Department of Health

Annual Report by the Chief Social Worker for Adults

2016-17

Being the Bridge

Ministerial Foreword

Parliamentary Under Secretary of State for Community Health and Care, David Mowatt MP

This last year has seen our health and care system increasingly in the spotlight, as we continue to deliver integrated care and support which is efficient, responsive and – crucially – centred on the person. Since inheriting the social care brief from my predecessors in the Department of Health, I have been particularly pleased to see improved recognition and status for social workers in the wider network of care – notably in relation to support for people with mental health needs, autism and dementia – but also in processes intended to shift care and rehabilitation into people's homes or residential settings.

This is due in no small part to the growing focus on high quality social work practice, supported by the dedication and vision of Lyn Romeo, our Chief Social Worker (CSW) for Adults, alongside the innovation and leadership of the Principal Social Workers Network. Lyn's work to reposition social work at the heart of adult social care has been a real achievement of the role, with social work's values of citizenship and inclusion central to our drive to greater personalisation of health and care services. In particular, her promotion of strengths and outcome-focused approaches to supporting people has reinvigorated social work practice and is helping create a highly skilled, confident and capable profession.

Like my predecessors, I share Lyn's broader ambition for social work to move beyond its traditional statutory role in local authorities. The new care models and Vanguard programmes demonstrate the value of closer collaboration between social workers, GPs and other health professionals. The Think Ahead programme is testament to the impact which social work and the social model can bring to mental health treatment and recovery. And as the case studies in this report so amply demonstrate, the benefits of integrated responses on the people who use services can be transformational.

However, I believe we need to go further and faster if we are to tackle the barriers which are preventing integrated approaches to workforce planning and commissioning across health and social care, so that the people who need support receive the care most appropriate for their needs, from a professional with the right training and skills.

Lyn has continued to play a central role in delivering our ambitious programme of social work reform, including work to establish a new social work regulator, Social Work England, which will raise standards across the profession and help achieve greater recognition and status for social work's contribution and expertise. By stressing the importance of social work as a single profession, with common skills, knowledge

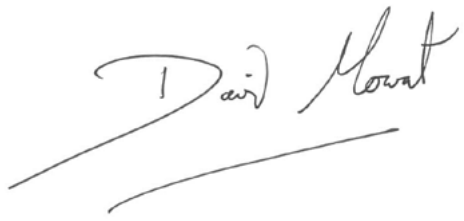
and values, she has helped ensure that the new regulator will work for all social workers.

Providing support, leadership and challenge to the sector to ensure that social workers have the skills and resources to be the best they can be, is a crucial part of the Chief Social Worker role. As the professional voice of social work in government, Lyn is ensuring that the contribution which social workers make every day to supporting people with social care needs is recognised and supported by government and senior leaders in the sector.

This is a clearly a challenging time for social care as the impact of financial pressures are being felt. That is why local authorities will receive an additional £2 billion for social care over the next two years to ensure people receive the care and support they need. This means that councils have access to a total of £9.25 billion more dedicated funding for social care over the next three years.

In the longer term, we are committed to establishing a fair and more sustainable basis for funding adult social care, in the face of the future demographic challenges the country faces.

Social workers do one of the most challenging and rewarding jobs in the country. I welcome this report's focus on the achievements of the Chief Social Worker role and the examples of excellent social work practice taking place and I look forward to working with Lyn and the sector to create a care and support system which is stable, secure and equipped for the future.



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Introduction

Lyn Romeo, Chief Social Worker for England (Adults)

I am pleased to publish this, my third annual report and naturally, I have been thinking about what has been achieved in social work and social work practice in England in the last few years.

From my perspective, one of the most important achievements has been that good social work practice and the vital role of social workers working with adults and their carers, is being recognised and valued. Much has been done to reposition social work practice at the heart of social care. Social work is about human rights, hope and change – hope for a better life, social justice, and inclusive citizenship, including a good end for people facing end of life. Empowering individuals, families and communities to use their strengths to bring about positive change is a key and inspiring part of social work, whether we are working with them to prevent harm and abuse, tackling the barriers or obstacles that prevent people with disabilities getting on with their lives, or working with people to restore their connections with their families or communities. This doesn't diminish the challenging resource context within which social work operates and the need to work across the sector to ensure a better and appropriately funded model of health and social care is in place for the citizens we are here to serve. But it does provide the opportunity to develop practice with people, coproducing and personalising the support that makes the difference, rather than being the problem solver or fixer for people.

Social work is now a graduate profession and is regulated, alongside health and other professional groups. It is timely to remember that this has only been the case since 2005 and while there is much more to do, significant progress has been made in improving practice and the regard for the challenging and complex work that social workers do every day. Having a bespoke, specialist regulator for social work, with an exclusive focus on the professional standards and capabilities of social workers at qualifying and post qualifying levels, will really consolidate social work as a vital profession in our society.

The consolidation of the Assessed Supported Year in Employment (ASYE) for newly qualified social workers, is making a real difference to orienting and enhancing social workers' central role in adult services. While Best Interest Assessor and Approved Mental Health Professional (AMHP) roles are well established in adult social care, embedding a career pathway that provides opportunities for advanced and specialist practice alongside managerial career pathways, is essential if we are to create practice led organisations which support co-production of social work and which we know is most effective in achieving best outcomes.

Equally important is the need to ensure we create the best conditions for excellent social work practice to flourish. Social workers who feel valued and supported and who are positive about their work culture, will continue to improve people's wellbeing and better manage the inherent challenges in balancing need, demand, risk and resources.

Reflective supervision and more focused attention on knowledge and skills in working with people is leading to a step change away from process and procedural approaches, to a focus on strengths and relationship-based social work practice. Recognising the knowledge and skills required to provide good practice supervision is a crucial component of any good organisational arrangement. Looking back on my career, the one consistent element that made all the difference was the quality of supervision and practice development that I received from my supervisor-peer supervision, coaching, direct observation of my practice and, most importantly, feedback from the people with whom I worked, all helped inform and change my practice. Working with the sector on this area will be a priority for the coming year.

The role of Principal Social Workers (PSWs) in ensuring that good practice and good quality supervision are in place, has been very important, along with great support from Directors of Adult Social Services. It remains a priority to embed and support PSWs' practice leadership role. Their leadership approaches build on empowering staff to empower citizens; creating positive, supportive team cultures; facilitating and negotiating working across boundaries and engendering trust in others through open, impactful communication and interactions.

Practice evidence and knowledge that informs why we do what we do, knowing that what we do is effective and keeping practice fresh and research minded, is imperative if social work is to remain responsive and relevant for people and communities facing the challenges of life in 21st century. Ensuring the development, with the sector, of a coherent approach to research and practice evidence will continue to be a priority.

Finally, in a world that is uncertain and constantly changing, social work's unique contribution to making the world a better place is needed more than ever. Working with uncertainty, ambiguity complexity and conflict and promoting people's wellbeing within that context, requires social workers to contribute to building community cohesion and solidarity. This includes focusing on prevention and early intervention, rather than just responding to crises. It means using our skills to address disadvantage, discrimination and exclusion, bringing people together into self-determining, confident families and communities and ensuring real engagement with people, based on listening, understanding and working together, alongside support from health, housing and the community. Hopefully this will make a lasting difference to citizens and to society.

March 2017

Overview

This is my third annual report as Chief Social Worker for Adults. The second half of this report focuses on the development of excellent social work practice, culture change and professional development in delivering social work services, particularly in response to the Care Act and its impact in reframing practice with adults. As before, the report also sets out progress made in the last year to promote and sustain excellent social work; provides an update on delivering recommendations in my second report; and outlines my priorities for 2017-18.

PART 1

i. Social care legislation – putting policy into practice

The last year has seen some real achievements for adult social work, with increasing support, recognition and – crucially – investment in the profession and its role in supporting people to achieve the best health and care outcomes. In July 2016, the Department of Health published its vision and policy statement for adult social work, helpfully bringing together all the areas where government is involved in valuing, supporting and developing social work.[1] It calls for more to be done across government and the sector to raise awareness and understanding of social work with adults and its contribution to delivering an integrated health and care system, recognising that this area of practice is often overshadowed by statutory child and family social work.

Crucially, the statement articulates a vision for social work which is central to the Department's ambition to deliver high quality, safe and efficient care, led by a highly trained, skilled and compassionate workforce. For example, government's commitment to expand the Think Ahead graduate programme for social work in mental health following recommendations in NHS England's Five Year Forward View, acknowledges the vital contribution social workers make to aiding recovery and inclusion and balancing this with the clinical model of treatment.

The inclusion in last year's revised Care Act guidance of a clear statement on the role of the Principal Social Worker in statutory adult social care, further reinforces social workers' professional leadership role and the responsibility of employers to enable excellent social work practice. And the new regulatory agency for social work which will replace the HCPC as the regulator for social work, reflects our aim to raise and maintain the quality of social work education, training and practice, from initial qualification through to the different stages in a social worker's career.

This report comes at a critical time for adult social care, where continued financial constraints, combined with rising demand, complexity of need and increased expectations from people with social care needs, are creating unprecedented and profound challenges across our health and care system. The additional funding for adult social care announced in the March Budget will help alleviate some of the immediate pressure and will, I hope, support local authorities to make to best use of their social work resource. However, responding to these challenges and to create a sustainable and equitable health and care system, will require a rebalancing of investment from acute and emergency care, into support which helps prevent and delay the need for more costly interventions. As I and others have argued, ensuring early access to social work and social care is increasingly vital if we are to manage demand and create a more effective and efficient system overall.

1 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/537069/DH-vision-adult-social-work.pdf

Care Act implementation

Local authorities are continuing to make good progress in implementing the Care Act since the first phase of implementation from April 2015, with councils reporting a shift in culture and practice as a result of the reforms. A June 2016 survey by BASW England into implementation of the Care Act found that that the Act has been particularly successful in improving social work practice and ensuring a more personal approach to safeguarding, with 46% of respondents agreeing this had been achieved.[2]

This is welcome and demonstrates how social workers have grasped the opportunity afforded by the Act to develop asset and strengths-based approaches which enable people to be more fully involved in decisions about their own care. Implementing the Care Act has been a significant challenge for local government and has taken place in the context of unprecedented financial and resource pressures. Understandably, however, there is growing concern that the lack of funding for adult social care is undermining councils' ability to meet their statutory responsibilities under the Act.[3] Creative and thoughtful approaches to connecting people with possibilities in their communities can make the optimum use of the resources available, alongside ensuring that evidence is provided which demonstrates that statutory responsibilities are being met appropriately.

Retaining experienced staff and recruiting the right people in front line practice is essential to delivering excellent social work, but is widely recognised as a significant challenge. Where there are high turnover and vacancy rates and reliance on agency workers, this can have a detrimental impact, both on workforce morale and on the consistency and continuity for people who use services.

Implementation of the Care Act is still at an early stage and there is still more to do to help embed the reforms. The Department is funding a series of projects over the next 2-3 years, which will enable us to learn more about how the Act is being implemented locally and share learning about what works to support effective implementation and improve performance, quality and choice in social care services. And our programme of social work reform is helping create a skilled and confident profession, able to respond to the challenge of modern social work.

Social work and integration

Good progress has been made in the last year to embed social workers and social care into integrated arrangements through the new care models/Vanguard sites and Better Care Fund. There have also been positive developments in specific service areas such as mental health, learning disabilities and end of life/palliative care.

Recent developments in the new care models have seen social workers play a key role in integrated care teams, where health and adult social care professionals work alongside local GPs and specialist nursing and therapy teams to identify those in greatest need of support. Individual care plans are developed by a multidisciplinary team to enable older people and those living with long-term conditions to manage their own health at home.

While the care teams promote and support independence, they also reduce the need for residential care packages and the cost of long-term community support. They can also be a vital way of flagging up health or social care concerns quickly by being able to directly contact the relevant professional.

2 http://cdn.basw.co.uk/upload/basw_92637-9.pdf

3 http://www.local.gov.uk/documents/10180/5756320/CSR+stocktake+6+final+report/8119df14-87c7-4c80-b894-1a237fe91a90

In October 2016, the Department held a joint conference with ADASS and principal social workers to demonstrate the critical value that social work brings to integrated arrangements and build on the developing narrative on integration more generally. 75 people attended the event to discuss key adult social work roles and the values social workers can bring to services, including safeguarding, mental health, learning disability, end of life/ palliative care and primary/community healthcare. An advice note was published on 14 March to support development of local and regional integration approaches in acute, primary and secondary care. The note is available at: https://www.gov.uk/government/publications/social-work-essential-to-integration

Mental health

The last year has seen a real focus on mental health social work and growing consensus about the knowledge and skills social workers and the social model can bring to mental health care and support. Through the Department, I have supported the "Social Work for Better Mental Health initiative,[4] which aims to strengthen social work in multidisciplinary, integrated settings and to improve outcomes.

The resources have been piloted with a small number of sites and the work expanded during 2016, with over 20 mental health trusts and local authorities using these to deliver improvements to their mental health services. Whilst different models are emerging, positioning good social work with a core focus on relational work and social interventions remains the priority.

We also want to attract outstanding people into mental health social work through investing in innovative schemes such as Think Ahead, a fast track scheme for graduates and career switchers. The programme aims to raise awareness of mental health social work as a rewarding career choice, widen the pool of talent entering the profession and spread best practice approaches based on proven social interventions. The first group of 96 recruits will complete their post-graduate diplomas in September and move into newly qualified social worker roles, where they will complete their Assessed Supported Year in Employment (ASYE) and gain a Master's degree. The second cohort will begin in July and applications will open in September for a third programme to start in 2018.

Developing career pathways for social workers in mental health services, including AMHP roles, is important, not only in meeting statutory requirements under the Mental Health Act, but as an alternative to clinical responses to treatment and recovery, which recognises the importance of social interventions in supporting and empowering people with mental health conditions. Promoting and raising awareness of this exciting area of social work practice will be a priority for me in the coming year, as we move further towards an integrated, multidisciplinary health and social care workforce.

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

Supporting the development of the new national Carers Strategy

As the nation's population ages and diversifies, it is becoming increasingly clear that caring is already an intrinsic part of family and community life. As social workers, it is essential that we recognise the value of caring and the challenges it places on friends and family members. We know for example, that the fastest growing group of carers is the estimated 400,000 people aged over 80 – one in seven people in that age group. These carers are usually caring for a spouse or partner and will often have care and support needs of their own. We are seeing growing numbers of 'mutual carers' – couples relying on each other for support.

Meanwhile, the majority of carers for older people do so for less than 10 hours a week. Most of those are in employment and not living with the person for whom they care. Their contribution is no less vital to the system and will become increasingly so as demand for informal care increases with the aging population. Often not identifying as a 'carer', these people may not access the advice and support on offer and may be struggling to juggle caring roles with work and other family responsibilities.

In June 2016, the Department, in partnership with Research in Practice for Adults, launched resources to support social work practice with carers. The resources were developed with the support of Carers UK and the Carers Trust and provide case studies, films, guidance and tools to enhance understanding of the issues facing carers and to use in direct work. These resources are freely available to anyone working in the sector at: http://carers.ripfa.org.uk/

Throughout the year I have been supporting the development of a new national Carers Strategy – focussing on the six and a half million people throughout the country who provide unpaid care and support to people who would otherwise find it difficult to manage. Over the summer and autumn, my policy colleagues at the Department held a "Call for Evidence" to underpin the new strategy. As part of this process, I led some targeted consultation with social workers, holding workshop events across the country.

The discussion at these sessions underlined just what an important role social work and social workers play in advising and supporting carers and in embedding the 'whole family approach' set out in the Care Act. People highlighted the need for holistic approaches involving the carer, cared for, family and professionals, starting from people's strengths and assets, rather than a narrow focus on what may be wrong.

Many examples of good practice were described and colleagues wanted to see more sharing of research from local areas where new approaches had worked successfully. Social workers described the challenges in linking local social work practice with other partners – but also the opportunities that integrated commissioning offered. Above all, raising the profile of carers, including particular groups such as young carers and the issues they face, was seen as crucial.

I am now working with my social care policy colleagues as they bring together the outputs of the Call for Evidence to inform the new strategy, which we expect to be published in the first half of the year.

Of course, publication of the strategy is not the end of the process. There is an enormous amount of great work out there on which to build. We want to use the strategy to push carers' issues up the agenda nationally and locally and provide the leadership which can continue to drive joined up support at local level. I will continue to engage across the profession to build on the opportunities provided by the new strategy.

Improving support for people with learning disabilities and their families

In late 2015, the Department set out a phased series of actions to achieve a significant change in the experience of care and outcomes for people with learning disabilities, autism and mental health conditions, following issues raised in the public consultation "No voice unheard, no right ignored." This included piloting access to a "named social worker" who would provide professional advice and support, be the primary point of contact for the service user and their family/carers wherever the person is being supported and provide a professional voice across the system.

The Department subsequently awarded funding of approximately £500,000 to support pilots in six local authority areas between October 2016 and March 2017 (Calderdale, Camden, Hertfordshire, Liverpool, Nottingham and Sheffield). The aim of the pilots is to test named social worker approaches, explore what such a role and best practice approaches look like and how this could lead to improved outcomes for people, where ever they are living. The sites are being supported by the Innovation Unit and the Social Care Institute for Excellence (SCIE) and include building a broader 'community of engagement' around the pilots to learn from their journey.

While it won't be possible to fully establish the contribution of the programme in this initial six month phase, all the pilots are gathering insights and learning to develop an objective understanding of the role and its impact in improving social work practice and outcomes for people. It is very early days, but this work could yet prove critical to efforts to personalise care for people, helping them feel safe, supported and empowered by having a professional who is knowledgeable about their individual needs, helping them to make the right decisions and challenge when it doesn't feel right.

An evaluation will be published following the end of the six month phase. I am working with colleagues in the Department and the Innovation Unit to see how we can build on the early progress made to further strengthen and consolidate the named social worker role, especially its wider systems leadership function, to promote better collaboration with partners in clinical and community settings.

ii. Education, training, continuous professional development and regulation

Ensuring social workers are equipped with the right knowledge and skills and have opportunities to undertake specialist training and professional development throughout their career, is essential if we are to attract and retain people into the profession. Over the last year, support for developing and sustaining knowledge, skills and practice has continued, through:

- Embedding knowledge and skills for social workers at the end of their first year, through standardised assessment and moderation. Nearly 90% of local authority employers are now participating in the enhanced ASYE programme, with the additional employer support and greater consistency helping contribute to culture change within organisations and to the retention of social workers beyond their first year of practice.[5]
- Expanding the range and quality of entry routes, through the Think Ahead programme and expansion of Social Work Teaching Partnerships, following successful implementation of the first four partnerships. A total of 15 partnerships are being supported with approximately £12million of government and other funding to raise the quality of entry onto mainstream social work qualifying programmes, ensure students are fully prepared for frontline practice and lay the foundations for stronger CPD in the profession.
- With DfE, leading changes to the system of social work regulation, through the creation of a new bespoke regulator, Social Work England, which will, in time, take over the regulation of social workers in England from the Health and Care Professions Council (HCPC). The new body will be at arms-length from government and will set new standards of professional practice for all qualifying education and training programmes, to reflect the complexity and challenges of modern social work.

Practice supervision and leadership

The importance of good, practice-focused supervision and social work leadership in adult social care and health is more compelling than ever and is integral to the government's reform programme, across both children's and adults' services. Since publication of my second report, significant progress has been made by Isabelle Trowler, Chief Social Worker for Children and Families and officials in DfE to establish post-qualifying practice standards at practitioner, supervisor and leadership level in children's social care.

I think there are benefits to be reaped across the whole profession in considering approaches that can embed this practice focus across all social work settings. That is why I have asked Skills for Care (SfC) to work

5 For more information see www.skillsforcare.org.uk/ASYE

with the sector to develop knowledge and skills for practice supervisors in adult social care.

If a supervision model is to be effective, it needs to reflect the different contexts where adult social workers are located – for example, where practitioners may also be supervising social care staff who are not registered social workers or where the supervisor will not always be the social worker's line manager. This requires a strong focus on casework, interventions and decision making.

Over the coming months, I will be consulting on a knowledge and skills statement and assessment approaches for adult supervisors, including taking into account findings from the consultation on DfE's national assessment and accreditation system and whether it could be applied to social work with adults.

Principal Social Workers (PSWs) are continuing to develop and embed strong practice leadership in adult social care, ensuring we maintain the right balance between practice, procedure and process. Last year's PSW annual survey and social work health checks found that developing excellence in social work practice and systems, including the ASYE programme, supporting career progression through improved opportunities for CPD and strengthening arrangements for supervision and reflective practice, have been significant factors in the success of the role.

A great example of approaches taken by PSWs to drive sector led improvement is in the West Midlands, where a process of case file audits was introduced in 2016 to examine the quality of social work practice across the region. The case file audits are designed to lend additional weight and insight into the region's Peer Challenge process, which has been a feature of the regional adult social care programme for the last four years. As well as identifying areas for learning and other improvements which PSWs can take back to their own organisations, audits are also helping raise the profile of social work in the region and its importance in delivering better outcomes for people. You can read more about this work at: http://wm-adass.org.uk/passionate-social-workers-trying-hard-to-champion-their-profession-in-challenging-times/

Supporting the frontline

Challenging and improving social work practice and being clear about the knowledge and skills practitioners need to keep people safe and able to enjoy their lives, is a key part of my role. Through the Department and with support from the sector, I have commissioned social work resources in key areas of adult social work, including dementia, mental health, autism and carers and most recently, resources to support social work with coercive and controlling behaviour and a capabilities framework for forensic mental health social work. This reflects a welcome recognition by government that social work is the cornerstone of adult social care.

Social workers are uniquely skilled to develop innovative and creative solutions to supporting people, building on people's strengths and assets in their families and communities to deliver better outcomes. Creating an environment which enables positive risk-taking while maintaining responsibility and accountability when things go wrong, is vital if we are to realise social workers' potential to move beyond traditional service solutions which may not always be the best option.

Of course, people still need the appropriate care and support to ensure people have a good quality of life and the significant challenges facing social workers should not

be underestimated. However, in places such as West Berkshire and Essex, social workers are employing asset-based solutions to support people to achieve the outcomes they want, without reliance on formally funded services.

In January this year, I held a round table at the Social Care Institute of Excellence (SCIE) bringing together practitioners, academics and researchers to identify strengths and asset-based social work approaches which are complementary and enhancing. I will be working with colleagues to develop a practice framework for publication later this year, setting out the types of approaches being used, where they can have most impact and the skills and knowledge required to support effective strengths-based practice.

Developing a new social work regulator

Good progress has been made since social work became a regulated profession, to put in place the foundations for standards which ensure that the public can expect safe and competent practice. However, there is increasing recognition of social work's complexity and unique ways of working, specifically working alongside people whose circumstances often make them vulnerable, to keep them safe and to enable and empower them to lead the lives they want for themselves and their families.

As this report is published, the Children and Social Work Bill is in the final stages of the parliamentary process and is expected to receive Royal Assent by May. Part two of the Bill sets out the legislative framework for Social Work England, which will be responsible for all aspects of social work regulation, from setting the standards for education and training, to registration and fitness to practice. It has been illuminating for me as a professional advisor to work with colleagues across the legal, professional regulation and policy teams in the Department and DfE to ensure the legislation delivers what we want, both for the whole social work profession, as well as reflecting the particular issues and contexts for social work with adults.

We know that the focus tends to be on child and family social work, despite the size and complexity of the adult social care population, where social workers are responsible for often life-changing decisions in relation to capacity and mental health and for on-going care and support arrangements. Whilst there are different issues and different challenges in child and family and adult social work, at its core are the same skills, the same professionalism, the same need for empathy and the same capacity to change lives. That is why my priority is ensuring that Social Work England will work for *all* social workers, whatever their specialism and wherever they are located.

We are starting to see career pathways for social workers gaining traction, with more employers increasing the number of lead and advanced practitioner roles in adult social care. A dedicated regulator is a real opportunity to achieve greater recognition and status for social work's professional contribution and expertise in key roles, including social workers who are AMHPs and BIAs, as well as increasing the profile and visibility for other areas of practice. While the priority over the next 18 or so months is to enable a smooth transition from the HCPC to the new agency, all of us in government, the sector and people who use social work services, have a real opportunity to work together to shape a regulatory system which has excellent social work at its heart.

iii. The adult social work workforce

The overall number of social worker jobs in the adult social care sector is estimated at 18,700, which includes 16,100 in local authorities, 1,600 in the NHS and 1,000 in the independent sector. The majority of social workers (86%) are employed in local authorities, in contrast to the majority of the wider adult social care workforce, where 78% are employed in the independent sector.

Despite the relative stability of social work workforce in recent years, recruitment and retention remains an issue, with the vacancy rate at 11% in 2016 – this rate is similar to the rate in 2015 (12%) and higher than it was in 2014 (8%). The turnover rate for social workers has risen steadily to 16% in 2016, from 12% in 2014 and 13% in 2015.[6] While councils are recruiting more social workers to support Care Act implementation, many of these are newly qualified and there continues to be a shortage of social workers to undertake specialist roles in mental health and mental capacity, with AMHP services hit particularly hard.

The case studies in this report include some great examples of the innovative approaches taken by local authorities to manage succession planning and training of a 'pipeline' of new AMHPs and BIAs. And as these roles are recognised as accredited statuses through the new regulator, this will help support career progression and raise the profile and specialist contribution of social workers in adult services. However, I believe that the reduction in the number of AMHPs in particular, necessitates further action by the Department. One of my priorities for the coming year, therefore, is ensuring we strengthen our collective efforts to support and sustain the AHMP workforce, including a clear strategy to deliver the changes needed to increase the numbers qualifying as AMHPs and retaining them in the service.

Future social work supply

The lack of a consistent approach to workforce planning in social work continues to create challenges for policy makers in determining future supply of social workers. In response to concerns that SfC's National Minimum Data Set-Social Care (NMDS-SC) provides only a partial picture of the social work workforce, the Department commissioned the Centre for Workforce Intelligence (CfWI) to undertake a review to assess the future demand for, and supply of, the adult social care workforce in England over the next 20 years.

The report was published in July 2016 and makes for sobering reading. It found that population growth alone will lead to a 40% increase in demand for adult social care by 2035, rising to 70% when other factors, such as population health, changes in social vulnerability and other policy changes are taken into account. The report considers a number of mitigating factors, such as better quality of care, more preventative measures, greater community involvement and technological advances, which, if adopted,

6 www.skillsforcare.org.uk/sizeandstructure

are likely to have a positive impact in lowering demand below the 70% forecast. However, in spite of these factors, the report suggests that the total size of the adult social care workforce will need to rise by 15% by 2035 to support demand, with the biggest forecasted increase for social workers at 35%.

The report acknowledges that lack of supply data means that we should treat these figures with some caution. However, even accounting for the above limitations, we know that demographic growth alone will create increasing demand for social care in the years ahead, with numbers of people aged 65 and over and those with a learning disability, mental health problem or physical disability, all set to increase. Ensuring we have sufficient numbers of social workers with the right skills to take on increasingly demanding, complex roles in adult social care and integrated settings, is therefore, essential.

This analysis also needs to be seen in the context of the decline in the number of students enrolling onto social work courses since 2010-11, which, based on a 2-4 year qualifying course, means fewer social work graduates are entering the workforce. And while the numbers of child and family social work jobs have risen at a much greater rate than for adults – from 24,620 in 2014 to 27,700 in 2016 – an increase of 12.5%[7] – the expansion of fast-track programmes combined with greater numbers of graduates from mainstream courses who move into child and family social work, suggest that these reductions could have a disproportionate impact on adult social care.

Ministers have agreed to consult on changes to the system of social work education funding, which would help deliver improvements to social worker quality and maintain supply and retention. More can be done to maximise government investment to improve recruitment and retention and raise the quality of social work training and practice and I welcome the on-going work being done by officials to consider a range of options for reforming the system. However, it is imperative that any changes support improvements across the system, from raising entry standards and quality of practice placements and supervision, to delivering a stronger focus on social work with adults and their function, within qualifying programmes.

Come back to social work

In response to the national shortage of experienced social workers in the profession, a Come Back to Social work (CBTSW) pilot was launched in September 2016. The aim was to provide a route for qualified and experienced social workers to refresh their skills and regain their confidence to return to work and restart their career in practice.

The pilot was delivered by the Local Government Association, in partnership with the Department, DfE, Chinara Enterprises and Making Research Count (MRC) and supported by local authorities across England. The 13-week programme started in November and ran through to January 2017. The programme offered training opportunities and mentoring to enable the candidates to re-register with the HCPC. The participants are now busy preparing their learning portfolios and are already considering which councils they would like to work for.

7 https://www.gov.uk/government/statistics/childrens-social-work-workforce-2016

The model is currently being evaluated and we are hoping to support the expansion of regional CBTSW programmes over the next year. Social work is a challenging career but one that is vitally important and rewarding and this programme is a great opportunity for those who have been out of practice to come back and help make a real difference to people's lives.

iv. Engaging the sector

Since the publication of my last report in 2016, I have been busy continuing my visits to local authorities. My ambition is to have met with all local authorities in England by the publication of my 4th report next year.

One of my key priorities has always been to meet with frontline social work teams, as well as Chief Executives, Directors of Adults Social Services, councillors and leaders responsible for social work practice. This still remains the case. Ensuring that social work is supported by senior leadership is essential if people are to experience the best possible support from social workers. Most importantly, meeting with social workers on the ground is a valuable opportunity for me to discuss and reflect on the practice and systems issues in the field and to use this to inform my advice and guidance to ministers and officials on social work and related areas.

Local Authority Visits

Local Authority and Mental Health Trust visits since September 2013	Local Authorities visited from Mar 2016 to Mar 2017	No. of conferences attended since Mar 2016
125	27	22

I have been impressed by the work that has been undertaken in the last year to reposition professional social work practice at the heart of adult social care; the focus on preventing and delaying need and the collaborative work that social workers are undertaking with occupational therapists (OTs), health and other professionals to deliver integrated responses to people. I have been accompanied on some of my visits in the last year by Alison Raw who until recently, led the allied health professionals policy in the Department. OTs are central to both prevention and promoting independence and are often key to ensuring an individual remains safe within their own environment. I welcome moves to closer integration with social workers and OTs as part of wider multi-disciplinary teams.

Some brief highlights of my visits from the past year include:

- A clear commitment to new and innovative ways of working.
- Excellent AYSE programmes.
- Good models of supervision and a focus on restorative practice approaches.
- Development of strengths and asset based approaches, co-designed with the community and voluntary sector.
- Multidisciplinary neighbourhood teams to deliver integrated health, social care and community responses.

National conferences

Having attended 22 conferences this year I have had the opportunity to deliver some key speeches, including the Social Work for Better Mental

Health initiative, social work practice with older people and carers, strengthening legal literacy and use of evidence and enhancing practice supervision.

Some of the more notable engagements I have been a part of this past year include visiting the Buurtzorg enterprise with Isabelle Trowler, Chief Social Worker for Children and Families. Based in the Netherlands, this professional and practice led social enterprise model has resulted in improved outcomes for older people, staff satisfaction and retention and efficiencies. I am keen to consider, with the sector, ways in which this approach could support improving social work services. Their case study is included in part two of this report.

In November 2016, I attended the National Children and Adult Services Conference (NCAS) in Manchester, feeling more confident than ever in the growing influence of modern social work within the health and care system. Our role within multi-disciplinary health and care teams, evolving specialisms in mental health, autism, learning disabilities and dementia and our focus on education and accreditation were all topics of discussion.

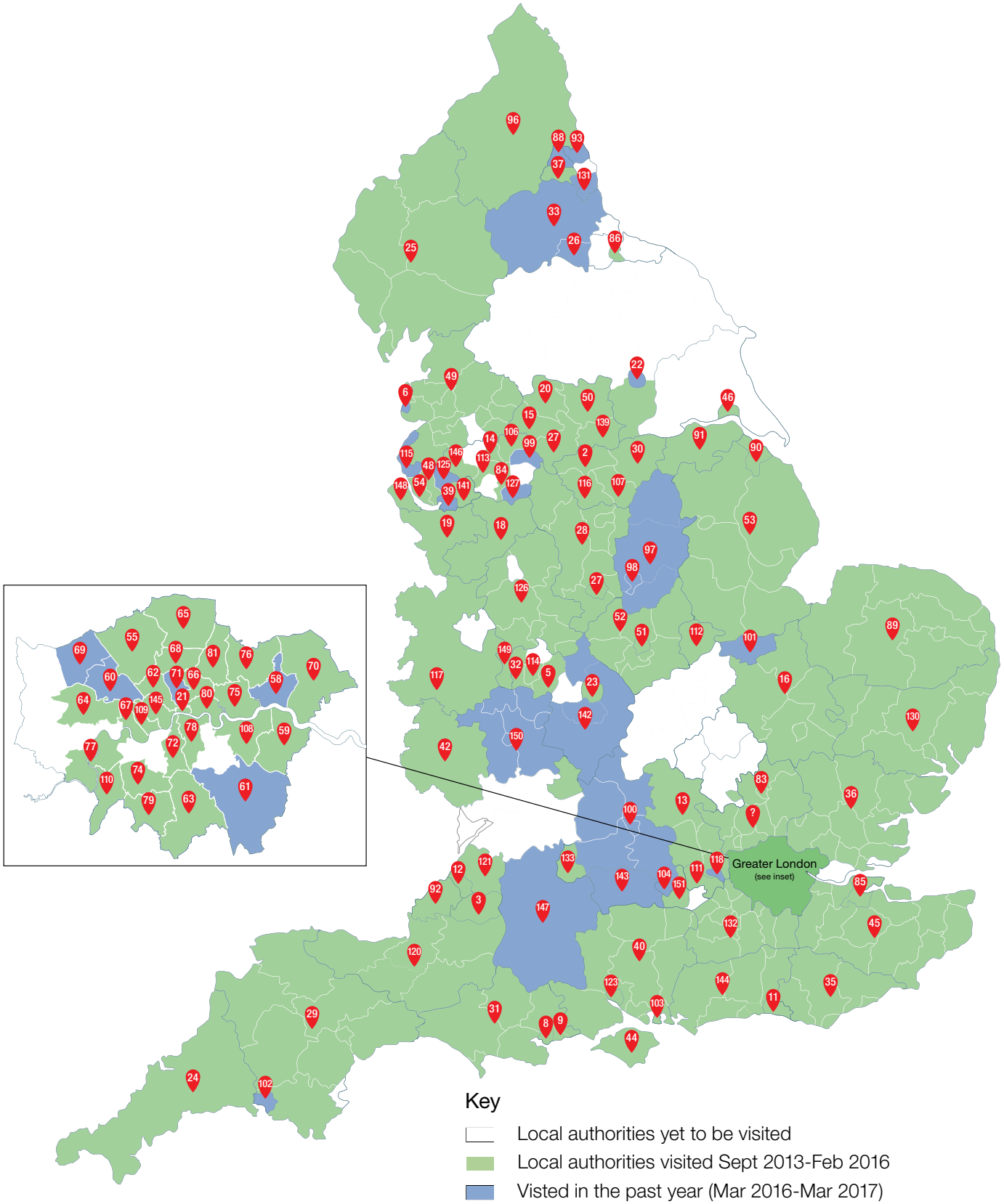
Finally, I was able to attend the combined International Initiative for Mental Health and International Initiative for Disability Leadership in Australia at the beginning of March. It was fascinating to hear about different developments across the world to improve responses to improving mental health and disability services, in particular, the significant policy change in Australia in establishing the National Disability Insurance Scheme. Much of the learning for this came from the self-directed support and personalisation approaches in the UK. However the key difference is that the scheme has been established on the basis of the principle of insurance rather than welfare and an intrinsic focus on human rights, citizenship and inclusion. It is still early days but it will be interesting to see how the embedding of the scheme progresses, its impact in changing the understanding of citizenship rights for people with disabilities and whether it really does result in the desired cultural shift of people with disabilities being out there in the world alongside everyone else.

It was also inspiring to hear about the strengths based approaches that have been developed in working with indigenous communities in different countries to improve mental health and wellbeing. Many of the practice leaders in these fields are social workers by background and their use of holistic, co-production approaches in working with people and communities are leading the way in re-imagining mental health and disability.

As part of this trip I was also asked to give a talk at the University of Newcastle, New South Wales to social work students, academics and practitioners from across the region. The university educators, together with their colleagues from the human geography faculty are involved in working with social workers to embed strengths and asset-based approaches in their work with people and communities and the impact of their work and the solutions coming from people was impressive.

In conclusion, over the last year, we are really starting to see a re-positioning of social work with adults to lead on delivering the principles in the Care Act around preventing and delaying need, taking more strengths based approaches and, most importantly, focusing on the relational work between social workers and the people they work with, to improve their wellbeing and enable them to live the lives they want.

Visits 2016-17



Ref	Council
1	Blackburn with Darwen Borough Council
2	Barnsley Metropolitan
3	Bath & North East Somerst Council
4	Bedford Council
5	Birmingham City Council
6	Blackpool Bororugh Council
7	Bolton Metropolitan Borough Council
8	Borough of Poole
9	Bournrmouth Borough Council
10	Bracknell Forest Council
11	Brighton & Hove Council
12	Bristol City Council
13	Buckinghamshire County Council
14	Bury Metropolitan Borough Council
15	Calderdale Metropolitan Borough Council
16	Cambridgeshire County Council
17	Central Bedfordshire Council
18	Cheshire East Council
19	Cheshire West and Chester Council
20	City of Bradford Metropolitan District Council
21	City of London
22	City of York Council
23	Conventry City Council
24	Cornwall County Council
25	Cumbria County Council
26	Darlington Borough Council
27	Derby City Council
28	Derbyshire County Council
29	Devon County Council
30	Doncaster Metropolitan Borough Council
31	Dorset County Council
32	Dudley Metropolitan Borough Council
33	Durham County Council
34	East Riding of Yorkshire Council
35	East Sussex County
36	Essex County Council
37	Gatehead Metropolitan Borough Council
38	Gloucestershire County Council
39	Halton Borough Council
40	Hampshire County Council
41	Hartlepool Borough Council
	Hertfordshire Council
42	Herefordshire County Council
43	Isle of Scilly Social Services
44	Isle of Wright Council
45	Kent County Council
46	Kingston-Upon-Hull City Council
47	Kirkless Council
48	Knowsley Metropolitan Borough Council
49	Lancashire Council
50	Leeds City Council
51	Leicester City Council
52	Leicestershire County Council
53	Lincolnshire County Copuncil
54	Liverpool City Council

Ref	Council
55	London Bororugh of Barnet
56	London Bororugh of Hillingdon
57	London Bororugh of Hounslow
58	London Borough of Barking & Dagenham
59	London Borough of Bexley
60	London Borough of Brent
61	London Borough of Bromley
62	London Borough of Camden
63	London Borough of Croydon
64	London Borough of Ealing
65	London Borough of Enfield
66	London Borough of Hackney
67	London Borough of Hammersmith and Fulham
68	London Borough of Haringey
69	London Borough of Harrow
70	London Borough of Havering
71	London Borough of Islington
72	London Borough of Lambeth
73	London Borough of Lewisham
74	London Borough of Merton
75	London Borough of Newham
76	London Borough of Redbridge
77	London Borough of Richmond on Thames
78	London Borough of Southwark
79	London Borough of Sutton
80	London Borough of Tower Hamlets
81	London Borough of Waltham Forest
82	London Borough of Wandsworth
83	Luton Borough Council
84	Manchester City Council
85	Medway Council
86	Milddlesbrough Council
87	Milton Keyness Council
88	Newcastle Upton Tyne Council
89	Norfolk County Council
90	North East Lincolnshire Council
91	North Lincolnshire Council
92	North Somerset Council
93	North Tyneside Council
94	North Yorshire County Council
95	Northamptonshire County Council
96	Northumberland County Council/Northumbria Healthcare Foundation Trust
97	Nottingham County Council
98	Nottingham City Council
99	Oldham Metropolitan Borough Council
100	Oxfordshire County Council
101	Peterborough City Council
102	Plymouth City Council
103	Portsmouth City Council
104	Reading Borough Council
105	Redcar & Cleverland Borough Council
106	Rochdale Metropolitan Borough Council
107	Rotherham Metropolitan Council
108	Royal Borough of Greenwich

Ref	Council
109	Royal Borough of Kensington and Chelsea
110	Royal Borough of Kingston Upon Thames
111	Royal Borough of Windson and Maidenhead
112	Rutland County Council
113	Salford City Council
114	Sandwell Metropolitan Borough Council
115	Sefton Council
116	Sheffield City Council
117	Shrophire Council
118	Slough Borough Council
119	Solihull Metropolitan Borough
120	Somerset County Council
121	South Gloucestershire
122	South Tyneside Metropolitan Borough Council
123	Southampton City Council
124	Southend-on-Sea Borough Council
125	St Helen Metropolitan Borough Council
126	Stafforshire County Council
127	Stockport Metropolitan Borough Council
128	Stockton-on-Tees Borough Council
129	Stroke-on-Trent City Council
130	Suffolk County Council
131	Sunderland City Council
132	Surrey County Council
133	Swindon Borough Council (SEQOL)
134	Tameside Metropolitan Borough Council
135	Telford & Wrekin Council
136	Thurrork Council
137	Torbay NHS Care Trust
138	Trafford Metropolitan Borough Council
139	Wakefield Metropolitan Districts Council
140	Walsall Council
141	Warrington Borough Council
142	Warwickshire County Council
143	West Berkshire Council
144	West Sussex County Council
145	Westminster City Council
146	Wigan Metropolitan Borough Council
147	Wiltshire County Council
148	Wirral Metropolitan Borough Council
149	Wolverhampton Council
150	Worcestershire County Council
151	Wokingham Borough Council

v. Social work research

The development and use of research and evidence has a central role in embedding and improving social work and professional practice. We need to know that the support and care which people receive is appropriate to their needs, is effective and leads to the right outcomes. Investment in research and evidence of what works is therefore, vital to improving the focus and quality of practice. If modern social work is to respond effectively to people's needs it must sharpen its focus on research and evidence-informed practice, in order to fully appreciate and respond to the reality of people's lives.

The 2016 report "Social work research with adults in England: the state we're in"[8] by Professor Jill Manthorpe and Jo Moriarty of the Social Care Workforce Research Unit, provided a welcome focus on the importance of research and evidence if the social work profession is to strengthen and flourish. The report contains several recommendations, including the establishment of a network to provide learning and mentor support for early career researchers, practitioner researchers and managers interested in adult social work research. This kind of specialised resource exists for researchers working on subjects such as ageing or general health services, but as yet there is no equivalent for our profession. I hope this report will help to change that.

The report also acknowledges the James Lind Alliance (JLA), a non-profit initiative which brings together users of services, carers and practitioners to identify the most pressing unanswered research questions about the effects of medical and other treatments. I am pleased to confirm that, through the Department, I will be working with the JLA as they consider the key priorities for adult social work research, with the priority setting partnership likely to focus on the role and professional practice of the social worker in relation to the Care Act and the evidence and impact of social work interventions in specific areas, including mental health, older people and learning disabilities. This work will also enable us to evaluate social work's contribution to delivering the Department's wider aims – for example, further defining the contribution and impact of social work and the social model in integrated settings.

There will be communications, events and dissemination activity taking place over the next 12-18 months to ensure we involve the widest possible number and range of individuals and organisations across the sector. I hope you will be able to support and promote this exciting and important project.

8 https://www.kcl.ac.uk/sspp/policy-institute/publications/Social-work-research-with-adults-in-England---the-state-were-in.pdf

PART 2

People who use services and those with lived experience

Becki Meakin, Shaping our Lives

At Shaping Our Lives we continue to value the opportunity to work with the Chief Social Worker, Lyn Romeo, to ensure that disabled people and others who use social care services can share their expertise from their lived experiences. As a user-led organisation, we are increasingly concerned about the 'crisis in social care' as described by the Care Quality Commission.

The recent results from the Independent Living Survey revealed a worrying trend in the choice, quality and amount of care people are experiencing, with a third of people reporting that in the last year their choice and control over the services they use had reduced and nearly half of respondents felt the choice and control they enjoyed over their support was poor or very poor.

With this in mind it is vital that people who use services and the user-led organisations that represent them continue to have a collaborative relationship with policy makers in social care. Shaping Our Lives and BASW recently launched a charter for disabled people and social workers. The charter, co-produced by disabled people, sets out ways of working that result in better outcomes for disabled people and professionals and we hope this will shape social work practise in the future. We look forward to further partnership working and are committed to offering our support to realise better outcomes for users of social care services.

Russell Hogarth, Chair, Creative Communities Group UK

The Creative Communities Group UK network that I chair and co-founded in 2012 has over 200 members. The CCGUK is a catalyst and model of best practice for university/community partnerships.

In addition to supporting members of the community, we are involved in the education of social work students, mental health nursing students and psychology students through our relationships with BASW, and the Royal College of Psychiatrists.

The CCGUK co-designed and deliver a highly evaluated university seminar and conference workshop throughout the UK titled "towards a better tomorrow" based on the narratives and lived experience of community members.

We support and are actively involved in creative teaching as a pathway to inclusion and accessible education highlighted in the recent publication: Creative Education, Teaching and Learning www.palgrave.com/us/book/9781137402134

Lyn Romeo has demonstrated a genuine passion and interest in the value of community involvement and the benefits to both community members and the social workers of tomorrow. She believes passionately in the co-design and delivery of services that benefit both social workers and their clients.

I believe that having Lyn Romeo in the position of Chief Social Worker is a step change in the right direction. She has shown on many occasions how she gives a voice to both community members and social workers at a Parliamentary level.

Emily Holzhausen OBE, Carers UK

It has been great working with the Chief Social Worker, Lyn Romeo, over the past year where we have continued to embed social work values and practice in our related work as a result of our continued contact. For example, we contributed to an NHS England conference on Military Carers where we highlighted the value and skills that military social work teams can bring to families.

Having the Chief Social Worker's support for Carers Week and Carers Rights Day has been important, putting out messages to social workers about the key difference they can make to carers' lives. One of our carer members – Ally Khodabocus – put forward his top tips for social workers on how to support carers which is published in Lyn's blog.

Carers UK teamed up with Lyn to do a "meet and greet" at the 2016 NCAS conference on how we can best support carers, including looking at the value and support that digitally based solutions such as Carers UK's Digital Resource can bring to social work practice. Local authorities were keen to look at the opportunities that online support makes as an added contribution to core social work support.

We look forward to working with Lyn in her role as Chief Social Worker in the coming year.

Adult Principal Social Workers Network

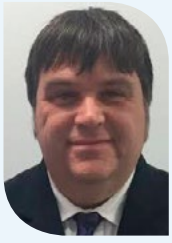
The Adult Principal Social Workers Network

This year has been one of change and ongoing development for the Adult Principal Social Workers (PSW) Network. Building on the strong foundations left by Margaret Barrett and Brendan Clifford in June, the three of us – Rob Mitchell, Mark Harvey and Karen Cook took up the reins as co-chairs and vice chair respectively.

The Network has been very active this year, both in direct work and developing a national presence, engaging in initiatives that have started to allow social work and the PSW network to become more relevant and play a greater role in engaging and influencing local and national policy.

As the chairs of the network we have been involved in a number of working groups and projects. Karen has been our representative at the Chief Social Workers research group as well as re-establishing links with the royal college of General Practitioners, looking at the role of social work with general practice.

Rob continues to represent social work on the National Mental Capacity Act Forum chaired by Baroness Finlay as well as leading on the importance of social work at training and ASYE levels. Rob has attended many HEIs to promote the vital role social work has in the safeguarding of human rights and ensuring independence.



Mark has been working with the Department for Education and Department of Health as well as a number of other key groups to help the early development of Social Work England, the new regulator for social work, attending a stakeholder advisory group to support government to shape the new body. Mark is also currently a member of a NICE Committee developing guidelines for service pathways and delivery for people with a learning disability and behaviours that may challenge.

The true value of the Principal Social Workers Network, particularly in the current climate, is its growing enthusiasm, thinking and activism. The regional chairs spent a day in October 2016 looking at the future programme and priorities of the network. Focusing on what is important, not just, social work but the citizens, communities and neighbourhoods that social work is a part of. These initial ideas have helped to shape what will be a new work plan for the network, which was shared and refined at a very lively and productive national meeting in November. It was easily the warmest room in London as 60 PSWs helped define the key messages that we stood for and the work we will take forward to make modern social work a key driver of supportive change for people. It was inspiring to see people's passion and commitment.

This work by PSWs has put the network on a stronger footing, with a clear work plan which will help shape the role of the PSW and the contribution of the network, both nationally and regionally. Many of our regions have produced some fantastic work over the last 12 months, with models of intervention, audit frameworks, positive practice and other initiatives and good practice being shared and discussed in the network.

It is clear that the network is moving forward at pace and that the regions are developing momentum to ensure that strong, resilient, values based social work is present and thriving. However, there are still a significant number of PSWs who are not as engaged as they could be. The majority of the regions run on approximately 50% of the available PSWs and there are PSWs who have never attended a national meeting. Whilst we understand the significant pressures on all social workers, we would strongly urge you to get involved in your regional group and attend national network meetings. The Care Act gives you a statutory framework and ability to practice and act in a way that is very influential. Don't miss out on these opportunities to support social work and ensure its professional future.

The Network has also entered the world of social media and blogging to support the message of social work and promote what have been some very successful events. However, as a network we decided to enter the world of Twitter in response to the publication of the Mazers independent review of the deaths of people with a learning disability.[10] This shocking report and lack of response from social work organisations led to us issuing our first formal release as a network and sharing coverage via our new Twitter account @AdultPSWNetwork. We have since released network statements in response to the EU referendum and the Kings Fund and Nuffield Trust report on social care for older people.[11]

In December the Network proposed another day of action, a national hospital social work day, highlighting the invaluable work that hospital social workers do, particularly at the height of winter pressures. The day sought to highlight not just the effort and commitment of hospital social workers, but also the knowledge, values and legal literacy they bring to an environment which can often be difficult or overwhelming for people and their families.

9 https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2015/12/mazars-rep.pdf

10 https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/Social_care_older_people_Kings_Fund_Sep_2016.pdf

Evolving models of good social work practice in Adult Social Care

Local Area Coordination in Derby

In Derby City Council they have introduced ten local area coordinators (LACs) as part of the adult social care 'front door' service that includes social workers, community care workers and occupational therapists.

A major part of their role is to provide complex/crisis support in ways that keep people away from services, reduce dependence on services and thus reduce costs.

LACs work with people to make the fullest possible use of their social capital and increasing their individual resilience. LACs do this by supporting people to draw upon their personal or family resources to solve their problems. Also, by connecting people to others in the community who are able to assist. In so doing, they identify the things that the person themselves has to offer, so that support becomes mutual and people contribute more to their local community.

LAC began in Derby in 2012 in two Council wards – Alvaston and Arboretum. Derby University evaluated that over a period of 10-12 months, working with approximately 50 people, an estimated £800,000 saving to the health and social care economy was made as a result of people's use of the formal system being delayed or diverted entirely.

Think Local, Act Personal funded an independent evaluation of LAC in Derby – *'Social Value of Local Area Coordination in Derby: A forecast Social Return on Investment Analysis for Derby City Council'*. The report demonstrates that over the three year forecast period with 10 Local Area Coordinators, Local Area Coordination would deliver significant social value. The benefits of LAC can be translated into a financial value estimated to be £6.5 million over a three year period, based on the £1.8 million investment being made over the three years by the Council and the NHS via the Better Care Fund.

Example of a local area coordinator **building individual and community resilience:**

"Jim was introduced to a local area coordinator by someone who was concerned about him. Jim had spent seven years caring for his wife who had recently passed away. Jim was becoming very isolated and not caring for himself properly. Over a period of weeks they started to think about things that Jim could do in his local community that would connect him to others. A few weeks later they met up in the local pub, to encourage Jim to leave the house and also begin to re-engage with some of the places where he used to spend time. Jim struck up a conversation with an old work mate – they played darts and talked about going to see Derby County together.

After meeting up with his old work mate, Jim talked to the local area coordinator about setting something up in the community for people going through a similar experience.

Fish & Chip Friday was born. With Jim taking the lead, the local area coordinator supported him to find a venue, produce some fliers and invite people along. Over the last year this group has grown, with 15-20 people – all of whom would have been described as isolated – now getting together. Jim talks about the fact that if it hadn't been for the local area coordinator, he would not still be here. Yet he has got his life back and gone on to support other local people."

'The Route' to independence – Halton

Halton Borough Council continues to challenge frontiers when it comes to delivering adult day services. Its diner-style catering outlet in Widnes town centre is just one of the employment and work experience 'cottage industries' setup to offer social and employment skills support to a wide range of service users.

'The Route', which opened in November 2015, offers work placement opportunities in a busy food retail and customer service-based setting. It is the newest addition to an interlinked portfolio of some 15 small businesses developed by the service. Service users often experience work across a range of our businesses developing transferable skills and broadening experience (see Roberta's Journey).

Used as part of a progression programme for service users the outlet acts as a stepping stone to enhance skills already gained across other services. The Route sells soups and cake slabs made at the kitchens in Oakmeadow Community Support Centre, cupcakes produced by the Independent Living Centre, and the ice cream manufactured through Community Services at Norton Priory.

Those working in the diner include service users with learning disabilities, physical disabilities, mental health issues and other long-term conditions which might impede their ability to access conventional in-roads to the jobs market. As a development pathway it is intended that those working with the service may ultimately be able to advance into commercial sector roles.

Advancement to the public-facing high street site on Widnes Road involves completion of a pathway of learning. For the catering arm of the business this involves Food Safety training and, where appropriate, independent travel training for service users. Techniques such as developing food preparation processes in pictorial form support service user needs.

Roberta's Journey

Hello my name is Roberta and this is my story accessing Halton Community Services.

When I left school I went to Astmoor Day Centre and nearly all of my activities were centre-based. When Astmoor closed down in 2006 we all moved into community venues.

I liked being in the community venues but I was a bit bored in some places.

That all changed in 2010 as I got my first work placement one day a week as a junior clerical assistant based in the office at Bredon Respite Care Service care home. My key tasks were to answer the phone, typing, photocopying, taking the register and passing on information to the duty senior. I also got my own email address; I sent messages to the staff.

I work in a team at Bredon with other clerical's who guided me, I liked being given responsibilities. It made me feel important plus I was travel trained by the service so that meant I could make my own way there on public transport, sometimes I popped into the local shop on way there and bought my lunch just like other people do.

This is me working in the office at Bredon

In 2011 I was asked would I like to work in Shop Mobility which is run by Halton Community Services, as a customer care assistant. My key tasks at Shop Mobility were customer service, preparing the scooters for people and I liked the information side at shop mobility and working with the customers. I got the bus to Shop Mobility which made me independent.

This is the Shop Mobility where I worked in at Halton Lea

2011 was a good year for me as I was offered another position in the Community Services hairdressing salon 'Altered Image' in the high street in Runcorn. I had two roles there one as a trainee stylist and one as a receptionist. I really enjoyed working at the salon. Putting the gowns on the customer, washing their hair were some of the tasks I did along with greeting them when I was on reception.

This is a picture of me helping to gown a customer up in the hairdressing salon

I do feel like I am treated like a member of staff. I have supervision with my line manager where we talk about my progress; people say that I have come a long way and have the ability to go further with training.

Strengths-based social care in Leeds City Council

For a number of years we have been implementing a *'Better Lives'* strategy for the people of Leeds. We had achieved a lot but an ageing population and budget cuts continued to put pressure on already stretched services. The new Director prompted a fresh look at exactly what we meant by a Better Life. We have a strong and vibrant voluntary and community sector in Leeds but we weren't always making the most of this as we were running with a deficit model of assessment and care delivery which nudged us towards solving problems for people.

With strengths-based social care we are in the process of turning this on its head. Now everything is being centred on the quality of the conversation we have with people – ensuring we check what is important to them, understanding what is working well and helping them to connect to the right solutions instead of rushing to solve problems.

We have three different types of conversation that we will have with people.

- The first is connecting people to their local community to access support that is available.
- The second is responding to people's needs at a time of crisis – stabilising the situation but not making any long term plans.
- The third is long term care planning – we pledge not to rush to this conversation before we have fully explored other options.

Although early days for us, we are already getting some great individual stories of people benefitting from this change of approach. Just seeing someone in a community setting rather than in their own home has led to very different conversations and different outcomes.

The real success to date has been the engagement and enthusiasm of the social work teams who have embraced the change and looked at all aspects of practice. Teams feel empowered to strip back paperwork, try things out and really take ownership of the change.

Adult Family Group Conferencing in Camden

Family Group Conferences (FGCs) were originally developed as methods of engagement and support planning by the Maori Community in New Zealand. Since 1992 the FGC approach has been used in the UK in children and young people's social work services and 84% of local authorities now offer a FGC service in their children and families' services (Family Rights Group Survey 2015).

The FGC approach can also be used as a way of working co-productively with vulnerable adults and those close to them, to enable them to design their own support. A FGC is a concrete example of using a strengths based approach as it places a significant amount of decision making with the person and their informal network.

The social worker will set the boundaries of what is possible beforehand and come in after the FGC meeting but will not usually be present at the meeting itself. The use of an independent coordinator in the FGC process also reduces the perception of the social worker as the centre of all decision making.

The Social Care Institute for Excellence (SCIE) has published two evaluation reports on the use of FGCs in adult services; one in Greenwich, the other in Central Bedfordshire.[12]

Making safeguarding personal: A toolkit for responses[13] includes a chapter on the use of Family Group Conferences.

Camden has held 30 adult FGCs in the last three years and is looking to increase the number of FGCs it facilitates as part of its transformation to strengths based social work. FGC referrals have been made in Camden for young adults with learning disabilities and for older people with physical disabilities or dementia. Some of the issues the FGCs have addressed are: supporting carers, dementia care and safeguarding issues including physical abuse, financial abuse and neglect.

FGCs have enabled individuals and their informal networks to plan care and support adults to live safely in the community, as well as mitigate the impact of self-neglect and prevent abuse. They have been shown to be effective where there maybe disputes or relationship difficulty between family members or between family and professionals, preventing the need for (and cost of) Court of Protection and legal involvement. Our pool of independent FGC coordinators, speaking 14 different community languages have been delivering the work in partnership with social workers.

Camden FGC feedback

From a family member

"The FGC process has done a lot to foster consensus among our family… FGC is a positive approach to get families to get together and come to a joint decision and we found it helpful."

11 http://www.scie.org.uk/workforce/socialworkpractice/files/pioneers/RoyalGreenwich.pdf
http://www.scie.org.uk/workforce/socialworkpractice/files/pioneers/centralbedfordshire.pdf

12 http://www.local.gov.uk/c/document_library/get_file?uuid=1f5ca58b-1fff-4bc3-b438-d3cb2a784e48&groupId=10180

Feedback from a social worker

"A plan was made for family members to support the adult to live at home … the process was positive, excellently facilitated and the families plan to step in with care and support was robust."

Feedback from an FGC coordinator

"It was definitely a restorative FGC, making progress on repairing relationships. The fact that I speak Bengali helped, the care agency will be concentrating only on the necessary personal care now, domestic tasks such as cleaning will be managed by a rota of committed family and friends"

FGC evidence and outcomes

An early evaluation of FGCs in adult services in Kent[14] found that overall the trend in the FGCs was to reduce local authority expenditure on average by around £7,000 per FGC. The Greenwich and Central Bedfordshire SCIE studies each describe ways in which FGCs postponed or averted the need to fund intensive home care or residential care.

Local reported outcomes include:

- participants saying they felt 'more in control' following their FGC
- social workers and health professionals achieved a higher level of direct communication with 'hard to reach' family members
- family members taking on more responsibility in decision making and support for their family member
- repaired relationships within families
- adult service users supported to make decisions about their own care using advocacy.

13 https://shareweb.kent.gov.uk/Documents/childrens-social-services/carers-and-family-support/family-group-conference/Adults%20research%20findings.pdf

Integration and the role of social work

Livewell Southwest Plymouth – An integration approach

Integrating health and social care is complex and our approach here in Livewell Southwest Plymouth has been to divide the work into two areas – *Co-locating* services and *Designing* new services. Creating the new ways of working, designing new team structures and new processes will enable us to deliver a truly integrated service. For example, *One team – one referral*.

We have learnt that over 70% of the people, who receive support from adult social care, also receive support from a health care professional. We also know that the majority of these people are over the age of 65 and are living with a range of complex health issues. By integrating services for older people we will be able to greatly reduce the number of professionals involved in people's lives. Instead of multiple teams, we will have single teams, working together.

To see what our health and social care staff have to say about working together check out the video on our integration pages at www.livewellsouthwest.co.uk

Learning Disability Service case study

"Kyle is a 40 year old man with a learning difficulty, mental health problems and a history of repeat admissions to specialist psychiatric hospital facilities. He has received support from a social worker, and healthcare professionals in the learning disability service. In addition, he has received daily support from a private care agency.

Prior to integration, the joint working between health and social care professionals was fragmented; relying on telephone conversations, exchange of emails and the occasional multi agency meetings. As a result, the support provided to Kyle was disjointed, with sometimes conflicting advice. Now, Kyle's social worker works in the same team as his community psychiatric nurse and specialist psychologist and, together, they have developed a coordinated and coherent support plan that has helped to prevent Kyle from being admitted to hospital."

Learning

Integration is making a positive difference to supporting people to remain living at home. Our new urgent care service provides a range of support to people, preventing them being admitted to hospital, and quickly enabling them to return home. Our integrated services work under a 'multidisciplinary' team approach which includes GPs, nurses, social workers, occupational therapists, pharmacists and physiotherapist. Our Integrated hospital discharge team also comprises a mix of health and social care professionals, supporting people with complex needs to leave hospital with the appropriate levels of support. The team has significantly increased the number of discharges from hospital over the past 12 months.

Northumbria – Macmillan Social Work

The Macmillan Social Work Service was introduced in Northumberland in November 2015. This was as a result of Northumberland Adult Social Care (ASC) identifying through research that the introduction of a specialist End of Life social work service would enhance the Social Care support available to local residents living with End of Life conditions.

The project aimed to provide a dedicated, sustainable, equitable Palliative Care Social Work model to adults and their carer(s) and to enhance and improve service delivery for end of life clients across the whole of the Adult Social Care spectrum.

The outcomes that were identified in the project bid were:

- Support and prepare advanced care decisions by integrating with colleagues in health
- Prevent unnecessary admissions to hospital through integration
- Co-ordinate and facilitate speedier hospital discharges through integration
- Access to support personalised support solutions via Continuing Health Care/Personal Health Budgets
- Widen the access to EoL personalised community support
- Offer consistency of contact in relation to patient / carer support
- Improve and advance community social workers EoL Care knowledge
- Streamlining of pathways in terms of the person's journey and the interface with health and identify and advance the development of commissioned support mechanisms
- Seamless access to social work support in a timely manner
- Joint approach with the MD team (both in the hospital and in the community)
- Co-ordinate appropriate community follow up post discharge.

The service was accessed via the agreed Adult Social Care access point which is the Single Point of Access (SPA). Once a referral was allocated to the Macmillan Social Worker, the client had direct access to the worker who would then assess and support as necessary. A strategic approach was undertaken to ensure the service aims were embraced by partner organizations'. This included:

- Offering a Partnership approach to the service design within each of the four localities of Northumberland
- Sharing service developments and ownership
- Establishing good communication pathways
- Encouraging appropriate referrals and signposting
- Ensuring that the service enhanced what is available and avoids duplication.

The introduction of the Macmillan Social Work service offers service users on the end of life pathway the opportunity to engage at a time and a pace which is appropriate for them. The service offers continuity of care throughout their end of life journey.

Heather Kent one of the social workers, was recently was recognised at the Social Worker of the Year awards.

Rutland model of integration

The challenge

Rutland County Council is one of the smallest unitary authorities in England with a population of 37,600. Locally identified issues were:

1. Timeliness of access to the right care
2. Avoidance of emergency admissions of individuals with complex needs
3. The high rate of 'returns to hospital' within 91 days of discharge
4. High levels of delayed discharge from acute settings (DTOC)
5. The high rate of admissions to care/nursing homes with poor management of long term conditions.

Ambition

To respond to the identified issues, the Council changed its approach to providing care and working closer with health partners and the local community to better integrate and coordinate health and social care services.

This work has been underpinned by changes to national legislation, notably the introduction of the Care Act 2014. It has been driven forward through partnership based work, particularly local health partners, and some focussed in Rutland County Council.

The 'Golden Thread' that ran through the new strategy is the customer, with the below overarching ambitions:

- For people to be provided with the right combination of care, in the right place at the right time, in ways that will be sustainable going forward.
- To enable and encourage people and communities to live healthier, more active, independent lives and to do this in a way that people have to rely on us less.

Prevention and Safeguarding

The Prevention and Safeguarding team provides the 'front door' to adult social care services through a dedicated 'Duty Desk' and is a multi-disciplinary team. People are supported at the front door with self-assessment promoted, to access a preventative service immediately without the need for a lengthy assessment.

The role of carers in providing adult social care

Rutland is one of the few authorities to have in place its own Carers Support Service who are able to respond to a carer and support any identified need to prevent crisis. The Carers Team work proactively to identify carers and have strengthened partnership working with local services such as Rethink, Rutland Community Agents, Alzheimer's Society, local surgeries and local counselling and therapeutic services.

Assistive technology

Our assistive technology scheme offers carers increased peace of mind through a variety of alarm and tracking systems or reducing caring tasks, through personal and home adaptations. Video calling technology also helps the members of households to access advice or information without the barrier of physical journeys. We are also supporting a community based telephone befriending project which will be pairing up carers to provide mutual support.

Hospital and reablement

The hospital and reablement team is a fully integrated model of services funded by ASC budgets, BCF and CCG and is led by a jointly funded health and social care team manager. It includes the community planned nursing, a link to a ward based matron, embedded social workers on wards and an in-house therapy led reablement service.

Long term and review

The Long Term and Review Team support people to stay well and independent for as long as possible utilising a multi-disciplinary approach including both Health and Social Care staff. People are regularly assessed to meet changing needs and support whilst ensuring reviews of commissioned services are Care Act compliant.

Overall achievements

The transformational change to adult social care has ensured that Rutland county council has, during a period of reductions in council funding, continued to deliver high quality frontline services that meet the needs of service users utilising existing resource levels and fully embracing and implementing 'integrated working' between health and social care.

Social Work in Mental Health

Blackpool and the Mental Capacity Act

Blackpool Council was successful in receiving time-limited funding from NHS England to promote awareness of the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS) and Safeguarding in Blackpool. The project aims to drive-up the quality of service delivery to individuals who lack the mental capacity to make informed decisions relating to care and treatment arrangements, and who may need to have their deprivation of liberty safeguarded in their 'Best Interests'.

The project adopted a multi-disciplinary approach, with the team comprising Social Workers, Dementia Training Officer and Pharmacist.

Dignity, respect, safeguarding, MCA & DoLS training

Bespoke training, a customised support tool and individual professional support to raise awareness of the MCA, DoLS, links between Dignity and Respect, Safeguarding, the Care Act (2014), Dementia and Medication control have been provided to Residential and Domiciliary Care Providers, Shared Lives Service, Respite and Rehabilitation Services, Hospices, Carers Groups, Advocacy, Health and Social Care Professionals, and the general public.

Feedback from a wide range of providers and partners evidences a significant increase in the confidence of staff and managers to challenge poor professional practice; together with improvements in their own practice resulting in better quality services and more fulfilling outcomes for individuals. Feedback from training includes:

"The importance of choice in people's lives, also the need to challenge any bad practice we may come across, plus the need to self-analyse practices which may be questionable."

"To think about the things I have learned and remember that abuse takes many forms and sometimes you don't know you're doing it!"

"'Let's Respect" dementia training

The Dementia training officer has delivered bespoke training events to care providers to improve the quality of care provision, in line with the ethos of the National Dementia Strategy 2012. The aim is to promote strong links within the community, reduce loneliness, and ensure person centred care is provided and sustained. The recipients of the training have been wide ranging: managers, carers, cooks, maintenance and administrators. We feel a whole team approach helps to deliver a cohesive person focussed support. Joint working with Trinity Hospice around the training has been nominated for awards with Dementia UK and Alzheimer's Society.

Dementia awareness training has also been delivered to service users, their relatives and social services practitioners. Feedback from training includes:

"This has helped me understand why my father acts as he does"

"We have used life story work to help us understand why one of our residents acted in a particular way and have now been able to address and meet a specific need."

Deprivation of liberty safeguards

At Blackpool Council we do not have a waiting list or backlog of applications and are able to commence the assessment process upon immediate receipt of an application, with a Mental Health Assessor (MHA) being allocated within two weeks and a Best interests Assessor (BIA) being allocated within four weeks; once all assessments are completed we are able to get authorisations signed off and put in place immediately.

There are a number of different elements to our approach in managing the DoLS process. The first being flexibility. So for the first time we introduced a BIA rota for all our internal social workers who are trained BIAs. We also reached out for more Mental Health assessors to obtain a good list of contacts able to complete assessments. We commission regular update training sessions for both our internal BIAs and our DOLS signatories so that knowledge and approach to practice is consistent. Our DoLS signatories are also the senior management team within Adult Social Care. We also continue to adapt our processes, as changes in the law and demand dictates.

Devon Daytime AMHP Service

In September 2015 the daytime Approved Mental Health Professional (AMHP) provision in the Devon County Council/Devon Partnership NHS Trust (DCC/DPT) moved to a new service delivery model. Small dedicated AMHP teams were introduced replacing the traditional duty rota model. Supported by a 'one number' line for referrals, advice, and back-up, each locality team became empowered to define and direct their own work according to local need; whilst simultaneously maintaining a flexible commitment to core AMHP business within the wider service.

The new model had clear aims:

- To introduce an AMHP management and support structure.
- To provide AMHPs with a clear and manageable role.
- To reduce work-related stressors.
- To promote the role and purpose of AMHP work within the Trust and with partner agencies.
- To promote a human right-based approach and social model within mental health.
- To maintain a centralised referral management focussed on patient safety and oversight of the work.
- To promote localism and ensure that those areas of practice where AMHPs had not previously sat would now also benefit from AMHP expertise.

Professional development and support needed to be 'hard-wired' into the model. The service aspired to be a 'learning environment', with AMHPs having protected time for peer supervision and visitors encouraged to learn about the work. A new Trainee AMHP role was also developed that could properly prepare candidates for the Masters-level course and the realities of the work post-qualifying.

The model allowed for the safe reduction in the number of establishment AMHPs required, while increasing capacity and flexibility to meet demand. Case carrying teams were compensated with more mental health social workers who could focus exclusively on that particular area of work; all within the existing budget.

When mapped against the original service design principles developed by the AMHPs themselves, the vast majority of aims have been met and the hoped-for benefits realised. There is now an increased focus on the role and a greater sense of being part of a service with a stronger identity. When asked whether relationships had improved between AMHPs and health colleagues the feedback from health colleagues and external partners has been really heartening.

More effective joint working is enabling earlier consideration of least restrictive options or, ensuring necessary intervention happens quickly. For the daytime service, recruitment is no longer an issue; applications for trainee posts are increasing; and fewer assessments are occurring out of hours.

Applying a specific social work approach to mental health – reflections of a social worker

Developing Innovative Practice in Bradford: The Maastricht Interview Approach with service users who hear voices

Rachel and I met when she was referred to the team by her GP after she told him that she had stopped taking quetiapine feeling that it was causing her to gain weight. During the assessment, Rachel told me that she had been hearing voices for some time. Some weeks prior to the assessment, I had undertaken a three day training course on the Maastricht Approach, an interview that is a biographical and socially orientated approach to empower voice hearers and enable recovery. It is a non-medical approach to supporting voice hearers and people with paranoia to understand and take control of their voice hearing and thoughts.

Following a thorough assessment of Rachel's current and past mental health, I shared with Rachel the ideas of the Maastricht Approach, offering her the option to undertake the interview to explore her experiences of hearing voices. Rachel felt that this could be useful.

Rachel and I made our way through the interview and identified three voices and visions. We explored the history of the arrival of the voices and spent time thinking carefully about the circumstances of Rachel's life at that time. We documented exact examples of the voices' dialogue to later explore as part of the construct (formulation) and considered Rachel's ideas of the origin of the voices. We moved onto her relationship with the voices and what triggers them to be most vocal and how this impacts upon Rachel's life. Rachel shared with me her strategies to manage the voices and we separated these into cognitive, behavioural and physiological strategies. We ended with consideration of Rachel's current support and reviewed the past interventions.

We were able through the process of the interview to identify the voices as specific aspects of Rachel's personality, one voice acknowledged as Rachel's disassociated self, another her critical self, and a final voice her disowned self, born out of trauma that she had gradually been able to share with me. We considered the representation of the voices to give more understanding to Rachel's associated selves, acknowledging disowned traits of her parents, lack of family support, loss of identity in relation to abuse and neglect and also Rachel's ongoing search for self and meaning in her life.

Following the interview, building on the identity of the voices, Rachel and I, were able to explore the traumatic events that had led to the development of the voices. Rachel highlighted the people in her life and her past that continue to be problematic, and we explored these in turn with Rachel taking control of the order, moving towards a goal of allowing Rachel to express her anger rather than allowing her voices power.

Rachel is now discharged from the community mental health team; she has married and is pregnant with her first child, working as a free-lance photographer.

Developing the social work workforce

Developing the social work workforce in Wiltshire

I have been in post as Principal Social Worker since September 2014. I feel very fortunate to have been joined by Lisa Dibsdall in the role of Principal Occupational Therapist from January 2015. There is a real strength and synergy in having the two principal roles in place and working closely together and I would recommend this approach to all local authorities.

Return to Social Work

We knew that there were a lot of people with a social work qualification in Wiltshire and nearby areas. We gave careful consideration to ways to get them to think about returning to social work. Person-centred thinking skills are at the forefront of current practice in statutory social care and we deliberately chose to apply this approach in developing our programme. In order to engage people, we considered both the 'what's in it for them' and the 'what's in it for us' approach.

Between November 2015 and June 2016, 46 people contacted us. To date we have placed three people in adults services and three people in children's services and a further 10 people are cleared, awaiting placement in a team.

All three of the social workers in adults' services are well established in the local area and live within 10 miles of their workplaces, and so are likely to stay with us. Of these:

- One has fulfilled his ambition of returning to frontline practice following many years in the voluntary sector and is contributing very useful specialist knowledge to his team
- One has secured permanent full time employment filling a specialist post
- One has secured part time permanent employment after believing she would never be able to get back into social.

Progress with the scheme has been slowed by the worsening financial situation in the council, however I remain hopeful that I will be able to place more people over the coming months.

ASYE

Approaches to ASYE in Wiltshire have developed over a number of years. We now have clear responsibilities for newly qualified social workers shared between PSWs, representing operational services and OD Leads, representing the corporate, HR function. Positive ASYE experience is crucial in retaining NQs to become our social workers and experienced social worker and we want to ensure a focus on real learning and support, not just on getting through it to get the certificate.

We have worked hard to dovetail arrangements for ASYE with requirements placed on all new starters and their managers, including a specific NQSW contract with a 12 month probationary period.

We drew on previous experience of a system of progression within social work and occupational therapy whereby the worker prepared a portfolio of evidence for progression and their line manager wrote a supporting reference. The role of the PSW and the OD Lead is to support the NQSW and their line manager, guide them through the ASYE and, when needed, arbitrate and mediate.

The PSWs established a programme of support meetings, called HOT (Honest, Open, Transparent) Topics. The sessions are flexible in design and content. Topics are generated by PSW, ASYEs and others in response to identified needs and have included: mental capacity and the deprivation of liberty, continuing health care criteria, inter-professional working.

In adults' services we have had upwards of 20 NQSWs successfully complete ASYE. We now have former NQSWs progressing to take up posts as Experienced Social Workers and so are seeing evidence of retention as a result of good support and development during ASYE.

Recruitment in Calderdale

Five years ago the adult social work service in Calderdale took a 'traditional' approach to recruiting social workers. As a local authority, social work practice was heavily care management which resulted in very little understanding of rights-based approaches and advocacy.

Recruitment had been slowing down for some time. Applicants would meet the shortlisting requirements but they were not evidencing that they held values that reflected where we wanted adult social work in Calderdale to go.

The tipping point was the introduction of a stock question at interview which asked the candidates about the five principles of the Mental Capacity Act. The responses from experienced Social Workers, who had been in practice pre-dating the introduction of the Assessed Supported Year in Employment, were extremely disheartening. Very few knew the five statutory principles. More importantly, even fewer could apply them to practice.

What we wanted to achieve

We made a decision as a management team that we needed to take action to foster and invest in a new culture for adult social work – a culture which defined social work steeped in values of user participation and upholding human rights. We decided to abandon the practice of recruiting experienced social workers, and instead ring-fenced all vacancies for Newly Qualified Social Workers (NQSWs). We particularly wanted to see changes in social work practice where people's lives and liberty are impacted on by professional decision making involving the Mental Health Act (1983) and Mental Capacity Act (2005). We were worried that people with a learning disability and/or people who need support to recover from a period of mental ill health are the most at risk of their human rights being infringed. Having successfully improved practice through recruiting good NQSWs within older people social work teams, we deliberately ring fenced new roles in learning and mental health for NQSWs who could evidence at interview, that they had the right values to uphold human rights through every decision they made in practice. To ensure that the NQSWs were supported in making an effective transition from student to fully autonomous professional, we put together a package of support which included:

- an induction programme, delivered by the Principal Social Worker in partnership with the lead commissioner
- a peer mentor
- Assessed and Supported Year of Employment (ASYE) commissioned from a local university with a programme built around principles of peer support, action learning and applied critical thinking
- a protected caseload with carefully selected cases to meet assessed learning outcomes from the ASYE
- bespoke learning events which were designed around the principles of the Mental Capacity Act to explore the principles in practice to encourage their development as experts of ECHR, HRA, MCA.
- dedicated open sessions with the Director of Adult Social Services
- a personalised professional development pathway at the end of the AYSE onto Best Interest Assessor, Practice Educator and Approved Mental Health Professional.

What we achieved

Through this approach, we've raised the status and professional standing of adult social work in Calderdale. NQSWs and their experienced colleagues have reported they feel they've a much greater say in their practice and are being empowered to work creatively, engage in community development and not just individual case work, and truly involve people who receive support in the running of services. We've introduced weekly Mental Capacity Clinics and a fortnightly Risk Enablement Panel to support front NQSWs. These are chaired by the Principal Social Worker, supported by the Mental Capacity Act Lead. These developments focus on developing NQSWs professional social work practice to ensure it's truly based on values of anti-oppressive and anti-discriminatory practice.

Buurtzorg

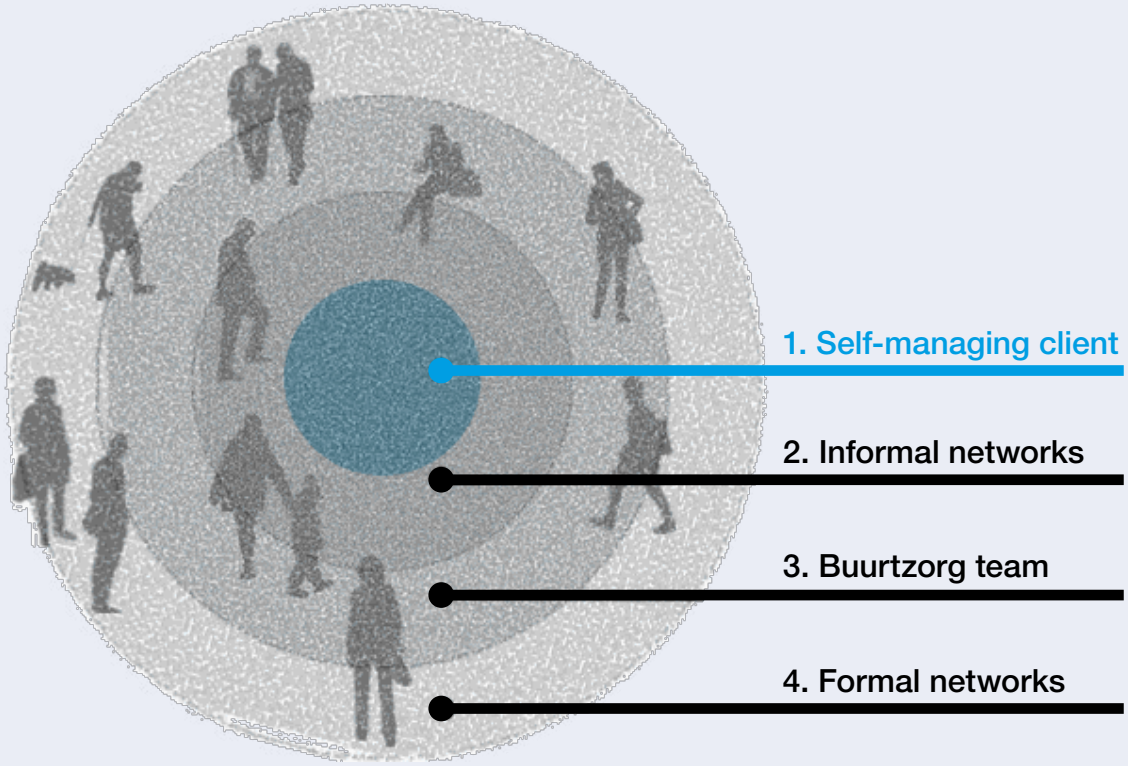
Humanity over bureaucracy

In 2006 four nurses in the small Netherlands town of Almelo realised that years of 'reform' had undermined their relationships with patients. Jos de Blok and the three other nurses set up their own social enterprise, Buurtzorg, to look after older people in their homes, in a way their ethics and craft demanded. Jos and his three colleagues wanted to simplify the system and to show that a patient-centred way of working would see the hours of care delivered reduced, if the focus was again on helping clients with self-support and independence. Buurtzorg has grown from those four nurses in 2006 to more than 10,000 nurses in 2016 because it delivers better care at lower cost per client.

Buurtzorg onion model

Buurtzorg starts from the client perspective. The Buurtzorg Onion Model serves as the starting point to providing solutions that bring independence and improved quality of life. The nurse attunes to the client and their context – taking into account the living environment, the people around the client, a partner or relative at home – and on into the client's *informal network*; their friends, family, neighbours and clubs as well as professionals already known to the client in their *formal network*.

Continuity, building trusting relationships, and building networks in the neighbourhood are all important and logical principles for the teams. The nurse seeks to build a solution involving the client and their formal and informal networks.



The Buurtzorg model has shown it can bring:

- Better outcomes for clients
- Better information about client outcomes
- Better experience for client, carers and families
- Good use of informal networks of support
- Shorter more impactful interventions
- Consistent care envelope that reduces number of professionals involved
- Better staff experience and professional experience for staff
- Reduced unplanned hospital admissions
- Shorter hospital stays, faster discharge to home
- Economic impact locally and across wider system.

Buurtzorg International

"We started working with different countries and discovered that the problems are the same. The message every time is to start again from the patient perspective and to simplify the systems."

Jos de Blok, Buurtzorg founder.

In the UK, Buurtzorg partners with Public World and are working to support the adaptation and adoption of the Buurtzorg model of care. Tests are being prepared with several London NHS Trusts and in West Suffolk, Kent and Gloucester, and by the Scottish government in four geographies. The aim is to apply the lessons of Buurtzorg's experience in various settings and develop knowledge about how to successfully adapt it to the institutional, regulatory and cultural circumstances of the UK.

The intention is to bring fresh approaches to integration of health and social care at the local level, including relationships between GPs, nurses, social workers and home care providers. As in Buurtzorg, an important aspect is to strengthen client independence and the networks of local supports – through families, neighbours, the voluntary sector and health and social care professionals – needed to sustain it.

PART 3

Priorities for 2017-18

To promote the vision and value of social work with adults and raise the quality of practice, so that people receive the best possible help and support from social workers, by:

1. Continuing to work across government and the sector to ensure that the system of social work regulation supports the whole social work profession and recognises the distinctive role and contribution of social work in the overall care and support system.
2. Leading the development of a rights and strengths-based, reflective model of social work practice and produce a statement of knowledge and skills for supervisors in adult social care, which are informed by the views of people with lived experience and those who use services.
3. Continuing to build on the progress made to recognise the contribution of social work and the social model in improving health and care outcomes and in improving use of resources.
4. Supporting the continuation of government funding for social work education and practice to enhance and develop the profession; ensure future investment focuses on raising the quality of the student experience, in preparation for frontline practice.
5. Developing a statement of knowledge, skills and capabilities for Principal Social Workers in adult social care and continue with the programme of national leadership and development to consolidate and strengthen the role.
6. Work with the James Lind Alliance to identify priorities for adult social work research to improve the evidence base for social work, inform frontline practice and encourage research capability across the profession.

	Chief Social Worker's priorities for 2016-17	Progress by March 2017	RAG rating
i.	Ensuring a system of social work regulation to support the profession, enhancing social workers role and contribution in strengths based approaches to working with people across the life course.	On-going: establishing Social Work England as a bespoke new regulator for social work. The CSW office is influencing the development of the agency to ensure it supports adult social work and maintains a unified profession.	
ii.	Supporting the expansion of Teaching Partnerships to improve the student experience, through the provision of high quality practice placements in statutory settings and support social workers to become 'action researchers'.	On track: Expansion of Teaching Partnerships to a total of 15. We are continuing to provide policy input to the development and future function of the TPs, including an ambition to develop research fellowships and ensuring sufficient quality adult placements in statutory settings.	
iii.	Work with the Department and NHS England to ensure social work is recognised as a key component in delivering the new care models programme.	On-going: Some local authorities have made progress in embedding social work in the new care models – however it is an on-going discussion to better influence and shape the models and will inform my priorities for 2017-18.	
iv.	Realise the potential contribution of social work to improving efficiency and productivity of primary care and GPs, through better collaboration and co-working in primary and secondary health settings.	On-going: Local authorities are reshaping their models of social work, with more social workers being arranged in GP clusters, co-locating professionals in health and social care. There is greater recognition of the contribution of social workers in primary care, but there is still more to do.	
v.	Achieve greater clarity and support for the role of social workers in support for people with complex health and care needs, including, learning disabilities, older people, end of life/palliative care and mental health, alongside increased recognition and investment in these specialist roles by the NHS.	On track: Secured funding for Named Social Worker pilots for people with learning disabilities. Published guidance for social work with carers, forensic mental health and social work for better mental health. Currently developing a CPD pathway for social work with older people. It is a continuing challenge to achieve recognition for the role of social work in improving health outcomes, particularly in a challenging financial climate.	
vi.	Support efforts to remodel mental health services to include greater emphasis on the social model approach alongside clinical approaches to treatment and increasing the contribution of social work practice in mental health care.	On-going: Cohort 1 of ThinkAhead launched in July 2016. The sector is using the "social work for better mental health" tools to review progress. I have contributed to the Mental Health Five Year Forward Plan. The office is also contributing to the Mental Health Workforce Strategy to ensure the role of social workers is reflected.	
vii.	Support retention of the social work workforce, through development of a practice-based career pathway and specialisms and support return to practice schemes.	On track: The national Come Back to Social Work pilot has been successful and there is scope to sustain and expand the model regionally. The ASYE is now embedded and helping support retention, with PSWs leading improved CPD and career progression.	
viii.	Continue to contribute to the Department of Health's social care research priorities to strengthen the research and evidence base for social work practice and models of intervention as part of integrated, multidisciplinary arrangements.	On-track: Established a research reference group with the sector and working with the James Lind Alliance to establish priorities for social work research. Nationally, the School for Social Care Research (SSCR) is encouraging greater focus on social work research, with the National Institute for Health Research (NIHR) influencing local research activity.	

Acknowledgements

This report has been developed with a variety of organisations, national experts, policy leads and users of services and their carers and I would like to thank everyone who has taken the time to contribute.

I would particularly like to thank Katie Weeks and Melanie Panayi in my office for their support in the production of this report, co-ordinating case studies and policy comments, providing me with briefing and contributing to the text.

I would also like to thank Harry Venning for his illustrations which, with his trademark humour, show the passion and dedication which social workers bring to their work.

Finally, this report includes some innovative and inspiring examples of excellent social work and the difference it can make to people's lives. Unfortunately, we were unable to include all the fantastic responses we received. I would like to thank everyone for their contributions which have really helped bring this report to life.

Department
of Health

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