



Department
of Health &
Social Care

Chief Social Worker for Adults Annual Report

2017-18

From strength to strength

Strengths-based practice and achieving better lives





Wigan adult social care

Ministerial foreword



Minister of State for Care, Caroline Dinenage MP

I am delighted to be leading on the care and support brief at the Department of Health and Social Care. It is also an

honour to be the Minister for Care at such an important time for the adult social work profession and the wider social care sector.

I am particularly looking forward to working with and supporting Lyn Romeo in her role as Chief Social Worker for Adults, as she continues to promote the values and expertise of social work practice with adults. Her leadership has already raised the profile of social workers, proving them to be the vital link between health and care services.

Nowhere is this more clearly demonstrated than in the success of the named social worker pilots that began two years ago in six areas, including Liverpool, Sheffield and Hertfordshire.

Following their success, funding for a further year saw three new areas join the scheme. Within these pilot regions, social workers are the main contact and coordinators of care for adults living with learning disabilities, autism and mental health conditions. They also provide support to the families and carers involved. Not only are they providing much needed continuity between clinical and

community settings, they are also demonstrating the benefits of personalised approaches that recognise what matters to people, including their skills and ideas. This is allied to an awareness and use of local resources – including family and community networks.

I've learned from Lyn that effective social work is about giving people confidence and control over their lives and decisions about their care. It's an approach I believe we need to see adopted more widely as we seek solutions to managing the care needs of a growing and aging population.

A large proportion of social work is focused on older people and will only increase in importance as lifespans extend. I hope the green paper on care and support for older people, announced in last year's Queen's Speech and expected this summer, will acknowledge the vital role social workers play in supporting older people to maintain their independence, relationships and quality of life.

Lyn has also demonstrated leadership and vision as preparations continue to introduce the new social work regulator, Social Work England. She recognises that the profession's increasing visibility brings with it the need to demonstrate the highest professional standards, underpinned by a clear, but flexible regulatory framework.

Allied to this work has been Lyn's drive to establish clear guidance, training and career pathways to enhance adult social work practice. In the last year she has:

- Consulted on knowledge and skills for adult social work supervisors;
- Promoted the need for a strong research and evidence base for adult social work, through the work of sector partners, including the James Lind Alliance and Research in Practice for Adults;
- Enabled former social workers with valuable life experience to return to the profession through the Local Government Association's Return to Social Work programme; and
- Supported the Adult Principal Social Worker Network to demonstrate professional leadership and raise the quality of social work practice.

We need the empathy, compassion and dedication of social workers now more than ever. Lyn is continuing to shine a light on the very best her profession has to offer. I look forward to working with her to make sure social work continues to strengthen its role at the heart of the health and social care system.

A handwritten signature in black ink, appearing to read 'Andrew Jones', written in a cursive style.

Contents

Reflections from the Chief Social Worker for Adults (England)	6
PART 1	
i. Policy and progress at the Department of Health and Social Care	8
ii. Education, training, continuous professional development and regulation	15
iii. The adult social work workforce	18
iv. Engaging the sector	21
v. Social work research	24
PART 2	
People who use services and those with lived experience	26
Adult Principal Social Workers Network	27
British Association of Social Workers	30
The Joint University Council Social Work Education Committee	31
Practice developments in the adult social care sector	32
Developing the social care workforce	39
Integration	42
Hospital social work	47
PART 3	
Priorities for 2018-19	51
Acknowledgements	53

Reflections from Lyn Romeo, Chief Social Worker for Adults (England)



I am pleased to be publishing my fourth annual report to coincide with World Social Work Day celebrations in March 2018.

It has been heartening to see a greater focus on excellent social

work practice as a key lever in achieving high quality social care outcomes for people and making best use of the resources available.

It is imperative that social work practice with adults embeds and uses rights and strengths based approaches. This must be underpinned by our skilled involvement with individuals and their families if it is to have relevance to their needs and expectations. The quality of these relationships has a definitive impact on health and wellbeing outcomes. This has always been core to social work.

Strengths-based practice is not a new concept either and reflects the core principles at the heart of the social work profession. The approach recognises everyone as citizens, including those in the most vulnerable circumstances and those with long-term needs. It's about supporting their rights, acknowledging responsibilities and empowering them with skills and expertise.

This approach ensures social workers understand what matters to people and gives them choice and control over the support they need to make the most of daily life.

There is also a growing emphasis on working with communities and multi-disciplinary networks to deliver meaningful, integrated responses. Social work is a service in its own right and one which makes a positive difference with or without access to other services.

This year has been a tough year for social work and social care, with increasing need and demand, continued funding challenges and the focus on keeping acute hospitals going through winter.

As well as older people, adult social workers also support people with needs arising from mental ill health, learning and physical disabilities. Increasingly, we are also responding to needs arising from homelessness, domestic abuse, addictions, disasters and emergencies such as the Grenfell Tower tragedy and the terrorist atrocities in Manchester and London.

In all these contexts, social workers are critical to safeguarding people's rights and working alongside them, thinking through how they want to live their lives, upholding social approaches, often in the context of an overriding medical model.

Social work doesn't operate in a vacuum. Organisations are important in creating the conditions within which best practice can

flourish. As well ensuring manageable workloads, quality supervision and support, local authorities must position professional practice at the heart of the relationship between people, their families and the local community. This includes providing opportunities for practitioners to link up with voluntary agencies and other professionals in the area. It is only by creating a learning culture where social workers are supported to use their creative skills and resourcefulness that we will make best use of their capabilities.

The NHS must also recognize and support social work's essential contribution to effective integrated responses. This will make sure that people really do experience holistic joined up services, equipping them to live better lives for longer in their communities.

Where social workers play equal and valued roles in multi-disciplinary teams, they provide consistency and meaningful relational engagement with people. This is how integrated care systems deliver better solutions for people.

There has been some great collaborative working across the sector which has helped make real improvements in the quality of social work practice. Key areas include:

- the involvement of people, their families and carers in developing practice;
- stronger practice leadership;
- more focus and investment in social workers' professional development and supervision;
- engaging social workers in shaping practice approaches and;
- greater involvement and collaboration between employers, educators and practitioners in the education and training of social work students and qualified social workers.

This report celebrates what is working well and tells a positive story about the difference social work is making to people's lives. Of course, resources play a vital part, particularly in how we invest in recruiting and, crucially, retaining and developing social workers throughout their career.

It is essential that we secure a sufficient supply of suitably qualified social workers with the right values, attitudes and dispositions – social workers who are creative, able to work with interdisciplinary approaches and teams and have excellent interpersonal skills.

I believe that the people we are here to serve can have better lives and experiences if we make sure social work quality and professional experience is the best it can be.

We are creating a climate in which it is more likely for social workers to make a positive difference, knowing they have the required capabilities and are energized, trusted and supported in their efforts to change things for the better.

We have an opportunity to herald a new age of hope, ambition and partnership with the people with whom we work, delivering a robust model of social work practice which is fully equipped to take on the opportunities and challenges of the 21st century. The building blocks are firmly in place to build a framework of care and support that benefits everyone.



March 2018

PART 1

i. Policy and progress at the Department of Health and Social Care

Adult social care green paper

This report comes at a crucial time for all of us who work in, or depend on adult social care. The Government's announcement in November, that it will publish a Green Paper on the future of adult social care funding, is welcome and acknowledges the need to reach a long-term, sustainable solution to providing the care people need.

Government will work with independent experts, stakeholders, including social workers, occupational therapists and most importantly, users and carers to shape the long-term reforms that will be included in the Green Paper, which is set to be published in the summer.

If we are to deliver an improved system of care and support where previous attempts have failed, we must look more beyond social care services. Our vision for care must also incorporate the wider networks of support and services which help older people to live independently. This should include the crucial role of housing and the interaction with other public services, but more broadly focus on the essential role of people who provide unpaid care and how our society supports carers in a sustainable health and care system.

It must also consider how care is provided at present and challenge the system to embrace new technology, innovation and workforce models which can deliver better quality and value.

And although the majority of adult social work is with older people, two thirds of adult social care funding supports people of working age with disabilities and other care needs. This group face a number of challenges and there are many common questions about the sustainability of the care system for both working age and older people.

I welcome the parallel work being undertaken by officials in the Department of Health and Social Care and Ministry for Housing, Communities and Local Government, to consider the issues facing those of working-age and the Green Paper will consider the interdependencies between these two groups.

There is emerging evidence of the value of a broader social work offer in the new care models, in hospital discharge and working alongside primary care and other agencies to support people to remain at home, reducing need for residential care and the cost of long term community support.

The place of social work and the vital practice approach that social workers contribute, together with other existing care professionals and potential new roles, should be at the heart of our vision for social care and health.

Care Quality Commission reviews

Following the government's 2017 Spring Budget announcement of additional funding for adult social care, the Secretaries of State for Health and for Communities and Local

Government asked the Care Quality Commission (CQC) to carry out a programme of targeted 'system' reviews in 20 local authority areas.

These reviews explored how older people move through the interface of health and social care services. After the first 6 reviews, CQC reported that when talking to older people, their families, carers and staff, services need to work together seamlessly.

People want to be treated as individuals, not as a 'package of care', a collection of symptoms or problems or a number on a DToC (delayed transfers of care) list. Some older people are not able to say whether the care they are receiving is from health or social care. This is where health and social care services work together to provide a unified and joined up service, where the person is always at the centre of their care.

To date CQC has found that for too many people, the experience of moving between health and social care services can be confusing. Care is too often fragmented and people are often uncertain about who is coordinating their care. Many people are worrying about what support will be in place when they return home from hospital, or who will be there to give their carer a break from looking after them full-time.

Where CQC found the flow through the system worked well, it was due to effective multidisciplinary working within and across organisations. Social workers are essential to these teams and organisations, especially at the point of transition between health and social care services.

The CQC reviews have identified that where social workers are positioned at key interfaces supporting a person's journey through the health and social care system, they make a vital contribution. They make sure that people and the things that matter to them remain at the heart of discussions and

are actively involved in finding the right community based solutions for their care and support.

I advised on the methodology for these reviews and am pleased that they included this important aspect of people's experiences. Social workers play a vital role in improving people's timely and appropriate transfers from hospital into the community, as well as contributing to preventing people being admitted into hospital and ensuring they are well supported at home wherever possible. Promotion and recognition of social work as part of the solution for health and social care challenges remains a key priority for me in the coming year.

Integration and Better Care Fund

Implemented from the beginning of 2015/16, the Better Care Fund (BCF) provides a mechanism for local authorities and clinical commissioning groups to pool budgets for the purposes of integrated care. It has helped to join up health and care services so people can manage their own health and wellbeing, and live independently in their communities for as long as possible.

In particular, as the case studies in this report demonstrate, social workers are playing key roles in multidisciplinary teams across the country, helping bridge the gap between health and care.

In the first two years of BCF, local areas voluntarily pooled more than the minimum required taking the total to £5.3 billion and £5.9 billion respectively. In 2015-16, 90 per cent of areas agreed, or strongly agreed that the BCF had helped to bring people round the table and that delivery of their BCF plan had a positive impact on the integration of health and social care in their locality. The case studies in the second part of this report include examples of successful integrated schemes which have been supported through BCF arrangements.

Named social worker pilots

2017 was a good year for the Department funded Named Social Worker pilot, the second phase of which was announced by the then Minister for Care and Mental Health, Jackie-Doyle Price at the National Children and Adult Services conference in October.

In the first phase of the programme, completed in April last year, there were many promising examples across the six participating sites, of social workers feeling empowered and able to challenge professional partners in clinical and community settings. There were also examples of people feeling more supported by their social worker and having greater choice over where they would live.

These positive collaborations saw more people discharged from inpatient settings and moved back into their communities, or working towards this goal, where previously it would not have been considered. For more detail, see the final report of phase one of the pilot.¹

Back in August, I played a key role in identifying three new sites to join a second phase of the pilot. I was really pleased to see the quality of applications coming in from across the country. Bradford, Halton and Shropshire were selected to join Hertfordshire, Liverpool and Sheffield in taking forward a second phase of the pilot.

The priority for phase two is to identify what 'good' means for people with learning disabilities and to design and implement best social work practice approaches to support solutions that make a positive difference for people and their families. This stage of the pilot presents an opportunity to build on the learning from phase one and to strengthen

and consolidate the named social worker role in supporting people with learning disabilities to live successful lives.

It has been really exciting to keep in touch with this second phase of the project and has given me a direct sense of the ambition of each local area and a great chance to hear the emerging insights.

As well as joining regular webinars hosted by the Innovation Unit and the Social Care Institute for Excellence (SCIE), our partners on this pilot, I had an excellent day in Liverpool in January meeting the teams involved in both phases of the pilot. There was a tangible sense of enthusiasm about the approach and I heard examples of the very real impact that named social workers are having for people, through challenging other professionals, building strong relationships with individuals and opening up possibilities in a way that has not happened before.

The examples I heard about on this visit also really underlined how key the 'intervention' of good social work is in supporting this cohort – one of the most vulnerable of all – and making sure people's individual aspirations and rights are realised. It was also inspiring to hear how valuable the Clinical Commissioning Group (CCG) had found the approach, in the context of supporting the goals around Transforming Care.

Next steps

The pilots will be drawing towards a close as this report is published in March and we expect a learning report to be published in the spring. A practice framework will also be published to enable other local authorities to adopt the approach to learn from the experiences of the pilot sites. I'm really looking forward to seeing the evaluation of this second phase and being able to share the insights from this work. I'm grateful to all the areas that have taken part in the pilot and shown such commitment and enthusiasm.

1 <https://www.scie.org.uk/social-work/named-social-worker>

Mental health social work

Valuing and supporting social work practice in mental health is still a key priority as social workers are well equipped to address the social determinants of mental ill health and the use of relational work to support people.

Following publication of the [Mental Health Workforce Plan for England](#) on 31 July 2017, I have been invited by Health Education England (HEE) to join the Mental Health Workforce Delivery Group in the Department. This recognises the valuable contribution that social workers bring to supporting service users and growing the mental health workforce.

HEE Regional Leads are currently working with partners at the local level to ensure that the need for increases to the mental health workforce is taken into account as part of the Sustainability and Transformation Planning (STP) process. This will translate into considerable additional demand for mental health professionals by the NHS.

The NHS often advertise posts in a profession specific way (e.g. Community Psychiatric Nurse) even when these are non-medical posts that could, or even should, be done by social workers.

We know that the social-context and ‘trauma-informed’ approaches and skills that social workers bring to mental health services can really add value to multi-disciplinary teams. They can support service users whilst demonstrating their increasingly prominent role in adult mental health services, opening up real opportunities to bring their expertise to the fore. Such approaches offer social workers tremendous opportunities to broaden their careers and experience.

I will also be writing to the head of mental health workforce planning at HEE to remind them of the value that social workers can bring to the expanding mental health workforce and to encourage regional leads to

ensure that the potential for social workers to fill roles traditionally undertaken by other professions is not overlooked by local planners.



Think Ahead

I continue to work with Think Ahead, the new route into mental health social work for graduates and career-changers. Their training programme is being funded by the Department for a third cohort, to further strengthen the contribution of social work to mental health service provision.

The first intake of Think Ahead participants qualified as social workers last year and took up roles in mental health services. I also supported the publication of the charity’s first [impact review](#) showing the positive effects of their training, and other activities in services across England – and a recent survey found that 100 percent of current partners would recommend the programme.

It was a pleasure to speak to the second intake to the programme at the outset of their training in July, which began at their six-week Summer Institute. It provided a further opportunity to champion the curriculum’s focus on social interventions that support strengths-based approaches.

The third intake are being recruited this year, meaning the organisation are on track to reach a total of around 300 new mental health social workers as well as more than 75 existing practitioners trained in advanced interventions.

Improving the Approved Mental Health Professional workforce

I am also supporting sector collaboration to improve data about social work activity in mental health, including Approved Mental Health Professional (AMHP) activity and the number of AMHPs working in the sector.

Mental Health and AMHP work has been one of the priorities for the Association of Directors of Adult Social Services (ADASS) under President Margaret Willcox. This has enabled project work to be commissioned, both to gain evidence of the current environment in which AMHPs are operating in their day to day practice and advise directors and national leaders on how best to move forward.

Working collaboratively with NHS England and NHS Benchmarking, ADASS surveyed councils across England about their mental health workforce and the work that their AMHPs were undertaking. The final report will be available by the end of April, but early analysis confirms the high numbers of Mental Health Act assessments undertaken each year, reduced numbers of AMHPs and challenges around resources.

The results will be used to increase understanding around what is happening in the sector, influence the Mental Health Act review and highlight the need for sector wide investment in mental health services.

A robust approach to recruiting and retaining AMHPs with the appropriate arrangements to support this role, is vital. Research is also being undertaken by the Social Care Workforce Research Unit (SCWRU) at Kings College, to look at reasons for low AMHP role take up by health professionals.

Social Work for Better Mental Health

In 2016, the Department and I commissioned a suite of resources to support effective development of the social work role in mental health.

The Social Work for Better Mental Health initiative² was launched to support a process of self-assessment and action planning, in order to foster dialogue across practice, management and commissioning systems and consider the vital role of service user and carer feedback.

Organisations that manage and/or employ mental health social workers are asked to evaluate whether they are providing the conditions for excellent social work practice and plan and deliver actions for improvement.

In 2017, over 45 organisations and their partners have engaged with this work, building on early piloting of the resources with 8 organisations.

In the West Midlands, ADASS is using the methodology to understand the diverse range of organisational and practice cultures across the region and harness the learning from integration. In Manchester, the approach is informing how the social work role in mental health needs to evolve to support system wide transformation.

Emerging themes from this initiative are helping to identify important system challenges, including:

- the importance of role clarity to make sure the range of professional social work capabilities are better recognised and more effectively utilised in mental health care;

² <https://www.gov.uk/government/publications/social-work-improving-adult-mental-health>

- make sure that investment in dedicated management and professional leadership roles is supported by conditions which sustain and develop these; and
- the importance of good communication at all levels (organisational, team and with users of services) to share good practice and learning.

This work will be supported through a 'community of practice' over the coming year, with further activity to develop and embed social and strength-based interventions in mental health services. The work will also inform wider policy developments, such as the review of mental health legislation, which will consider practical solutions to evolving a social model of mental health.

Practice leadership for adult social work – its value and importance

It is now over a year since the PSW role was included in the revised Care Act statutory guidance, giving the role the weight and credibility it needs to further raise the quality of social work practice and recognising how essential social work more generally is to the wellbeing of our population.

Last year, I and the then Minister for Care and Mental Health, wrote to all local authority Directors of adult social services, restating the purpose of the PSW role and that current arrangements are in line with the guidance.

In 2016, I asked Skills for Care to develop a national leadership programme for PSWs. The programme supports development needs of designated PSWs in adult services in local authority and health settings, to enable them to develop confident professional leadership. It uses a blended programme of workshops, action learning sets, 360 degree feedback and the completion of a leadership impact project.

Participants take this learning back to the work environment and I always look forward to the end of each programme when insights are shared at group events.

Feedback from the first two cohorts was really positive, enabling PSWs to share their experiences and apply learning back in the workplace. There is evidence of early impact as a result of the programme, both through increased knowledge and confidence but also in specific actions and behaviour change, including increased communication, change of engagement approaches, use of new tools and resources gained through the programme.

The systems leadership approach was particularly well received and forms a core part of current and future programmes.

To date, 27 PSWs have completed the course, with a further 19 currently mid programme, with a similar programme being developed by the Department for Education (DfE) for child and family PSWs.

Next steps

I am now looking at how we can continue to evaluate the longer term impact of this programme to sustain support for PSW leadership capacity and capability.

I am also keen that we have a clear framework in place setting out what a PSW in adult social care should know and be able to do, to ensure that effective professional social work practice is developed and supported within their organisation.

I have been working with Skills for Care and an expert group of PSWs to develop additional guidance setting out the knowledge, skills and support required in the role and will consult on this with key stakeholders, before publishing a final statement later in the year.

Carers – supporting their journey

It is likely that all of us will be a carer at some stage in our lives. We will almost certainly know someone close to us – a partner, family member, friend or neighbour – who is.

Today, around one in six of the adult population are carers. Around two million people become a carer each year, and a similar number move on from caring – and this number will only increase as our population continues to age.

A primary focus of my work in 2017 was promoting and disseminating [online resources for social work with carers](#), which I asked Research in Practice for Adults (RiPfA) to develop, building on the work undertaken during 2016 by the G8 for gerontological research. RiPfA worked with Carers UK and the Carers Trust to develop a suite of resource aimed at enhancing awareness and understanding within the social work profession of the issues facing carers and those who come into contact with them.

In the coming year, my intention is to further build on this work as part of the development of a Carer's Action Plan to be published this year. The plan will include a focus on informal (unpaid) care and how society supports carers as part of the health and social care system. It will include a cross-Government programme of targeted work to support carers, including young carers, over the next two years.

I will use the action plan and the RiPfA resources to push carers' issues up the agenda nationally and to drive joined up support at local level. I will also continue to engage across the profession to build on the opportunities provided by the action plan, to promote the vision and value of social work with carers and build awareness to further raise the quality of social work practice.

ii. Education, training, continuous professional development and regulation

Social work with older people

With people living longer and the population ageing it is vital that the role social workers play in supporting this growing section of society is recognised and supported.

As part of the work to support an ageing population, the Government has begun a process of engagement in advance of a Green Paper to reform adult social care.

Social workers, along with occupational therapists, are the regulated professionals in adult social care departments. It is their professional practice that is a vital part of the solution to managing demand and addressing the social determinants of people's health and wellbeing. Making sure that social work practice and workforce issues are addressed in the green paper will be essential.

I believe there is a need for additional skills, values and approaches to support the complex needs of the older population, along with recognised career pathways which support the work that social workers already do to improve the lives of older people.

That is why last year, I asked the British Association of Social Workers (BASW) as the professional body for social work, to lead the development of a Capabilities Statement and Continuing Professional Development (CPD)

pathway³ for social work practice with older people, to enhance this area of practice and to increase recognition for social workers' contribution to supporting people to live a good life in older age.

The **capabilities statement** sets out what social workers know and, do as well as the values that underpin how we work with older people.

The **pathway**⁴ sets out how social workers can learn and develop the capabilities, knowledge and skills that older people want to see in their social worker. The resources were launched by BASW at the National Children's and Adults Services (NCAS) conference in October.

Next steps

In the coming year, I will be supporting an evaluation of the statement and pathway to assess their effectiveness and impact on improving outcomes for older people. I will share the learning with both early adopters and subsequent users of the resources. An in depth and longitudinal study will be part of this phase.

3 <https://www.basw.co.uk/england/older/docs/Capabilities%20Statement%20for%20social%20workers%20in%20England%20who%20work%20with%20older%20people.pdf>

4 [https://www.basw.co.uk/england/older/docs/Social work with older people](https://www.basw.co.uk/england/older/docs/Social%20work%20with%20older%20people)

Knowledge and skills statements for social work supervisors in adult social care

In my last report, I emphasised the importance of good, practice-focused supervision in social work and set out my intention to work with the sector to develop knowledge and skills for practice supervisors in statutory adult social care.

Since then, we have been working on the development of a Knowledge and Skills Statement (KSS) for adult social work supervisors.

We know how critical supervision is in the delivery of excellent social work practice and I want to make sure that quality supervision that supports and develops critically reflective practice is the norm in adult social work. Supervisors are the people that determine the day to day quality of practice and work experience for social workers.

The consultation closed in January and the response to the consultation and final statement will be published in the spring.

Next steps

During 2018, I will continue to support work with employers and other sector partners to develop a model for assessment and recognition of supervisors as indicated in the consultation. We aim to test this model in a small number of early implementation sites over the coming year, in preparation for a full roll out in 2019.

Strengths based social work practice framework

In my last report I discussed the round table I chaired at the Social Care Institute of Excellence (SCIE), bringing together practitioners and academics to identify strengths and asset-based practice social work.

We have since been working to produce a practice framework setting out the types of strengths based approaches being used, where they can have most impact and the skills and knowledge required to support effective strengths-based practice.

Next steps

The framework will be published later this year.

Improving digital capability

In this rapidly changing digital world, social workers should be well prepared and supported to make the best use of online tools to support their work with people.

Over the past year, NHS Digital has been working closely with the profession to look at how digital technology can support the social work role. Research published at the end of last year has some interesting findings relevant to the need for better information sharing and for case record systems to be designed around the needs of social workers. During the course of this year, NHS Digital, SCIE and BASW will be collaborating to raise the importance of digital capabilities for social workers and are keen to hear from practitioners on this subject.

Alongside this, NHS Digital continues to deliver technology to improve the infrastructure for social work, such as the Child Protection Information Sharing programme, improving the process for hospital discharges, providing data on social care and supporting local innovation through the Local Investment Programme, in conjunction with the LGA.

Social work regulation

As I set out in last year's report, the establishment of Social Work England (SWE) is an essential part of achieving the Government's vision for the social work profession. SWE will promote public confidence and trust in the profession as well as bringing real benefits to social workers who work with children, adults and families. It is a timely and welcome recognition of the significant and stretching role social workers continue to play in the delivery of the government's health, mental health and social care reform agendas.

In the last year, SWE has entered a critical delivery phase as it prepares to become the regulator of social workers in England. Significantly, preparations for the appointment of the Chair and CEO are underway, representing a milestone in establishing SWE in the run up to assuming its regulatory functions in full.

For social workers specialising in adult social work, it is vital that the new regulator understands the challenges of working with mental health and mental capacity issues and with the range of adults with whom social workers are involved. Strengthening of the AMHP and Best Interest Assessor (BIA) roles, competencies and career pathways will be part of new system of social work regulation

and will provide consistency and quality of training for social workers undertaking these roles.

SWE represents a great opportunity for the profession as a whole to enhance its status. For frontline social workers – regardless of specialism – there are obvious benefits to a more consistent approach to education and post-qualification training. Likewise, streamlined but equally robust 'fitness to practice' processes and greater CPD assurance, should be widely welcomed. I will make sure the voice of social work continues to strongly influence the transitional work underway in the Department and DfE.

Social Worker of the Year Awards

I was privileged to sit on the judging panel for the fourth consecutive year of the annual Social Worker of the Year Awards ceremony in November, alongside 400 members of the social work profession.

Established in 2006, the awards are a registered charity which aim to recognise the hard work and positive impact that social workers have on the lives of vulnerable children, families and adults.

Entries for the 2018 awards will open in April. For further information, visit www.socialworkawards.com



iii. The adult social work workforce⁴

As of September 2017, there were 19,300 social workers working with adults, including 16,200 employed by adult social services departments across England, a further 1,000 in the independent sector and around 2,100 in the NHS.⁵ While the number of jobs in local authority adult services has fallen by 31 per cent since 2011, the number of social worker jobs has remained stable, with the proportion of adult social services jobs that were social workers increasing each year. In 2011, 10 per cent of local authority jobs were social worker roles; in 2017, this had increased to 15 per cent.

There has been a slight decrease in both turnover and vacancy rates for social workers in the local authority sector in the last year. Turnover for social workers was 15 per cent in 2017, equivalent to around 2,250 people leaving their post in the previous 12 months. This rate increased from 12 per cent in 2014 to 16 per cent in 2016 before the decrease in 2017.

The vacancy rate in 2017 was 10 per cent which is equivalent to around 1,600 vacant posts. While this figure continues 2016's downward trend, the rate is still higher than it was in 2014.

Since commencing this role in 2013, I have been clear that we must sustain and if possible, increase investment for social work education, career pathways and continuous professional development (CPD), if we are to attract and retain sufficient numbers of social workers with the right skills and values to work in increasingly complex roles in interdisciplinary health and care settings.

Work to develop a Social Work Degree Apprenticeship continues, offering the potential for experienced social care staff and 'experts by experience' to be supported to achieve a graduate qualification. Employers have welcomed this development and indications are that we could see up to 600 apprentice 'starts' when the scheme launches at the end of the year, with the first social work apprentices graduating in 2021/22.

5 A full report on staff employed in adult social services departments can be found here: <http://digital.nhs.uk/pubs/pssstaffsept17>

6 Data collected by Skills for Care's National Minimum Data Set-Social Care (NMDS-SC) provides detailed information about social workers employed by local authority adult social care services. In response to concerns that this only provides a partial picture of where all registered social workers are located, from 2017 SfC started to include social workers employed in the independent sector in their reporting.

I welcome the opportunity to develop this route into social work, so long as these and other additional pathways do not minimise the profession's academic and research base – a concern expressed by some commentators. Importantly, such a route must guarantee that candidates achieve the required standard set by the universities awarding the degrees and also by the profession's regulatory body.

Assessed Supported Year in Employment

The Knowledge and Skills Statement (KSS) for adult social workers at the end of their Assessed Supported Year in Employment (ASYE) has been in place since March 2015. Nearly all local authorities and an increasing number of private, voluntary and independent sector organisations are now participating in the enhanced ASYE programme.

Many employers have also made successful completion of the ASYE a requirement for continuing in post and are changing their HR practices in order to align this change with employment law requirements.

On the other hand, there have been fewer registrations from NHS organisations and I am keen to encourage more up take in this area. The majority of employers and newly qualified social workers report that the additional support, which is available to all organisations where social workers are located, is having a positive impact on recruitment, retention and performance management, in turn helping to deliver improved outcomes for people using services.

However, if we are to successfully consolidate the ASYE across all adult social care settings, we need to ensure that the ASYE programme continues to provide the right opportunities for employers to deliver a high quality experience for their social workers.

The recent consultation on the KSS for practice supervisors, also asked what additional support was needed to deliver a consistently high quality experience for social workers undertaking the ASYE programme. The majority of respondents felt that the KSS needed to be embedded in the organisation's culture and policies and that the capability of assessors needs to be improved. More than half also felt that more support from senior leaders and a reduction in paperwork would be helpful.

Next steps

The response to the consultation will be published in the spring and will look at what more can be done to address these issues.



Return to Social Work

In my last report I highlighted the work of the Local Government Association (LGA) in piloting a successful 'Come Back to Social Work' campaign, that sought to recruit experienced social workers from adult and children and family social work who had been out of social work for between two and five years and wished to return to practice.

Building on this success the LGA, in partnership with the Department, DfE and the support of the Government Equalities Office, launched a further Return to Social Work programme at the end of 2017, supporting people who wish to return to social work in the West Midlands, East of England and London.

Next steps

The LGA will work closely with councils in these regions to promote and support the recruitment of up to 100 social workers into critical roles, providing a high-quality support and training package for individuals who have left or taken a break from social work practice. Social workers are highly motivated by their passion for the profession and I hope that more of those who are contemplating returning take up this great offer in the future.

Social work recruitment

Over the last year, I have been collaborating with key sector partners on a promotion and recruitment campaign for social work with adults. Activities underway include improving information for people who may be interested in a career in social work and promoting 'I Care...Ambassadors' for social work.

I am delighted that the LGA have funded and developed a short film promoting social work careers, which will be launched as this report is published on World Social Work Day.

Social work education funding

The Department, on behalf of the Government as a whole, continues to offer a fixed number of bursaries for some social work students as an incentive to join the profession. The Department also continues to provide funding to support social work practice placements through the Education Support Grant (ESG).

The number of bursaries and placement fees are set on an annual basis and are expected to remain the same, subject to annual business planning. A particular concern continues to be that some Higher Education Institutions (HEIs) do not fully utilise their bursary allocation, so I will be working with colleagues in the Department and HEIs to consider ways in which resources can be best utilised.

iv. Engaging the sector

In my last report, I set myself the aim of completing my local authority map in time for the publication of this annual report, so I could successfully say I have met with every local authority in England. I have been very busy continuing my visits to ensure this was the case. I am proud to say that I have now achieved that goal, with the sole exception of the Isles of Scilly, a gap in the itinerary I intend to close – weather permitting – in the summer months. I hope to be visiting everyone else for a second time in the coming year.

Local Authority Visits

Local Authority and Mental Health Trust visits since September 2013	Local Authorities visited from Mar 2017 to Mar 2018	No. of conferences attended since Mar 2017
152	28	28

Once again I have been impressed by all the work that has been undertaken this past year by everyone in the sector to really bring to life

good social work practice, especially through the use of strengths and asset based approaches.

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

- Development of really strong neighbourhood and community links to support people.
- Excellent integrated health and social care approaches
- Good models of continuous professional development and collaborative working.
- Strong hospital social work and reablement teams.

National conferences

Having attended 28 national and regional conferences this year I have had the opportunity to deliver keynote speeches and take part in some notable events. This has included meeting with students at



Manchester Met, Brunel and Bradford universities, delivering a seminar with the new Think Ahead cohort, attending the National Children and Adults Services (NCAS) Conference and the Social Worker of the Year Awards and delivering a key note address on innovations in safeguarding.

This Autumn, I decided to temporarily ditch the train and embark on a week-long road trip to the South West of England with Isabelle Trowler, Chief Social Worker for Children and Families at DfE. On our trip we visited Torbay, Cornwall, Dorset and Devon councils.

Whilst in Cornwall I met with social work colleagues who spoke to me about the person centred approaches they are taking to reconnect and strengthen community networks, such as the '3 conversations model'. I invited colleagues to share more about the work they are doing through my [blog](#).

I also visited the new Broadmoor Hospital site back in April where I got to meet with social workers delivering forensic mental health services and to see how patients and professionals had contributed to the design for a modern hospital that better delivers effective care for people.

Supporting the development of the social work mental health workforce will be a key priority for me next year so attending the AMHP conference in July and visiting [Lambeth Living Well Collaborative](#) gave me the opportunity to discuss integrated innovative approaches to adult mental health.

I was also very privileged to receive an honorary doctorate from Manchester Metropolitan University this summer. It was great to be recognised for my contribution to social work over my career, but more importantly the award is recognition for the profession as a whole.





v. Social work research

National Institute for Health Research School for Social Care Research

It is increasingly important that we have high-quality research evidence to guide the decision making of social workers and how we organise social care systems.

Such evidence provides a perspective outside our ingrained ways of viewing work and the biases we can subconsciously begin to develop. At its best, being evidence-informed helps challenge our taken-for-granted ways of thinking and working and thereby improves our practice.

The National Institute for Health Research (NIHR) School for Social Care Research has helped to raise the profile of social work research and to generate significant, robust evidence to inform improving practice. As a lead profession in social care it is part of the duty of each social worker to help to translate this evidence in to better practice.

I have two research-based calls to action to social workers and their employers over the coming year – the first is to routinely keep abreast of the latest research findings and to be able to demonstrate how research evidence is informing practice developments and decisions.

The second is to support future high-quality research where there are opportunities to do so. This will help ensure that high-quality, relevant research evidence continues to support priorities for social work research.

I am pleased that the NIHR also continues to welcome applications to its research funding programmes to evaluate social care interventions and services in order to improve patient and public outcomes and health and social care services.

This year, I have worked closely with the Social Care Workforce Research Unit (SCWRU), funded by the Department and whose social work specialism is central to the profession's developing evidence base.

Its analysis of subjects close to the profession's heart has informed my own thinking. I am pleased to report that, in the coming year, the SCWRU will be undertaking research for me on evidence relating to hospital social work with older people.

I will also present new guidelines for the profession on working with those affected by CJD and by gambling-related harm.

In my many visits to local authorities, I see the how collaboration between employers, researchers and educators is helping improve practice on the frontline. Little is said about social work training and development colleagues who help to organise CPD and other learning opportunities, but in my experience they are integral to the 'professional health' of the workforce.

Finally 2017 saw the launch of the James Lind Alliance (JLA) Priority Setting Partnership for Adult Social Work to agree the top priorities for adult social work research. Commissioning this has been a highlight of

the year – both in learning about the JLA processes but also in seeing how the profession has responded to the invitation to develop its own research agenda and to explicitly include people using services and carers in this partnership.

No other country in the world has embarked upon such an inclusive and rigorous approach to social work research. I am proud of our profession's enthusiasm and engagement with this work.

PART 2

People who use services and those with lived experience

Clenton Farquharson MBE – Chair of Think Local Act Personal (TLAP) and Director of Community Navigator Services

Social workers do not have, in my experience, enough time to think. My question to council leaders is how do you create a thinking environment for your staff?

This query led me and my colleagues at Community Navigator Services, a disabled people's user-led organisation, to set up a course for social workers, The Pursuit of Confidence: Thinking Allowed- Thinking Aloud! Our course gives time for reflection (a core element of social work practice). We discussed with attendees how they could free up their thinking and be creative – particularly in the application of personal budgets and direct payments.

For example, social workers have questioned the use of a budget for an assisted dog, rather than a guide dog and especially costs associated with pet insurance and pet food. They were not seeing the difference the funding was making to help the person achieve a better life.

What we were witnessing was not that social workers were having difficulties with process, rather it was their attitude. Their minds were so entrenched in process that they were losing sight of their capacity to think, be innovative and make a difference.

In fact, when we started the training attendees' expectation was that we were going to discuss innovative ways for them to get through their paper work! I truly believe that a social worker's role is to harness the human spirit. One way to do this is to allow social workers to have the confidence to really think aloud.

(CIC) <http://www.communitynavigatorservices.org/>

Adult Principal Social Workers Network



Mark Harvey – Co-chair



Rob Mitchell – Co-chair



Karen Cook – Vice-chair

The National Principal Social Worker Network has continued to go from strength to strength over the previous year.

The co-chairs and vice chair have all taken leading roles in delivering key talks to a number of social work conferences and universities delivering social work education across the country. They have also led on further developing the network at a national level and forging better links with the great work which is happening through the regional PSW networks.

In addition, the co and vice chair have been representing the network on a number of groups and national projects where we have helped to shape development and implementation in a number of key areas;

- Social Work England advisory group
- The national social work and social care recruitment campaign
- Quality Matters initiative
- Ministerial meetings and round tables
- Chief Social Worker advisory group
- Named social worker pilots

On a national level, the PSW Network has continued to lead on 'Days of Action', which see social workers and other allied professionals, service users and carers come together for a day of celebration of the positive impact of social work practice.

In June 2017, the Network coordinated a day to highlight the fantastic work undertaken by Approved Mental Health Professionals.

The day itself saw AMHPs around the country demonstrate their work and describe what they do via press releases, blogs and talks up and down the country. This Day of Action was very well supported by colleagues across the NHS and enabled many professionals to see the complexity of AMHP work and appreciate the fantastic work that they do in upholding human rights for people in the most difficult of circumstances. The day generated 5.8M 'impressions' across social media.

The Mental Capacity Act celebrated its tenth birthday and the PSW Network led on a Day of Action to mark the event. Social Workers and others used social media widely on the day (#MCA10) to emphasise the principles and ethos of MCA to help people remain in

control of their lives by compiling A to Zs of the MCA in practice. The day received £5M 'impressions' across social media.

The PSW Network has continued over the year to work closely with various media outlets and publishers. In addition, the network has produced two e-books over the year, with contributions from frontline social workers, other professionals, service users, providers and carers. In March, to coincide with World Social Work Day, the PSW Network published an e-book entitled *Reflections at the Heart of Social Work*.

In December, the Network also published an e-book entitled 'Oh Little Book of Social Work' which was a collection of short pieces of writing about social work at Christmas. Both e-books proved to be extremely popular, again generating over 1000 downloads from the Adult PSW Network blog page.

Strengthening evidence-based practice and engaging with regional Teaching Partnerships have been prominent roles for PSW's. The PSW Network has supported and promoted the identification of research topics for adult social work.

The James Lind Alliance has been commissioned by the Chief Social Worker for Adults to identify the top priorities for research for adult social work from frontline staff, people who use services and their carers across the country. The PSW Network is represented on the Adult Social Work Priority Setting Partnership Steering Group and will continue to support this important work.

The PSW Network hosted a hugely successful fringe event on the eve of the NCAS opening day. The aim of the fringe meeting was to remind delegates of the vital role adult social work has, not just in delivering positive practice but also in supporting the very organisations that NCAS support. The Chairs of the Network aimed to provide a positive challenge to the conference by sharing questions from front line PSWs and social workers.

At the fringe meeting, the PSW Network highlighted a piece of work it had undertaken on the shape and diversity of leadership in statutory adult social care. This linked to a main theme of the PSW Network work plan, aimed at highlighting problems around a continued lack of diversity in social work and social care employment, particularly at senior management levels. The PSW Network report can be found here:

<https://adultpswnetwork.files.wordpress.com/2017/10/fringe-report-4.pdf>

The fringe event was extremely well attended and included carers and people who use services as well as conference delegates and a group of excellent social workers from Bournemouth and Poole, where the event was being hosted. One director stated that the fringe 'was the highlight of the week'.

Across the regions, PSWs have continued to promote the standards of the profession and work to support front line adult social workers in partnership with people they support. In particular, PSWs have taken a lead role on the development and implementation of strengths based social work.

The Yorkshire and Humberside PSW Network has developed a Strength Based Social Care Peer Audit Tool. This has enabled PSWs and Yorkshire and Humber ADASS to determine how the strength based approach is being practiced throughout the region. The results have promoted the development of training and support for staff.

One example is the recent strength-based workshops which will lead to a Strength Based Charter for Yorkshire and Humberside.

In London, the PSW for Camden has led on embedding strengths-based practice across adult social care and together with a partner agency has implemented the '3 conversations' way of working. Through the PSW's leadership, Camden is now embedding a strengths based approach and systems will shortly be streamlined to support practitioners to spend more time with people,

build closer relationships and continue to fully understand what the local communities have to offer.

In Tower Hamlets, the PSW has worked through the NHS Vanguard initiative to develop and launch a person centred, strength based multi-agency health and well-being coaching programme. This programme is based on principles of encouraging self-empowerment and resourcefulness, working together in partnership and promoting an integrated model of care with a strong focus on personal goals and outcomes.

The leadership of PSWs supporting strengths based practice is also particularly evident with other great examples in Dorset, Southampton, Leeds and Derby.

The PSW Network is currently working on its work plan for 2018. At a national level, it is planning more events to celebrate and further embed great social work practice. Locally, PSWs are committed to bridging the gap between strategic management and front line practice, leading on new developments across social care and working in partnership with other professionals and the people they support.

British Association of Social Workers

The British Association of Social Workers (BASW) is the independent professional association for social work and social workers across the UK. We also represent UK social work in global networks and activities.

Having a productive and creative relationship with government leads for social work in all the countries of the UK is vital to what we do. We have worked closely with Lyn over the past year on specific projects and have had a strong relationship that has enabled open, frank and productive dialogue.

Being part of the regular stakeholder advisory group for social work with adults continues to be a great opportunity to influence and be part of the collective voice for the profession – and to grapple with difficult issues when needed.

Lyn has initiated several projects through the Department of Health and Social Care over the last twelve months which BASW has collaborated on – these include:

- developing, delivering and rolling out a capabilities statement and CPD pathway for social work with older adults;
- promoting the recruitment and retention of future social workers; and
- taking on responsibility for providing the definitive national source of information for social workers and those interested in joining the profession.

Lyn has been instrumental in supporting BASW to play a key role in strategic activities, enabling the independent voice of social work to influence policy at the highest levels.

We appreciate Lyn's recognition and support for the continuing role and importance of BASW and look forward to continuing to work closely together in the coming year.

Ruth Allen, CEO

The Joint University Council Social Work Education Committee

Lyn Romeo's commitment to placing the profession at the heart of integrated services is widely acknowledged across all stakeholder groups. Meanwhile, her national leadership has successfully sustained social work with adults at a time of significant change for the social care and social work professions.

Implementation and embedding the Care Act 2014 has made sure social work retains a focus on rights, social justice, change and empowerment of those adults who need our help the most. Lyn has worked tirelessly to make sure social work with adults remains focused on wellbeing for individuals, families and communities.

To support this vision, JUCSWEC has welcomed her commitment to social work as a single generic profession and commitment to work collaboratively with the Higher Education Institution (HEI) sector.

In an era of austerity, Lyn has championed social work across Whitehall, Westminster and nationally with lead employer bodies. She has developed a number of stakeholder groups, which support and deliver integrated change for social work over many areas of professional practice.

The success of the named social worker pilot, the refocusing on reflective supervision and practice development to support the fundamental principles of new legislation and

support for the recruitment and retention of highly experienced social workers serves to strengthen social work with adults as a strong leadership-based profession. In addition, the initiation of a James Lind Alliance approach to establishing a national research strategy for social work with adults will further strengthen the role of social workers and the profession itself.

For the forthcoming year, JUCSWEC welcomes continued partnership with the Chief Social Worker for Adults with a sustained focus on:

- supporting recruitment to the profession,
- maintaining the profession as a generic profession at the point of qualification
- specialisation of role post qualification,
- development of research mindedness within the workforce
- continued partnership with the HEI sector including students, researchers and academics in the delivery of high quality social work education..

Professor Samantha Baron

Chair – Joint University Social Work Education Committee

Practice developments in the adult social care sector

Wigan Council Adult Social Care

Helping residents get home quicker

A pioneering partnership between local health and social care teams is helping patients in Wigan return home faster.

Since its formation, the integrated hospital discharge team has been breaking down barriers between providers and achieving better outcomes for residents through joined-up working.

The team includes representatives from Wrightington, Wigan and Leigh NHS Foundation Trust, Wigan Council, Wigan Clinical Commissioning Group, Bridgewater Community Healthcare NHS Trust, 5 Boroughs Partnership NHS Foundation Trust and homeless charity, the Brick Project.

Working in collaboration helps reduce the burden on the NHS as teams work together to make discharge planning decisions. It's having a positive impact on long-term health and wellbeing outcomes for residents' by making sure they get the right care in a timely way.

Hospital housing discharge officers help residents to live independently in their own homes as part of The Deal for Health and Wellness.

By identifying a person's housing needs as soon as they are admitted and helping them to get discharged on time, the officers can

facilitate a safe return home. They do this by rearranging existing living arrangements or finding more suitable accommodation.

Jimmy's story

Jimmy went to hospital following a fall and was treated for alcohol withdrawal. He lives alone and has limited contact with his family and is regularly admitted to hospital due to alcohol intake.

Time was spent with Jimmy whilst on the wards to understand his life, interests and aspirations, and how he would like to improve his day to day living. He said he drinks because he is bored, he feels socially isolated and is lonely.

“ Wigan's innovative approach to adult social care has been the subject of a recent film, which you can view here: ”



Jimmy said that years ago he was very fit and enjoyed cycling, something he was very good at and won lots of races. He explained that he would be interested in learning how to use a computer, take classes and engage with people again. He has a number of hospital appointments but is very reluctant to go alone.

The team referred Jimmy to The British Red Cross who can provide transport, a buddying up service and accompany him to appointments. A referral was made to Embrace, part of Let's Connect, a service aimed at supporting isolated people to get better involved, engaged and connected with their local community. They are trying to match him up with a 'buddy' to take him out.

Since leaving hospital, Jimmy has attended Active Living at Leigh, a programme of activity has been developed for him and he is to take part in cycling activity. He has not attended the hospital since these involvements.

This innovative approach reduces unnecessary delays for patients who require a hospital admission, become medically fit for discharge, but cannot leave for social reasons. Social work is vital in addressing these issues and making sure people can return home and be supported in their communities.

North East Principal Social Worker (PSW) networks working together

Joint meetings between adult and children's PSW networks paying dividends

These meetings have enabled PSWs from both networks to take a wider view of social work across the region. The North-East has strong cross-local authority working relationships. PSWs are already working with each other on regional work through long-established networks.

The formation of a Teaching Partnership – the North-East Social Work Alliance – has provided an additional framework for PSWs to improve the quality of social work and social work training across the region.

Many in the networks are working together to test out new ways of working and achieve improved outcomes.

PSWs have supported the piloting of a buddying scheme to assist students in their transition from student to early career. There is also involvement in evaluating skills days across the local HEIs to make sure that newly qualified social workers come to the workplace with skills that can be utilised in contemporary social work practice.

“ Many in the network are working together to test out new ways of working and achieve improved outcomes. ”



The networks also meet with other representatives in the region to explore strengthening CPD for social workers by trying to gain a consensus about regional minimum standards across local authorities.

The North-East PSW network has discussed how it can influence other regional standards by making recommendations to influence other areas of work, including taking on teaching partnership project work.

Leeds: Strengths based social care

In last year's annual report, we (Leeds City Council) shared how we were starting to implement strengths based social care. Central to this has been a conversation approach.

We have developed a conversation record to replace the previous assessment document which does not have service or needs led questions and instead enables the social worker to have better person- centred conversations.

We have also embarked on an innovation project to trial a strengths based approach to hospital social work. The "EDAT Innovator" project has focussed on the Early Discharge Assessment Team (EDAT) at St James Hospital in Leeds. The purpose of EDAT is to reduce the number of people admitted to hospital.

Case study: Mr C

Mr C is in his mid-80s, living alone in a private rented flat with no paid social care but heavily supported by his elderly neighbours with shopping, domestic tasks and help if he falls at home.

He periodically spends a few weeks of rest and recuperation at the home of his elderly sister and brother in law. He is registered blind and suffering progressive vision loss, with a history of kidney cancer and heart problems.

Mr C was admitted to hospital in a state of confusion and diagnosed with urine and chest infections. He was staying with his sister and brother in law as they were concerned he was not coping at home.

During his stay, his behaviour deteriorated to the point where he became very agitated, urinated all over his sister's property and became unsafe when walking, leading to an increased frequency of falls. The GP arranged admission to hospital.

The EDAT team felt that Mr C needed to be placed urgently in 24 hour care for his safety. I met Mr C on the ward and it was clear through the first conversation that he was still very motivated to retain his independence.

Mr C demonstrated good insight into his difficulties. Utilising the Conversation Record enabled a very open and candid conversation with him and his family. It was clear that he had been struggling to manage at his flat for

“The Social Worker has transformed what could have been a nightmare scenario into a carefully managed and controlled event, for which we are extremely grateful”

a long time but had been too proud to admit this. He also stated that he felt very isolated away from his family.

It was recognized that Mr C would benefit from a brief stay in a temporary placement to help him through the initial crisis, but longer term planning about retaining independence was also explored. He was identified as an ideal candidate for extra care housing where he could maintain his independence within a supportive community focussed environment. His application for extra care housing was approved and he has been placed on the waiting list.

Positive feedback was received by his family who said: *“The Social Worker has transformed what could have been a nightmare scenario into a carefully managed and controlled event, for which we are extremely grateful”*. Mr C’s care was transferred to a community based team to support him into the next phase of his life in extra care living.

Thurrock Adult Social Care: our journey in strengths based social work

Thurrock Stronger Together programme, launched in 2012, connects a range of initiatives designed to support adults to enjoy the best possible life within their homes and communities. The programme gives everyone the opportunity to achieve the lives they want for themselves, their families and friends.

Involving social work from the start has made sure the principles of Stronger Together are owned by professionally qualified staff. Five years on, the culture of strength based solutions is firmly embedded in Thurrock.

The five principles:

1. Neighbourhood based

Adult social care in Thurrock recognises that what happens in a community is what matters most. Promoting independence and supporting people to keep safe have always been embedded here.

The development of community hubs, local area co-ordination (LAC) and innovative housing schemes supports social workers to look at alternative – and not necessarily service-led – options.

“ This is about reversing the power relationships at the heart of practice and moving towards those built on trust and respect ”

The local asset mapping gained from LACs has opened up a whole new world of local knowledge to social workers helping them find outcome-based solutions for even the most complex cases.

2. Focus on strengths

The Stronger Together Programme stresses the need to look at ‘what is strong; not what is wrong’. Evidence of strength based approaches leading to good outcomes for people can be found in many cases in Thurrock, in particular those involving safeguarding.

Our intervention with one family, where there was a history of severe neglect spanning 20 years, is one such example. The case required the skills of a senior social work practitioner because of the high level of risk management and legal literacy required.

The mistrust of all three adults towards local authority intervention was a significant factor blocking progress. Because of this, a Local Area Coordinator worked alongside the family and the social worker to build trust and explore community support options.

Change did not happen overnight and took over a year of focused support to remove the high risks and empower all three adults to separate, move on with their lives and begin to achieve their aspirations.

3. Citizen led

This is about reversing the power relationships at the heart of practice and moving towards those built on trust and respect, with the person who requires support at the centre of decision making.

The professionalisation of language and the restrictive nature of process only serve to distance people, not build relationships. In Thurrock, we challenge these practices at a fundamental level.

4. Relationship building

Traditionally, social work would look at a service response for someone to remain connected in their community. The Stronger Together programme, which was supported by directors and councillors alike, moved some of our resource into developing community roles. Social workers have been inspired by our community, working alongside others to achieve the outcomes people want and not being confined to a limited menu of options.

5. Social justice

The principles of rights, social justice and tackling poverty go to the heart of the social work profession. The social worker with their legal literacy can advise and promote social justice in a way which compliments other strands of our Stronger Together programme.

We are currently developing a more pluralist and strength-based marketplace which includes a rich micro provider market as well as local, small and responsive well-being teams. In place of residential care we have a Shared Lives scheme. All schemes are informed by our core principle of reducing social injustice through strong, well connected and sustainable communities.

Find out more

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Norwich: Migrant social work service integrated within a library

In October 2016, Norwich's iconic Millennium Library became home to a new social work service for migrants and refugees in the form of the People from Abroad Team.

The five-strong team delivers community-based social work in the heart of the city centre to people who face additional barriers to accessing traditional services because of their immigration status.

Many have no entitlement to welfare benefits or public-sector housing, and speak little or no English. Being based within a principal library, the team are able to draw upon the wider resources available such as craft, reading and English Exchange groups run through the extensive volunteer programme.

The library also offers free wifi, public computer access, sound and vision resources as well as foreign language books, films and newspapers. The Millennium Library's open atmosphere provides a light



and airy non-threatening environment for service users who find it hard to access traditional social work buildings and offices.

The library staff have embraced the introduction of the new team, involving the Healthy Libraries team and community librarians in providing services. The library has meeting and interview rooms that the social work team are able to book for small teaching sessions, or private one-to-one interviews with an interpreter.

In February, the city received its first five families of Syrian refugees and the library hosted the induction training programme. County-wide, the 47 library branches each acted as drop off points for public donations of small items and the team was overwhelmed with household goods and other donated items to furnish the family accommodation.

Each refugee has become a member of the library and been encouraged to use the facilities available, including the well-stocked children's library, public computer terminals as well as, of course, books.

As part of their welcome to new homes each child was given a book bag containing bilingual children's books in Arabic and English to help with parent-child reading. Furthermore, the social work team purchased some USB keyboards in Arabic script to enable public computer users to write emails and documents in Arabic as required.

Having a social work team based in a central library setting has had other benefits too. The library, which is open seven days a week, is used by other hard-to-reach groups such as the homeless and those with disabilities.

Having qualified social workers based in the same building has already proven effective in dealing with other crises that have occurred; library staff have been able to seek timely help and support from social work colleagues and have intervened to help distressed people link up with appropriate services and resolve problems promptly.

This unique partnership really helps vulnerable and marginalised groups access a wide range of services in one place, in a central location accessible by public transport and in a non-stigmatised setting.

Developing the social care workforce

Birmingham: Assessment and support planning career development

Birmingham is committed to providing quality support and learning opportunities for all our social care staff. This enables us to support our citizens to live good quality lives and enjoy positive health and wellbeing.

We have developed multiple career pathways for different staff, including:

- Non social work qualified staff
- Social workers
- Moving into management
- Manager career pathways

Birmingham runs an award winning Learning Unit for covering both students and newly qualified social workers on their Assessed and Supported Year in Employment (ASYE). We take up to 100 students a year. We have offered a targeted recruitment approach to students on a placement with a view to supporting a seamless transition between student and employee.

Our practice educators have received awards for the quality of the learning opportunities provided from Birmingham City University for the last two years. We offer an equally successful, structured and evaluated ASYE scheme which is proud to have supported the winners for the past two years of the National Social Worker of the Year Award for the NQSW.

“ I was reluctant to come to Birmingham due to the negative reputation it has, but seeing the commitment and support provided within the teams has changed my mind and now I am proud to be working in Birmingham and of the work that we do ”

Seanna's story

Birmingham is a member of the 'Tri-City Social Work exchange programme', which provides a unique opportunity for frontline social workers and others to meet. It is an opportunity for peer to peer learning between our 'sister' cities, Chicago and Hamburg. To date 50 social workers from Birmingham have been involved in the exchange.



“This experience was the most valuable of my career to date. Pre-trip the facilitators advised that we would learn a lot about ourselves and our own practice. I didn’t expect this to happen as strongly as it did. It reminded me why I do my job and refreshed my drive to practice and achieve the best. I was able to see that our systems are not as bad as we sometimes think and we have got a lot right in this country. I was also able to bring back tools and new ideas to revitalise my practice.”

Devon County Council: ASYE

From 2013 onwards, the adult social care service in Devon started to experience significant challenges in being able to recruit social workers.

Between 2014-2016, one fifth of all social worker posts were vacant. Measures were put in place to recruit experienced social workers but met with limited success.

We then revamped our approach to recruiting and supporting newly qualified social workers. Better workforce intelligence has allowed us to forecast how many social workers we will need to recruit each year and we now advertise and recruit a cohort of ASYEs at two fixed points during the year. This fits with when the social work qualification is completed.

In the past five years, we have recruited 76 social workers on to the ASYE programme. The overwhelming majority of ASYEs recruited, 97 per cent, have successfully completed the Devon programme.

Recruitment at fixed points also allows us to provide a programme of support to the cohort of newly qualified social workers, with significant benefits for peer support. The programme is highly rated by the workers themselves and by their team managers.

We have also strengthened other initiatives which support this approach. We have established a ‘peripatetic’ team of social

workers who are deployed to cover vacant posts. This enables the operational service to be maintained while teams wait until a newly qualified social worker is available.

We have also recognised the value of placement experience in preparing social workers for the challenges of statutory social work, and have increased the number and quality of placements offered to social work students.

The impact?

While we are continuing to experience higher-than-national average turnover of social workers, this is largely a result of the age profile of the workforce. The turnover is positive in that it allows us to bring in new staff with new approaches. Retention of social workers recruited to the ASYE scheme is high: 88 per cent (67 people) who started with Devon as ASYEs since 2012 remain in employment with us.

We are also seeing social workers take up opportunities for career progression into specialist work and management roles. We are continuing to offer opportunities for social workers to train as Approved Mental Health Professionals (AMHPs) and as Best Interest Assessors (BIAs). In addition, six of the ASYE entrants since 2012 have now moved into first line manager roles.

Milton Keynes: Recruiting young people into social work

In 2014, Milton Keynes Council set up an adult social care work experience programme offering young people studying health and social care at school to undertake a five-day placement in the service.

Work experience placements have included both within the council’s own learning disabilities and dementia services, and with a range of private or voluntary organisations.



Staff recruitment and retention issues across the sector are likely to get worse without an urgent and greater focus on encouraging young people to pursue adult social care careers. A recruitment drive, like the one adopted here in Milton Keynes, will be crucial in persuading young people, including school leavers, that a career in adult social work can be a fulfilling and rewarding one.

Milton Keynes Council employed a dedicated worker to work with careers officers and social care teachers at 11 schools offering health and social care qualifications. This led to them asking young people to apply to the scheme, holding an interview process and selecting the most suitable candidates.

In the past three years, 147 young people have completed the programme, with only three dropping out. Of the work placement “graduates”, 11 secured employment shortly afterwards, six undertook apprenticeships, 10 did nursing or social work degrees, and one was named Buckinghamshire Young Apprentice of the Year 2017.

“Overall, we see this as a very positive move in terms of trying to attract young people into the sector.” Sarah Gammon, Learning and Development Manager at Milton Keynes Council.



Integration

Kent County Council: The ESTHER model

The ESTHER model is a way of working developed in Sweden to focus on how a person's experience of health and social care can be more joined up, proactive and engaged with the person themselves.

The model has been running for more than 20 years in Sweden and has seen hospital admissions fall by 30 per cent.

'Esther' was a real person who became unwell with serious heart failure and was admitted to hospital. There were delays in diagnosis, treatment and care planning. The health and social care staff involved in her care recognised that there might be a different way of doing things that could lead to better outcomes, higher quality care and efficiency.

For the purposes of the model, Esther is a person who needs care and attention from more than one health and care provider. Clinicians and care professionals simply ask "what is best for Esther?"

User involvement is integral to the model, building a network around Esther including family, friends and staff from health and social care.

The programme is delivered by the Design and Learning Centre (DLC). The focus is to reduce frailty, develop safe new services and transform the health and social care workforce by promoting independence and self-care, exploring digital technology and sharing innovative ideas and best practice.

The aim of the model is to:

- Improve a patient's experience and quality of care by making sure their needs are discussed openly with them
- Create smoother, safer and integrated pathways
- Use resources more efficiently with the common goal to do what matters most to them
- Make sure they, their family and networks are seen as equal partners in their care.

To deliver good care there needs to be seamless collaboration across organisational borders for all health and social care providers.

“ We regularly hold ESTHER cafes in Kent, bringing together health and social care professionals to hear stories of care delivered, with the aim of working together to improve patient experiences. ”

We have been implementing this model in Kent for one year and have over 300 people from across the health and care sector trained in the ESTHER approach.

We are currently measuring the organisational impact of the model and looking at how it can:

- Improve the skills and competencies of the workforce
- Enhance the quality of care
- Make a positive impact on recruitment and retention.

We are also measuring how the model aids an efficient flow of people through the system and improves communication between all organisations.

We regularly hold ESTHER cafes in Kent, bringing together health and social care professionals to hear stories of care delivered, with the aim of working together to improve patient experiences.

To find out more about the model and read about some real life case studies, please visit out [design and learning centre website](#).

Southend: Community Hub Project

The Community Hub Project involves identifying existing assets and spaces in Southend and utilising them as a point of contact for our citizens. The hubs range from housing and advice centres, to churches and charity sector offices. The hubs enable people to access and volunteer support with a wide range of social problems, including personal finance, budgeting advice, housing, special educational needs, IT support, English language learning and social issues.

We have developed this to include social workers being based at the hubs, alongside specialists such as dementia navigation and occupational therapy. The hubs provide

additional street level social work to provide a preventative approach for our borough's residents.

Since their inception we are hearing stories of an early intervention approach whereby a strong strengths based approach to managing problems in collaboration with multi agency colleagues is proving beneficial for the people using the service.

As a result we have been working to identify other key sites within each locality in Southend to pilot this early intervention and prevention model further.

Wirral: Integration of health and social care services

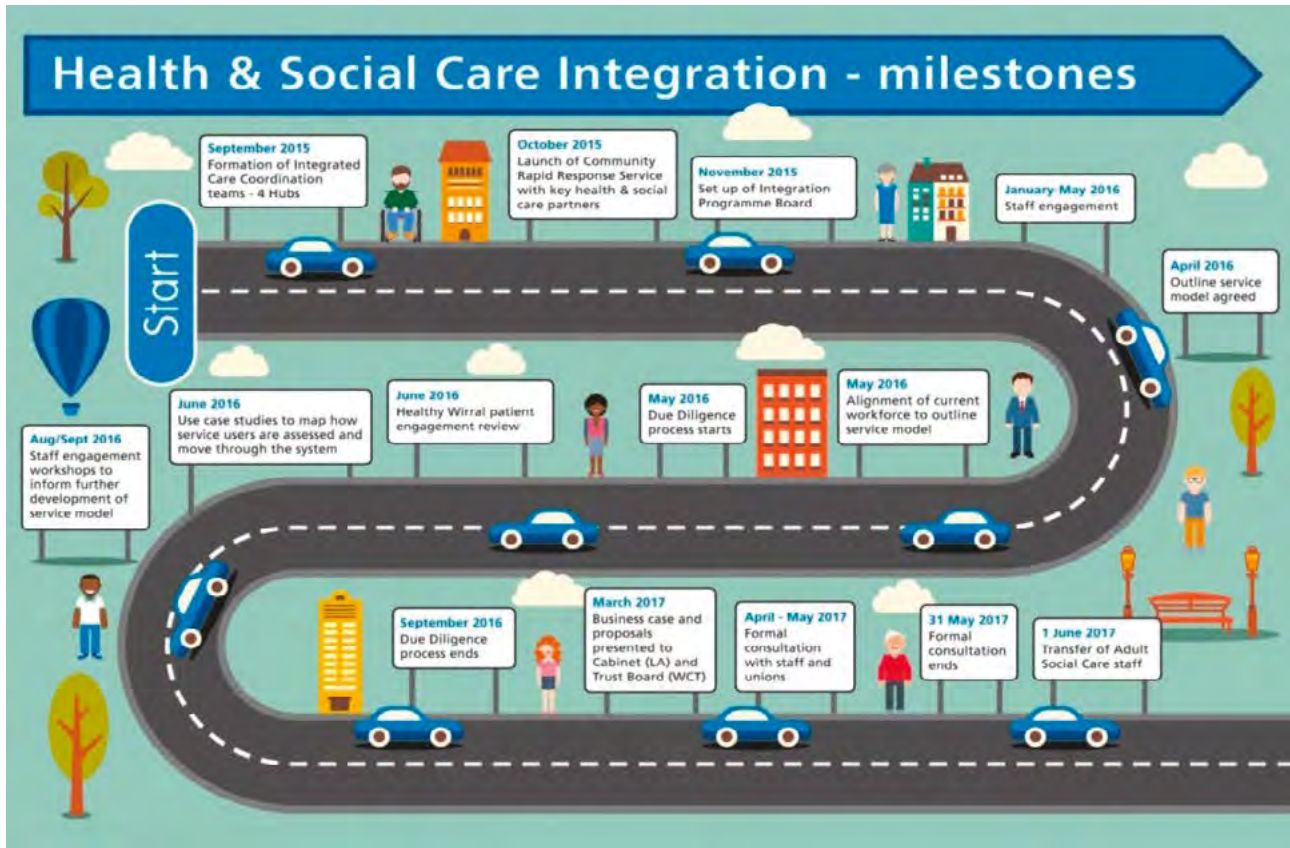
Integration of health and social care services in Wirral is a long and on-going journey which began in 2015.

The drivers for the journey were:

- the national recognition of the need for integration across health
- recognition that services were fragmented
- the demographic data around increased demand
- financial pressures

However, equally importantly were:

- a shared desire to improve and ensure better outcomes for individuals
- evidence of increased quality
- new models of care with less duplication, more cohesion, greater coordination and system wide value
- the overarching need to be person centred, safe, effective and sustainable
- the ability to provide the right care and support, at the right time, in the right place to deliver better outcomes for residents



- care at home – reducing hospital admissions or care home moves wherever possible
- Coordinating health and social care around an individual in a way that feels like one service – only one story to tell!

In June 2017, the successful transfer took place of approximately 220 Wirral Council social care staff (including social workers, unqualified social care assessors, occupational therapists and reablement Officers) into Wirral Community NHS Foundation Trust.

Co-location has facilitated good working relationships and a shared culture with the individual at the centre of the process. There is a joint agreement to:

- Maintain quality together – including professional standards – between Wirral Community Foundation Trust and Wirral Council
- Jointly develop culture – values, beliefs and behaviours

- Recognise individual professions to maintain a strong social work voice
- Leadership for all – joint training
- Place emphasis on the quality of care, promote a safety culture and provide the freedom to raise concerns
- Engage with social care staff and help maintain wellbeing

As we continue with our integration journey, work is now in progress to transform several areas of service and practice – this includes a redesign of our urgent care and hospital discharge services, the provision of one number to contact for all health and social care referrals, the establishment of trusted assessor roles and improving our community offer.

Work is also continuing between the Council and health partners on the second phase of integration of services which will focus on the Mental Health and All Age Disability service.

“ By developing stronger links with housing, employment and communities, we have improved access to resources that reduce financial pressures on the council and help us manage families and service providers’ expectations. ”

Worcestershire: transition team

Worcestershire County Council identified the transition between children’s and adult social services as a major concern for young people and their families. There was limited capacity for social work support and this often resulted in costly crisis interventions.

A dedicated social work team was set up to support transition and minimise the stress of change for service users and their families.

The team supports young people aged 16 to 25 with a learning disability, physical disability or complex health and social care needs.

The team sits in adult social care but reports to both children’s and adults’ services. It is made up of a manager, two advanced practitioners, eight social workers, a housing project officer and a carers support officer. The team is also co-located with an employment coordinator and assistant whose role it is to support young disabled people into paid work.

Together, they work with around 300 young people at any one time. Most have learning disabilities and attend special schools, while 15 per cent to 20 per cent have physical disabilities. Of those with learning disabilities, a significant number have autism and some have behaviour that challenges services.

The team’s aim is to improve transition support planning by providing social workers with additional time with people to plan and provide the support, reducing the need for costly crisis interventions.

Also, by developing stronger links with housing, employment and communities, we have improved access to resources that reduce financial pressures on the council and help us manage families and service providers’ expectations

Hannah’s story

Hannah is a young woman who thrives in social situations. She has a learning disability and complex communication needs, which require people around her to sign or use agreed systems to make sure she is understood.

Hannah had previously been supported by the Children With Disabilities service and attended a local specialist school. She has a supportive family, and had accessed a support worker via a direct payment from children’s services. This allowed her access to community activities.

Following her time at a specialist school, Hannah was offered a place at a specialist residential college, Derwen, which was funded by SEN as they felt her educational needs could not be met at a local college.

At this point the Young Adults Team (Transitions) began their work with her. Hannah enjoyed her time at Derwen and, following her three years there she was offered a place on their Supported Living and Employment Programme. This was funded by social care and a contribution from parents.

Whilst Hannah was in this programme, her parents and social worker were planning for her return to Worcestershire. Activities and clubs were identified for Hannah to access in her holidays. These included social clubs and supported employment opportunities in a local café.

By accessing these services prior to returning home, she became accustomed to the environments, people and routines. The social worker made sure these activities met her outcomes and continued to support her return to a wider support package.

The social worker worked with the housing officer to identify a supported living provision in Worcester with two other young women of a similar age. Hannah moved in after leaving Derwen. At this point, she had already started a number of local activities including supported employment at the local gym, which continued to be part of her support plan. This placement is going well and Hannah has a full and active life.

Future plans

Worcestershire is piloting the use of the '3 conversations' model for adult social care, which involves a strengths-based approach to supporting people through conversations designed to identify solutions that could improve their lives.

Hospital social work



The Blackburn with Darwen Hospital Team

Over the last twelve months, the Hospital Team has embraced and implemented new ways of working to reduce delayed transfers of care, promote patient wellbeing and reduce the duplication of assessments.

Promoting 'One story, One assessment'.

There has been a national drive to embed the Trusted Assessment (an assessment developed for patients, undertaken by therapists on the ward or trained nurses) that would help patients with needs for intermediate and low level reablement services to be discharged safely from hospital, with the social care assessment taking place in their own home, or within a community resource – *A model of Discharge to Assess*.

In October 2016, the Blackburn with Darwen hospital Team set up the Integrated Step Down Team (ISD) utilising staff from the social work team to use the Trusted Assessment to co-ordinate a timely discharge.

Mrs A's story

Mrs A was identified on the ward at the Royal Blackburn Hospital as being a possible service user that could benefit from the 'Home First' pathway.

It was assessed that she was going to require some support but the level needed was unclear and traditional approaches such as reablement had not been put in place due to

the need for a home assessment.

A discussion was held on the ward with the complex case manager (responsible for arranging the discharge) and the ward staff to ensure everything was going to be in place if she consented to the Home First pathway.

The same morning, family took Mrs A home and met the social worker and occupational therapist (OT). The OT completed all aspects of functional assessments in the home. Mrs A was observed making drinks, walking with aids, getting in and out of bed and getting on and off the toilet. Downstairs living had been arranged by family prior to discharge.

The bed was on the wrong wall for Mrs A getting in and out safely. This would not have been known if assessed in hospital as she was observed getting on and off the bed. All of these assessment could have been completed on the ward but are only risk assessed accurately in the home environment.

All aspects of personal care were discussed including how her needs were going to be met. Equipment was ordered whilst still in the home and delivered within two hours. Crisis support workers were arranged for the first three days. A key safe was fitted the same day via the Council's Independent Living Service and finally, crisis reablement was arranged, with the first visit taking place at 5pm.

Mrs A and family stated that the overall experience of the day was really positive.

Following a review four days later, Mrs A commenced a period of reablement and over the next three weeks, slowly regained her strength and confidence.

Prior to admission she was struggling with some tasks so it is still unclear whether long term support may be required, but through the Home First process, the home based assessment and access to crisis reablement meant she was assessed and had all necessary support arranged in a timely manner.

Following this initial period of recovery, she was offered longer term support from the local integrated neighbourhood team who spent time talking to her about her interests, skills and wider networks.

This meant she could be supported to get involved again in the social and faith activities which she had enjoyed previously, and be linked to clinical expertise in case her physical condition gave her cause for concern in advance of a potential future crisis.

Had Mrs A waited for allocation of a social worker whilst on the ward she could have potentially remained in hospital for another couple of days. She would have been visited by an occupational therapist and a social worker, after which processes would have had to be followed. This might have involved information uploads to the relevant systems, the organisation of equipment deliveries and a wait for a package of care start date.

By using this pathway she was home sooner, assessed holistically in her own environment and provided with a tailored service using a 'strength based' and person centred assessment.

Watch this video to find out more: <https://vimeo.com/200649549/751e8ba452>

“ Thank you very much for your help since I came back from hospital, it really has helped me settle back home. ”

Rochdale: Discharge to assess service

In 2016 a tripartite partnership developed between Rochdale Council Adult Care, Heywood, Middleton and Rochdale Clinical Commissioning Group and the Pennine Acute Hospitals NHS Trust acknowledged that the local system in relation to discharge pathways was flawed, complicated and not meeting the needs of the local population. As a result, the Discharge to Assess Service was created.

The Discharge to Assess Service (D2A) provides an integrated person-centred approach to the safe and timely transfer of medically stable patients from an acute hospital setting to a community setting for the assessment of their health and/or social care needs. There are two pathways: Home in a Day and Transitional 24 hour care.

Home in a Day comprises of a multi-disciplinary team, including social workers, who carry out assessments of people who are medically fit for discharge, with a planned discharge destination of home, but who required additional assessments and possible services or equipment to ensure that the discharge is safe.

Transitional 24 hour care provides a discharge pathway for patients who are likely to need long term 24 hour care and those who require more recovery time or plans to be put in place for their return to a community setting.

Both pathways have evidenced a more timely discharge and customer satisfaction.



Luton Borough Council: Reducing DTOC rates attributable to social care

In 2016, the number of Delayed Transfers of Care (DTOC) recorded as attributable to social care at Luton Borough Council was 40 per cent of the average figure for local authorities across England. In November 2016, the council was ranked number one within England for low DTOC rates, with a DTOC rate of zero. (LGA, 2017)

Over the last decade, the council has demonstrated leadership by delivering smooth pathways out of hospital through commissioning a supply of step-down reablement, therapy and home-care facilities. They have also facilitated an Integrated Discharge team, structured in such a way to foster good-working relationships and develop a culture of collaborative working, supporting and growing a committed workforce.

An Integrated Discharge Team

The Integrated Discharge Team for residents of Luton is a 100 strong team of social workers, NHS discharge managers, discharge officers, administrators and Cambridge Community Services Liaison Sisters, co-located within the Discharge Hub at Luton and Dunstable Hospital.

A social worker from the Discharge team is allocated to each ward to build relationships with hospital staff working on the ward. Seven days a week, social workers form part of the multi-disciplinary team (MDT) meetings on wards ('board rounds'), to discuss plans for the safe and efficient discharge of their patients.

They also meet as a social work team every day to discuss any received 'assessment notices' from NHS colleagues, signalling that patients' care needs – and possibly their carers' needs – should be assessed in anticipation of their expected discharge from hospital and to make sure that assessment duties are allocated between them in the most efficient and effective way.

Through their contributions to MDT meetings and regular meetings as a social care team and through their location within the hospital itself, Luton Borough Council's social workers can act promptly on assessment notices. This gives them a broader understanding of the patients' health needs and any concerns surrounding the patients' discharge as they liaise with those who have taken responsibility for their care throughout their stay in hospital.

Prompt action mitigates any delays and allows the identification of complex cases early, which in turn contributes to low DTOC rates, attributable to social care.

PART 3

Priorities for 2018-19

My overarching aims for 2018-19 are:

- To promote the vision and value of social work practice with adults in personalising high quality health and social care integrated outcomes for people and their carers.
- To raise the quality of practice, so that people receive the best possible help and support from social workers.
- To improve productivity through social work practice that works in real partnership with people to coproduce support, makes best use of public finances and achieves what matters to people.

I will do this by:

1. Supporting a sufficient and good quality adult social work workforce.
2. Advising and supporting the establishment of the new regulator, Social Work England (SWE) to make sure it provides a system of regulation that supports the whole social work profession and which recognises the contribution of social work to the wider social care and health system.
3. Leading the development of Knowledge and Skills Statements (KSS) for supervisors and Principal Social Workers in adult social care; supporting assessment and accreditation of practice supervisors and continuing development of a critical reflection programme.
4. Supporting improvements in social work practice with people with learning disabilities including:
 - building on learning from the named social worker pilots to develop a practice model for young people with disabilities moving into adulthood; and
 - working with the sector to develop advanced knowledge and skills for social work with people with learning disabilities and their carers.
5. Establishing best practice guidance to help support social workers with the knowledge, skills and confidence they need to deal with disasters and emergency response situations.
6. Improve and support social work in mental health.
7. Support local authorities and mental health trusts to embed a rights and strengths-based social work practice model.
8. Influence the Department's research priorities to improve the research and evidence base for social work practice.

	Chief Social Worker for Adults' priorities for 2016-17	Progress by March 2017	RAG rating
i.	Continuing to work across government and the sector to make sure 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.	<p>On-going: The social work profession will be supported, accredited and evaluated by a new bespoke, specialist regulatory body, Social Work England.</p> <p>The body will be based in Sheffield and will be responsible for driving forward improvements in social work practice. The new regulator will prioritise public protection and support social work practice improvement – from initial education and training, to continued professional development.</p> <p>I will continue to advise and support officials in establishing SWE. Recruitment for a Chair and CEO began in December 2017.</p>	
ii.	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	<p>On-track: In partnership with SCIE and the social work sector we have produced a strengths-based framework to be published in 2018.</p> <p>In November 2017, I consulted on a Knowledge and Skills Statement for practice supervisors in adult social care. The government response to the consultation and the final KSS will be published in the spring.</p>	
iii.	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	<p>On-going: The Principal Social Workers have been utilising the integration checklist in supporting the sector to improve the location of social care in supporting people's outcomes.</p> <p>I have also been working to improve the profile of mental health social work through the inclusion of MH social work in the 5 year mental health forward plan, the mental health research strategy, and a reference in the MH workforce plan.</p>	
iv.	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.	<p>On-track: continued funding for Teaching Partnerships, Think Ahead, the social work bursary and the Education Support Grant.</p> <p>Also supporting the review of the Professional Capabilities Framework (PCF) & promoting increased capacity of practice educators and the quantity and quality of practice placements in adult social work.</p>	
v.	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.	<p>On-going: The knowledge and Skills Statement for Principal Social Workers has been developed and will be consulted on informally.</p> <p>The PSW leadership programme is continuing with 27 participants completing by the end of March 2018.</p>	
vi.	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.	<p>On-going: The first survey launched in October 2017, and closed in January 2018.</p> <p>Work will continue until the summer of 2018.</p>	

Acknowledgements

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Last but not least, thanks to Harry Venning for his illustrations for a second year. Once again, he has helped to bring this report to life.



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Department
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