (16) | When discharge planning for transferred prisoners is begun the Probation Service should identify the Offender Manager for the case and inform the Social Work Service. The Offender Manager should be invited to the section 117 planning meeting. If there is a Victim Liaison Officer in the case, then they need to be informed about the discharge planning process. | | | |
| 6.4 (16) | If involved, Probation Officers/Offender Managers should be invited to CPA reviews and provided with information about a patient's progress at least annually by the hospital-based social work service. | | | |

Forensic Mental Health Social Work: Capabilities Framework

| 6.5 (6 & 16) | Full and regular communication between the Probation Service and the Hospital is essential when planning for discharge under section 117 of the Mental Health Act 1983, or when a patient is granted leave of absence. If there is a Victim Liaisor Officer in the case, then they need to be informed about the discharge planning process. | |
|-----------------|--|--|
| 6.6 (6) | The National Probation Service or Community Rehabilitation Company involved with the patient should provide the social work service with a risk assessment when a patient is admitted to a high security hospital from prison. They should also co-operate in providing information that will assist the hospital in providing these patients with the care and treatment they need. | |
| 6.7 (16) | The relevant National Probation Service area should be kept informed by the hospital-based social care service when a patient is transferred back to prison. | |
| 6.8 (6) | The National Probation Service should provide the hospital with details of Risk to Children and Sex Offenders Act status when a patient is transferred from prison, where the information is not otherwise available to the hospital team. | |

Appendix 5: Consultation Activities.

This framework was developed between January and October 2016 and was based on widespread consultation and involvement of practitioners, managers, educators, commissioners, service users and carers and other interested stakeholders.

Consultation activities took place via face-to-face events, an online survey, social media (Facebook and Twitter), email distribution lists and wider professional networks (for example the AMHP leads network and PSW networks). The project was also presented at Joint University Council for Social Work Education Conference (JUCSWEC) in July 2016 via a workshop and poster presentation. Service user and carer representatives were included in the steering group and consultation events and National Service User Network (NSUN) were also contacted to identify involvement. Fifty six (56) team managers were contacted directly via a sector wide email list compiled and updated for the purposes of the work. A Twitter feed was set up and promoted and is followed by one hundred and nineteen (119) individuals, with a further twenty-six (26) members of a Facebook practitioner group facilitated by the project team. Project information has also been published widely on the internet and will also be available within the online version of this framework.

In addition to 143 individual survey responses received via the online survey, the following individuals and organisations attended the four events that were carried out as part of the consultation process.

| Sarah | Adams | Langdon Hospital |
|---------|------------|--|
| Rachel | Allan | Mersey care NHS Trust |
| Frank | Allinson | Devon Partnership NHS Trust |
| Fayz | Allyboccus | West London Mental Health NHS Trust and Ealing Council |
| Daniel | Anderson | West London Mental Health NHS Trust and Ealing Council |
| Phillip | Appleton | Mersey care NHS Foundation Trust |
| Diane | Bailey | Nottingham Trent University |
| Janet | Bakht | Partnerships in Care |
| Sally | Birch | Avon and Wiltshire Mental Health Partnership NHS Trust |
| Neil | Bowen | Forensic Social Worker |
| Sophie | Brett | Partnerships in Care |
| Myra | Briggs | Nottinghamshire Healthcare NHS Trust |

| Kathy | Brown | Mersey care NHS Trust |
|----------|---------------|--|
| Stefan | Brown | Royal Holloway University |
| Louise | Carder | Tees, Esk, and Wear Valleys NHS Foundation Trust |
| Des | Carter | Nottinghamshire Healthcare NHS Trust |
| Emma | Chapman | Nottinghamshire Healthcare NHS Trust |
| Alex | Clark | Partnerships in Care |
| Marion | Clarke | West London Mental Health NHS Trust |
| David | Cochrane | West London Mental Health NHS Trust and Ealing Council |
| Lynne | Corcoran | Nottinghamshire Healthcare NHS Trust |
| Andrew | Cowan | Partnerships in Care |
| Denis | Cullen | Mersey care NHS Foundation Trust |
| Richard | Dale-Emberton | BASW Forensic SIG |
| Mira | Des | Forensic Social Worker |
| Matt | Dix | Caswell Clinic, NHS Wales |
| Jeremy | Dixon | University of Bath |
| Jo-Ann | Drury | Avon and Wiltshire Mental Health Partnership NHS Trust |
| Sihle | Dube | Nottinghamshire Healthcare NHS Trust |
| Pattie | Ducie | BASW Forensic SIG |
| Heather | Elford | Nottinghamshire Healthcare NHS Trust |
| Ray | Elliott | Caswell Clinic, NHS Wales |
| Hilary | Garnett | Nottinghamshire Healthcare NHS Trust |
| Grace | Gondo | Nottinghamshire Healthcare NHS Trust |
| Kim | Goodwin | Mersey care NHS Trust |
| Shequila | Goulbourne | Nottinghamshire Healthcare NHS Trust |
| Kelly | Gurney | Nottinghamshire Healthcare NHS Trust |
| Gill | Hahn | Nottinghamshire Healthcare NHS Trust |
| Susan | Heffernan | West London Mental Health NHS Trust and Ealing Council |

| Lorina | Hirst | Nottinghamshire Healthcare NHS Trust |
|----------|------------|--|
| Dave | Hyslop | Mersey care NHS Trust |
| Michelle | l'Anson | Mersey care NHS Trust |
| Katie | James | Nottinghamshire Healthcare NHS Trust |
| Ken | James | East London NHS Foundation Trust |
| Lynn | Johnson | Nottinghamshire Healthcare NHS Trust |
| Aimee | Kaur | South Staffordshire & Shropshire Healthcare NHS Foundation Trust |
| Alastair | Kidd | The Yorkshire Centre for Forensic Psychiatry |
| Jacqui | Lindsay | Hampshire County Council |
| Margaret | Lougher | BASW Forensic SIG |
| Joni | MacDonagh | Caswell Clinic, NHS Wales |
| Julia | Maciw | Priory Group |
| Siobhan | Maclean | Partnerships in Care |
| Angela | Marck | South Staffordshire & Shropshire Healthcare NHS Foundation Trust |
| Tracey | MacLeod | Nottinghamshire Healthcare NHS Trust |
| Amanda | McBride | Mersey care NHS Trust |
| Jo | McFarlane | Mersey care NHS Trust |
| Robert | McLean | Mersey care NHS Trust |
| Jamie | Middleton | Nottinghamshire Healthcare NHS Trust |
| Peter | Moore | West London Mental Health NHS Trust |
| Sally | Morris | Nottinghamshire Healthcare NHS Trust |
| Kris | Morton | Lighthouse Healthcare |
| Rachael | Odunze | Partnerships in Care |
| Claire | O'Flaherty | West London Mental Health NHS Trust |
| lan | Pachner | South Staffordshire & Shropshire Healthcare NHS Foundation Trust |
| | | |

| Andrea | Pegg | South Staffordshire & Shropshire Healthcare NHS Foundation Trust |
|-----------|------------|--|
| David | Phillips | West London Mental Health NHS Trust and Ealing Council |
| Emma | Porter | South London and Maudsley NHS Foundation Trust |
| Steven | Poynton | Lancashire Care NHS Foundation Trust |
| Hazel | Price | Nottinghamshire Healthcare NHS Trust |
| Richard | Prior | Avon and Wiltshire Mental Health Partnership NHS Trust |
| Linda | Ram | Partnerships in Care |
| Jonathan | Rippon | Mersey care NHS Trust |
| Kim | Robertson | Nottinghamshire Healthcare NHS Trust |
| John | Rushby | South West Yorkshire NHS Trust |
| Blanka | Ruzicka | Nottinghamshire Healthcare NHS Trust |
| Charlotte | Samples | Nottinghamshire Healthcare NHS Trust |
| Janga | Singh | Nottinghamshire Healthcare NHS Trust |
| Kerry | Stacey | South West Yorkshire NHS Trust |
| Paula | Swift | Tees, Esk, and Wear Valleys NHS Foundation Trust |
| Lynne | Taylor | Nottinghamshire Healthcare NHS Trust |
| Anita | Theaker | The Yorkshire Centre for Forensic Psychiatry |
| Sue | Troy | Tees, Esk, and Wear Valleys NHS Foundation Trust |
| Mark | Veldmeijer | West London Mental Health NHS Trust and Ealing Council |
| Jessica | Wagner | Avon and Wiltshire Mental Health Partnership NHS Trust |
| Angela | Walker | Nottinghamshire Healthcare NHS Trust |
| Amanda | Watkins | Caswell Clinic, NHS Wales |
| Emma | Weir | Leicestershire County Council |
| Mike | Wheeler | South West London & St Georges NHS Trust |
| Anne | White | West London Mental Health NHS Trust and Ealing Council |

Forensic Mental Health Social Work: Capabilities Framework

| Nicki | Wilson | Nottinghamshire Healthcare NHS Trust |
|---------|--------|--------------------------------------|
| Corrina | Wray | Nottinghamshire Healthcare NHS Trust |