

REPORT

THINK AHEAD

MEETING THE WORKFORCE CHALLENGES
IN MENTAL HEALTH SOCIAL WORK

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and Craig Thorley

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in mental health social work

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The purpose of our work is to assist all those who want to create a society where every citizen lives a decent and fulfilled life, in reciprocal relationships with the people they care about. We believe that a society of this sort cannot be legislated for or guaranteed by the state. And it certainly won't be achieved by markets alone. It requires people to act together and take responsibility for themselves and each other.

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FOREWORD

Mental health is one of the biggest challenges facing society.

As this report so eloquently demonstrates, social workers play an important role in the delivery of high-quality mental health services. They have a unique contribution to bring to this field –both supporting those in crisis and focusing on prevention in the community. When they work alongside other professionals – in the NHS, councils and with other sector employers – astonishing results can be achieved.

The move towards integrated health and care services poses challenges as well as opportunities. One of the challenges facing the NHS and other employers is to make sure that social workers are equipped to thrive and to contribute fully in integrated teams.

Social work is not just a demanding job – it is one of the toughest professions in the country. It requires an extraordinary mix of skills, knowledge and resilience. But as this report makes clear, social work is not always seen as an attractive career option. We need to do more to attract the best and the brightest into the profession, giving it the recognition and status it so richly deserves.

Of course recruitment will not solve all of the challenges facing mental health social work. We also need to ensure that new recruits to the profession are educated effectively for the job. While there are many examples of high-quality social work courses across the country, concerns remain about the quality of practice education in some areas. This can mean that some newly qualified social workers do not feel adequately prepared for the demands of frontline practice. I am therefore very interested in schemes, such as the one proposed in this report, which place a greater focus on this aspect of social work education.

I welcome this excellent report, would like to thank everyone who contributed to it, and look forward to seeing these important recommendations being taken forward and turned into reality.

Norman Lamb, *Minister of State for Care and Support*

EXECUTIVE SUMMARY

The case for change

There has been a rise in demand for mental health services over recent years. This has been accompanied by funding cuts by commissioners which have reflected an ‘institutional bias’ within the NHS against people with mental ill-health. Taken together, these trends are putting mental health services under enormous strain.

When working effectively, mental health services can support people to live meaningful and independent lives. However, when these services are under strain this can result in considerable human and financial costs. Most families in England will know somebody who has been affected by mental ill-health. Families, communities and other public services are too often left to pick up the pieces when services fail to deliver. The time has come to address this issue, and ensure that our services are properly equipped.

At the heart of effective services are the professionals who deliver them. It is impossible to deliver a high-quality service without having a high-quality frontline workforce. The challenges faced by mental health services require a greater focus on preventative models of care that are based in the community. Mental health services are commonly provided by multidisciplinary teams, integrating both health and care professionals. This is especially important given the strong links between mental and physical conditions, as well as the role that environmental and social factors can play in addressing mental health needs.

Social workers can play an important role in community mental health services. Unlike their medical colleagues, they are trained to focus on the social aspects of mental health. They also play an important legal role in relation to safeguarding and assessing which services people are entitled to. Social workers have to make incredibly tough decisions, such as when to take away somebody’s liberty and how to protect their legal rights, as well as supporting people to recover from mental illness. Over the course of our research we heard from social workers who have had to deal with a wide variety of situations – including supporting city traders who have bipolar disorder, assisting parents who are living in poverty and suffering from depression to access essential benefits, and working with psychiatric patients who had committed violent crimes. It is a demanding job that requires a specific set of skills.

There have been a number of attempts to improve the status of the social work profession in recent years. Despite the progress that has been made, there remain a number of challenges concerning the

recruitment, education and effectiveness of social workers in mental health teams. These include the following.

- The move to integrated teams has been problematic in some areas: some integrated teams work very well, but in other locations social workers have been undervalued and left isolated by their medical colleagues.
- Relatedly, many social workers report that they have been ‘de-professionalised’, acting more as care coordinators following procedural assessments rather than using their professional judgment and expertise. Integrated care services have suffered as a result.
- Some areas of the country suffer from a shortage of good quality social workers to work in mental health settings. This is creating a shortage in the pipeline of people who can go on to become approved mental health professionals (AMHPs). AMHPs are the main coordinators of complex mental health assessments, and have the power to section people under the Mental Health Act, but there are currently shortfalls in the recruitment and retention of AMHPs in the workforce.
- There are concerns about the quality of candidates entering the social work profession in general. In our survey of 100 local authority service directors, 90 per cent of respondents¹ agreed that ‘more needs to be done to attract the highest possible quality of candidates in to the social work profession’.
- Social work is missing out on potential sources of talent. This includes high-calibre graduates – last year only 9.7 per cent of people who started training to be a social worker through the master’s degree route completed their undergraduate degree at a selective university. However, these potential sources also include career-switchers and those applying to work in allied fields such as clinical psychology. For example, in 2013, a total of 594 places on postgraduate courses in clinical psychology were competed for by 3,725 applicants – this could represent a possible recruitment pool for social work. Another possible recruitment source could be those trained under the Improving Access to Psychological Therapies programme who are looking for a progression route.
- The current system of social work education does not always provide students with sufficient practice learning. In our survey of local authorities, only 28 per cent of respondents agreed that ‘the current system for educating social workers adequately equips students to start working with service users’. The quality

¹ Questionnaires were sent to directors of adult social services, who either completed them or delegated them within their departments. See complete survey results, available to download from <http://www.ippr.org/publications/think-ahead-meeting-the-workforce-challenges-in-mental-health-social-work>

of practice placements for social work students is a particular cause for concern.

- Practice education is a particular problem in mental health social work. In recent years there has been a decline in the proportion of social work students completing a placement in mental health settings, with a growing share undertaking placements in physical disability services instead. Recent estimates suggest that fewer than 8 per cent of social work students complete a placement in a mental health setting. This in turn may affect the number of newly qualified social workers taking up posts in mental health teams.
- Social work services have not always been good at delivering effective evidence-based interventions. This is largely the result of the way the job has become 'bureaucratized' over time, but it also reflects the way in which social work education is designed and delivered.

A fast-track programme in mental health social work

New approaches to delivering integrated health and social care will increase the demand for services that are based in the community, and that support individuals to live independent lives. Social work has a lot to contribute to this new environment: social workers are well-placed to work alongside individuals, their families and their communities to build resilience and reduce dependency, as well as to carry out more traditional functions such as case-coordination and adult safeguarding.

Recent inquiries into integrated mental health services have found that the key to success lies with recruiting a highly skilled workforce committed to the principles and practice of working in partnership across different professional disciplines. There is therefore a need for a cadre of highly trained social workers who are able to lead the integration agenda in mental health. Recent initiatives to support the development of the social work profession are beginning to bear fruit, but there is more that could be done in this regard.

Other sectors that have faced similar recruitment challenges – such as teaching and child protection – have made effective use of graduate fast-track programmes to help make their profession attractive to different pools of talent. In the field of child protection, both the Step Up to Social Work and Frontline training programmes have demonstrated that it is possible to attract talented people into social work who would not otherwise have considered the profession. They also aim to rebalance education towards greater on-the-job training to ensure that participants are 'practice-ready' by the time they complete the programme.

Given some graduates strong interest in working in mental health, there could be scope for introducing a similar scheme in the field

of mental health social work. This report proposes the creation of a fast-track programme, provisionally known as Think Ahead, to attract high-calibre individuals into employment as mental health social workers within integrated teams. It would develop participants' practice capabilities and leadership skills, with a special focus on how to work effectively within integrated teams. While the emphasis of the programme would be on mental health, participants would need a suitably broad education that leads to a generic and transferable social work qualification. The programme would be a two-year training scheme which aims to shift the balance of social work education further towards practical experience of working with service users than is currently allowed for in the traditional route.

As the number of people diagnosed with mental ill-health increases, there is a moral imperative to develop effective services that can support each of them. Too many people can be let down when things go wrong, causing distress and putting vulnerable people at risk. Think Ahead could be one step on the journey towards changing this.

About the research project

The Department of Health commissioned IPPR to conduct a scoping study into the creation of a fast-track recruitment programme for social workers who work primarily in adult settings. The Department asked IPPR to answer the following questions.

- Could a fast-track programme feasibly be introduced to help attract the best and brightest in to adult social work?
- If so, how should it be designed?

The report sets out the final recommendation to emerge from this study – the creation of a new fast-track graduate recruitment programme in mental health social work.

INTRODUCTION

The social work profession is under enormous pressure. Increasing demand for social services, regulatory changes, funding cuts and a lack of support for the workforce are all making it increasingly difficult to deliver the care, support and protection needed by the most vulnerable members of society.

The profession faces real challenges concerning the recruitment, education and development of its workforce. Social work is an incredibly demanding job which requires specialist knowledge, resilience, communication skills and the ability to form positive relationships and handle complex situations. It is a service that can only be delivered when social workers build relationships with service users. The key to improving frontline practice therefore lies in building the capacity of professionals.

There have been a number of attempts to address challenges with the recruitment and education of social workers in recent years. The College of Social Work was established in 2010 to promote and uphold standards in the profession. Its work has included the creation of the professional capabilities framework, and setting expectations around the professional standards of practice educators. Changes have also been made to the university bursary scheme in an effort to attract the required number and quality of people to pursue a career in social work, and the curriculum has recently been reformed. Most recently, the Department for Education and the Department of Health commissioned two separate, independent reviews of the current state of social work education, by Sir Martin Narey and David Croisdale-Appleby respectively.

Perhaps the most radical reforms have been the creation of two ‘fast-track’ recruitment programmes into children’s social work. In 2010 the Department for Education launched Step Up to Social Work, a programme designed to attract people to change career and train to become social workers over a period of 18 months.² This was followed in 2013 by the launch of Frontline, a social enterprise which will recruit high-calibre graduates and give them greater ‘on-the-job’ training over a 13 month period.³ Its intention is to attract a pool of talented individuals to the profession who may not otherwise have applied, and to ensure that they are ‘practice-ready’ when they qualify as social workers. In February 2014, education secretary Michael Gove said that:

2 <https://www.gov.uk/government/policies/supporting-social-workers-to-provide-help-and-protection-to-children/supporting-pages/canparent-trial>

3 <http://www.thefrontline.org.uk/>

‘The Frontline and Step Up to Social Work programmes are leading the way in increasing the ambition of children’s social work; more traditional entry routes must, at all universities, have similar aspiration. We want to do for social work what has been done so successfully for teaching: raise the status of the profession and the quality of those wishing to join it through higher-quality entry routes and training.’

Gove 2014

While there has been considerable innovation in the recruitment and education of social workers who work in child protection, less attention has been paid to social workers who work primarily with adults. This is a curious omission given the importance of social work with adults and the pressures it is currently facing. Consequently, in August 2013 the Department of Health commissioned IPPR to conduct a scoping study into the creation of a fast-track recruitment programme for social work with adults. The Department gave IPPR a specific brief to answer the following questions: ‘Could a fast-track programme feasibly be introduced to help attract the best and brightest in to adult social work? And if so, how should it be designed?’

The study was guided by a steering group consisting of experts from within the sector, and was completed in January 2014. This report details the final recommendation to emerge from this scoping study – the creation of a new fast-track graduate recruitment programme in mental health social work. Chapter 1 puts the challenges facing mental health services in context. Chapters 2 to 4 identify the problems that a fast-track programme could help to address, and sets out the case for change. Chapters 5 and 6 sketch out how such a programme could be designed.

1. CONTEXT

CHALLENGES FACING MENTAL HEALTH SERVICES

1.1 Rising demand

The prevalence of mental illness is increasing in England, and as a result demand for mental health services has risen since the early 1990s. A third of all families include someone who is mentally ill, and one in four people will experience a mental health problem at some point in their life. Mental health is now one of the most common reasons for people making a visit to their GP (MHF 2013a, CEP-MHPG 2012).

This situation has been exacerbated in recent years by economic factors such as unemployment, home repossession, personal debt and cuts to welfare payments, which can increase the risk of mental disorders. This meant that 2009/10 saw over 1.25 million people using specialist NHS mental health services – the largest number since the services were introduced (HSCIC 2011).

Demographic change is also expected to contribute to continued pressure on mental health services over the next two decades. The ONS estimate that there will be nearly 8 million more adults in the UK by 2030. Even if prevalence rates for mental disorders stay the same, this would mean 2 million more adults with mental disorders than there are today (MHF 2013a). The ageing of our population will also lead to increased pressure on allied fields such as dementia care, with the number of people in the UK suffering from dementia set to more than double over the next 40 years.⁴

1.2 Mental health services

Service providers are feeling the pressure from this increase in demand. A recent survey of mental health social workers found that 86 per cent believed their services had come under increased pressure in the last three years, while 76 per cent thought that the mental health of their community had deteriorated over the last year (McNicoll 2014a).

Despite this increasing demand, there continues to be an ‘institutional bias’ within the NHS against people with mental health problems as opposed to those suffering from problems with their physical health.⁵ Only 13 per cent of the NHS budget was spent on mental health service provision in 2012, despite the fact that mental illness is the single biggest cause of disability in

4 http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=341

5 Minister of care and support Norman Lamb has recently spoken out against this problem, citing as evidence the absence of access standards for mental health services and unbalanced funding arrangements. <https://www.gov.uk/government/speeches/nhs-must-treat-people-with-mental-and-physical-health-equally>

the UK, and contributes to morbidity rates almost as much as all physical illnesses combined (CEP-MHPG 2012).

Funding pressures on mental health services are likely to increase as a result of public sector cuts. While the NHS budget was relatively well-protected in the latest spending review, the predominant model of delivery for mental health services through NHS mental health trusts means that they are vulnerable to cuts affecting both local authorities and care commissioning groups. Mental health service providers are therefore constrained by both chronic underfunding from the overall NHS budget and a diminishing spending capability arising from public sector cuts elsewhere.

1.3 Pressure on other services

Growing numbers of people with mental illness can also place significant pressure on a range of other services. In 2009 it was estimated that 15 per cent of incidents that the police dealt had some kind of mental health dimension, while investigations from as far back as 1998 show that up to 90 per cent of prisoners have some form of mental health problem (Centre for Mental Health 2011). Effective mental health interventions in the community are vital in order to reduce the rate at which those with mental health needs enter into the criminal justice system in the first instance. It is also important that after prisoners are released they are able to access appropriate services. The Bradley report (2009) highlighted the importance of access to community-based services for ex-offenders' upon their release, in order to ease their reintegration into society and reduce the likelihood of reoffending.

1.4 Economic costs

Improving community-based mental health care also has the potential to bring wider economic benefits. With those suffering from mental ill-health less likely to be employed, more likely to take time off if employed (absenteeism), and less likely to be productive when at work ('presenteeism'), it has been estimated that mental illness could be reducing the UK's GDP by 4.1 per cent (CEP 2012). Mental health conditions are also the primary reason for people receiving health-related benefits (MHN-NHSC 2011). Effective care has the potential to reduce the negative effects in each of these areas, benefiting both employers and the taxpayer.

1.5 The challenge of integration

The health and care sectors have historically had very different professional and institutional structures, as well as diverging approaches to the provision of services. Health care is the preserve of the NHS, while social care is the responsibility of local authorities. This has led to criticisms concerning how services work in 'silos', rather than being based around individuals' overall health and care needs. This problem has been particularly acute in the case of mental health, which itself has been seen as disconnected from physical

health services within the NHS. Working in silos in this way is particularly ineffective given the overlaps between mental and physical illness. Mental health problems are much more common in people with physical illness: around a third of people with the latter are also diagnosed with the former (CEP-MHPG 2012).

A number of reports throughout the second half of the 20th century highlighted the importance of trying to integrate mental health services.⁶ This is particularly important given the links between mental and physical conditions, as well as the role of environmental and social factors in addressing mental health needs. Despite the widespread acknowledgement that integrated services are the most effective way to meet people's needs, they have proved difficult to implement on the ground. A Mental Health Foundation (2013b) report describes the problem as follows.

'What we have, therefore, is a 65-year history of statements of intent around better integrated care for people with mental health problems, but a situation today where good integrated care appears to be the exception rather than the norm, and where there are isolated pockets of much-lauded good practice, but overall dissatisfaction with progress made across the UK.'

MHF (2013b)

Some local authorities have found it so difficult to implement integrated working with the NHS that they are now choosing to bring their staff and services back in house. It is important to find ways to deliver holistic and integrated services in a more effective way.

1.6 Policy developments

The government has recently made a number of commitments to addressing some of the challenges in mental health. The Health and Social Care Act has enshrined the equal importance of mental health and physical health in law, while the Mental Health Strategy (DoH 2011) has given people a greater choice of psychological therapies and improved access to mental health services for those in the criminal justice system. A recent paper, *Closing the Gap*, (DoH 2014) also makes a number of recommendations, including commissioning more effective recovery services, reducing waiting times for mental health patients, and giving patients greater choice over the services they receive. There is therefore considerable appetite for thinking about ways to improve the design and delivery of mental health services.

⁶ See for example MHF 1979 and King's Fund 1995.

1.7 Conclusion

This chapter has set out the context in which the UK's mental health services are operating today. Rising demand for services, as well as past spending decisions and future budgetary constraints, mean that there is an overwhelming need to think innovatively about how to ensure that those with mental health needs are provided with the necessary range of services. Failure to deliver effective mental health interventions will mean that a number of other services will bear the increasing burden of rising levels of mental ill-health, as will the public purse. The rising number of people who have both a mental and physical illness means that a joined-up approach is required if the challenges highlighted in this chapter are to be adequately addressed. A less reactive and more preventative model of care in the community will be the most appropriate means of achieving this.

2. MENTAL HEALTH SOCIAL WORK AND INTEGRATION

2.1 The Integration Agenda

The experience of mental health social workers differs from those in other areas of the profession, given that they often sit in multidisciplinary teams which exist outside of the usual local authority structures. Since the passing of the Health Act 1999, greater emphasis has been placed on the creation of multidisciplinary teams, in which health and social care professionals, including social workers, work together to deliver a service to people with mental health needs in a more integrated manner, most commonly in community mental health teams (CMHTs).

Box 2.1

Community mental health teams

CMHTs are multidisciplinary teams that provide a range of services to those with mental health needs. Their distinguishing feature is that they provide a domiciliary service in the community rather than in hospitals. They aim to provide day-to-day supports for service users, who often have very complex mental health needs, to enable them to remain outside of institutional settings.

While service provision varies somewhat between CMHTs, they should offer people short-term contact services and continuing treatment, care and monitoring. Their functions include:

- working with primary care to provide a single point of entry
- assessing people's need and eligibility for particular services
- regular review of cases to determine whether people continue to need services,
- a range of interventions from different professionals including psychiatrists, psychologists and social workers
- liaison with other parts of the health system and other agencies
- provision of discharge and transfer arrangements.

It is recommended that CMHTs serve a population of between 10,000 and 60,000, and contain two or three social workers. Overall, CMHTs should be staffed with eight whole-time equivalent care coordinators (social workers, occupational therapists and community psychiatric nurses), each with a maximum caseload of 35 people, and a maximum caseload for the team as a whole of 300–350. This

BOXED TEXT CONTINUES

is in addition to a clinical psychologist, a consultant psychiatrist and a number of support and administrative staff (Boardman and Parsonage 2007).

The adoption of this approach was motivated by a desire to increase the capacity of teams to deliver a more holistic assessment and treatment service. It does this in two ways. First, it combines the social and medical elements of care by mixing different types of professional within a single team. Second, it locates services in the community, allowing for a model of care that has a greater focus on coproduction and community-building, and encourages service users to avoid becoming passive recipients of care. The Health Act 1999 enabled the pooling of funds between local authorities and NHS mental health trusts, and as such allowed the creation of teams in which social workers were removed from the direct management of the local authority.

Integration is also important for early intervention, and social workers are particularly vital in this regard. By providing effective care coordination and support in the community to people with less acute mental health needs, they are able to reduce the frequency of crises and admissions, relieving pressure on hospital beds.

These multidisciplinary teams are constructed according to a range of organisational models, with partnerships between local authorities and NHS mental health trusts of varying levels of formality (see figure 2.1.)

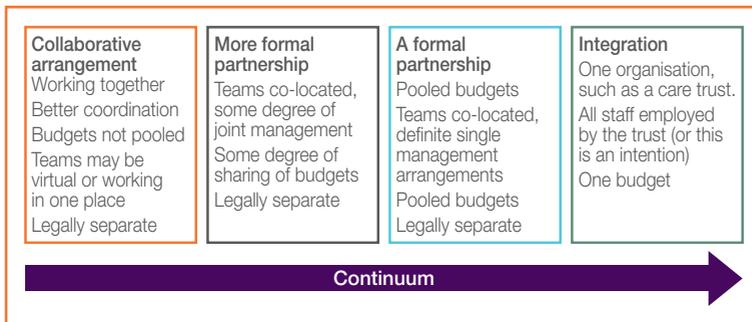


Figure 2.1
Forms of partnership between health and care services

Source: Godden et al 2010: 8

A partnership is formalised by the signing of a 'Section 75' agreement, through which social workers are placed under NHS management. A common means of transferring services in this way is for social workers to be seconded from local authorities to

NHS trusts. They remain employees of the local authority, but they become operationally responsible to the trust.

2.2 Why has integration been difficult to implement in practice?

While the principle behind the integration agenda is sound, it has proved difficult to implement in practice. The seconding of staff, in particular, has often been fraught with difficulties. Where suitable management structures and links back to the local authority have not been put in place, the effectiveness of seconded social workers has been shown to suffer (Bogg 2008). In recent years, a number of local authorities have decided to bring mental health social workers back under their jurisdiction. A 2013 survey of local authorities conducted by Community Care found that 45 per cent are yet to sign a Section 75 agreement, while 16 per cent of those who had since chose either not to renew or to terminate it (McNicoll 2013a). The main reason for this reluctance on the part of local authorities is that the identity, role and authority of social workers are often not preserved within integrated teams.

The experiences of mental health social workers within integrated teams have varied (Godden et al 2010). Some have reported benefitting from greater levels of cooperation with other professionals, enabling them to deliver a high-quality service to those with mental health needs. Those that have reported negative experiences, however, have usually done so due to a perception that they are unable to use their social work training to deliver the social element of assessment and treatment. These mental health social workers report either a situation in which their contributions are undervalued and overridden by medical colleagues, or that their roles as 'care coordinators' (see box 3.2) have caused the nature of their work to become that of a generic health professional, requiring very little, if any, social work expertise (Godden et al 2010). These fears – that having professionals take on this role within integrated teams is leading to them becoming unable to utilise their core skills and lose their professional identity – are not exclusive to social workers: with occupational therapists and others have expressed significant, similar concerns (Pettican and Bryant 2007).

Box 2.2 **Care coordinators**

The role of care coordinator in mental health settings emerged following the introduction of the care programme approach in 1991, which aimed to outline an effective framework for mental health care based on the need to establish, monitor and review individual care plans for those with specialist mental health needs

(DoH 1999). The care coordinator is the worker charged with identifying people with mental health needs, and coordinating and managing a package of care with those individuals, other carers and other stakeholders.

Source: Hardacre 2007.

Analysis of the NHS Staff Survey (Picker Institute Europe 2013) shows that mental health social workers are now, for the first time, the most stressed of all the professions within multidisciplinary teams – with 56 per cent suffering from work-related stress. This is more than double the rate recorded in 2008. Last year, the rating for ‘work pressure’ felt by social workers in these teams also hit its highest level (McNicol 2014b).

There are also significant concerns about the management of social workers in integrated teams. Research suggests that social workers can feel abandoned by the local authority, contributing to increased sickness absence rates and perceptions of being undervalued (Bailey and Liyanage 2012). Furthermore, with very few social workers progressing into supervisory and management positions within integrated teams, it is likely that mental health social workers will be supervised by professionals without social work experience. Social workers being supervised by other social workers has been identified as a key means of ensuring professional development and spreading best practice within the profession, and this issue is particularly important in integrated teams where social workers’ professional identity and integrity is most acutely under threat. The 2013 NHS Staff Survey revealed five-year lows in terms of both the percentage of social workers in NHS mental health trusts who described communication from senior management as ‘good’, and the rating they gave their workplace for ‘support from immediate managers’ (McNicol 2014b). Many of these problems of poor management and isolation have also been reported by those working as approved mental health professionals (Hudson and Webber 2012).

A recent All Party Parliamentary Group on Social Work (2013) report highlighted the challenges faced by social workers working within multidisciplinary and integrated teams.

- Social work is too often marginalised.
- Social workers often have to ‘beat the door down to be heard’ by medical colleagues.
- Social work managers are often excluded from key decision making.
- Lack of status prevents social workers from maximising their potential influence.

- There is a lack of professional respect for social workers from their medical colleagues.
- Sector leaders and practitioners have failed to communicate the vitality of the social work function.

As a result of these concerns, both the British Association of Social Workers and the College of Social Work are taking the lead on efforts to enshrine the role of social workers within integrated mental health teams under NHS organisational jurisdiction.

2.3 Making integration work: The importance of people

A recent Mental Health Foundation (2013b) inquiry into integrated care for people with mental health problems found that the key to making it work is to have the right professionals involved in delivering the service. While it identified a number of structural barriers that should also be addressed (such as better IT systems through which to share information), these were not considered as important as building human capital.

‘The key message from our inquiry is that it is the quality of people involved that makes or breaks integrated care – leaders with a determination to drive forward integrated care at an organisational level as a way of improving patients’ experience and outcomes, and staff who understand the holistic nature of health and care and have no professional defensiveness about working closely with colleagues in other disciplines, and with patients and families.

The future of effective integrated care therefore lies primarily in recruiting, maintaining and developing a workforce, both in health and social care, and in other organisations who have contact with people with mental health needs, that is passionate and committed to the principles and practice of holistic care and partnership working.’

MHF 2013b

The inquiry final report argued that there are two essential elements that underpin effective integrated care for people with mental health problems. First, there must be the right people in the organisation: they must understand the aim of integration and the roles that other professionals play, and be able to lead this agenda. Second, inter-professional education and training is essential to enable the different service areas to share their knowledge across integrated teams (MHF 2013b).

These findings are supported by a number of reviews conducted by service user groups and professional bodies. For example National Voices (2013), a coalition of charities that give voice to service users,

has argued the quality of the relationships that patients have with the individual professionals they are supported by is at the heart of quality integrated care. Meanwhile, a report by Cameron et al (2012) for the Social Care Institute for Excellence concluded that the key to successful integration is securing a commitment to partnership working among all the professionals involved – overcoming cultural and professional barriers to working together is therefore essential.

These findings suggest that a cadre of highly trained social work professionals with a commitment to integrated working will be required to make multidisciplinary teams a success. A need therefore exists to foster a new generation of mental health social workers, who have the capabilities and confidence to work effectively with other professionals in integrated teams. These mental health social workers will be tasked with protecting the strength of relationships between integrated teams and local authorities, as well as defending the professional identity of social work against the pressures of ‘genericism’. However, it is important to remember that there are often other structural problems with the management and funding of some integrated teams, and these will also need to be overcome in order for services to improve.

Box 2.3

The challenges of integration in the North West of England

The difficulties of working in integrated teams were highlighted in our focus group with local authority representatives from the North West. The group expressed considerable concern that the integration of social workers in multidisciplinary teams is leading to the social work role being undermined, with the medical component of these teams dominating the social element. There was a clear desire to see social workers receive better management in these teams, and it was highlighted as an area in which poor-quality leadership and management can have a particularly negative impact.

‘The fear from the frontline practitioners [regarding] integration is about health not understanding the role of social work, and them becoming homogenised health workers within a multidisciplinary team.’

‘Our social workers [in integrated teams] still don’t feel that they get the professional support that they need.’

‘A lot of social work managers have become managers by default, [particularly] in the context of moving into multidisciplinary teams, where they may feel overwhelmed by more authoritative people.’

2.4 Inter-professional learning

Creating this cadre of professionals with the ability to excel in multidisciplinary mental health teams will not be possible without altering the social work curriculum to include a greater amount of inter-professional learning. Croisdale-Appleby (2014) considers this issue with regards to the wider integration of services in health and social care.

‘Students needed to be made aware of the ability of other professionals to play a constructive role in multi-disciplinary approaches to resolve social care and social work issues encountered in social workers’ caseloads. Inter-professional learning is considered to be extremely important as the future roles of social workers will increasingly involve working as part of multi-disciplinary teams... Inter-professional education is more than just communication and shared learning experiences with other professions, it is much more about understanding the contributions of other professionals to problems with which social workers will be engaged, and in reciprocation [sic] the contribution made by social workers to the problems encountered in the practice of other professionals.’

Croisdale-Appleby 2014

His final recommendation relating to the above was as follows.

‘Social work qualifying education and CPD [continuing professional development] should equip social workers to play a much greater role in major transformational developments such as the closer integration of healthcare and social care, so knowledge about the capabilities and perspectives of other, related professions should be introduced into both curricula as a clear signal of this direction of travel of the profession in utilising the skills of other professions in social work and contributing social work skills to working in inter-professional partnerships.’

Croisdale-Appleby 2014

2.5 Conclusion

This chapter has outlined the first problem that a fast-track recruitment programme in mental health social work will help to address – protecting both the integration agenda in mental health and the role and status of mental health social workers.

Tackling the challenges in mental health will require health and care professionals to work together in integrated multidisciplinary teams. This has, however, proven difficult to implement in many areas. Successful integration which protects individual roles and professional identity requires organisational systems that allow all professionals to access the necessary management and support structures. It also requires

staff who have been trained specifically to understand the links between health and care, and have no 'professional defensiveness' about working in multidisciplinary teams. A fast-track programme has the potential to provide community mental health teams – the 'hub' from which most mental health services are organised within the community – with a cadre of highly trained mental health professionals who are able to lead the integration agenda.

3. RECRUITMENT

The efficacy of social work services is heavily dependent on the quality of frontline staff. It is impossible to deliver quality social services without a highly trained, resilient, reflective and skilled workforce. There are, however, a number of concerns around the recruitment of adult social workers in England, particularly in mental health services. This chapter outlines the key workforce challenges in adult social work, and examines their impact on mental health social work in particular.

3.1 Supply and demand

A number of reforms introduced in the 2000s – including the social work degree and generous bursaries – helped to increase the number of people studying social work (Moriarty et al 2012). The introduction of the degree in 2003/04 was immediately followed by a greater number of enrolments than had been the case for the Diploma in Social Work (DipSW) which it replaced. The number of enrolments continued to increase year-on-year after the introduction of the new degree, before eventually levelling off in 2010/11 (GSCC 2012a). However, at the same time as this increase in the number of newly qualified social workers emerging into the jobs market, many local authorities have *reduced* the number of adult social work posts, largely due to budgetary constraints. Data from Community Care’s annual review of local authorities’ social work workforces shows that of the 55 local authorities that responded each year between 2011 and 2013, just under two-thirds (63 per cent) of them reduced their number of adult social work posts over this period.

A situation has therefore arisen in which an increasing number of newly qualified social workers are competing for a decreasing number of social work positions. As a result, the vacancy rates in adult social work have declined steadily from 9 per cent in 2011 to 6.7 per cent in 2013.⁷ Despite this improvement, the social work vacancy rate remains slightly higher than that of nursing, which stood at 6 per cent in 2013 (RCN 2013), and considerably higher than that of teaching, at 0.1 per cent.⁸

Increasing the number of students studying social work nationally has not been sufficient to address localised problems within the jobs market. Some local authorities have very high vacancy rates: 10 of them have vacancy rates in adult social work of over 20 per cent.⁹ There are also variations between regions, with some areas of the country facing an oversupply of

7 IPPR analysis of data provided by Community Care for the years 2011 and 2013

8 Vacancy rate for teaching refers to November 2012, and is for all publicly funded schools in England. <https://www.gov.uk/government/publications/school-workforce-in-england-november-2012>

9 IPPR analysis of data provided by Community Care for 2013

social workers while others still have shortages. For example, the East of England is particularly badly affected, with a vacancy rate of 14.6 per cent – three times higher than vacancy rates in the North East and twice as high as most other regions.¹⁰

The supply of social workers through university courses has become divorced from demand for social workers in the jobs market. For example, the North West has 61 approved social work courses, which means that it trains a disproportionately large number of social workers (GSCC 2012a). The newly qualified social work workforce is also relatively ‘geographically static’, because they tend to be older than the average university student (Moriarty et al 2012). These two factors together mean that some areas are facing an oversupply of social workers, while others have a shortage. There is a geographical mismatch between supply and demand, and its root cause is the absence of any national strategy for workforce planning.

This problem of oversupply has a human cost, as social work graduates are unable to find work commensurate with their skills. In 2011, 27 per cent of newly qualified social workers who registered with the General Social Care Council (GSCC) after graduating remained unemployed a year later, while only 64 per cent of them found employment in the social care sector – and even then, it was not clear how many of these were actually entering social work roles (McGregor 2011). The education and training of social workers has clearly become out of kilter with the jobs market.

The government has recognised this problem by making changes to the way bursaries are allocated to social work students. In 2013/14 a cap was introduced on the number of students that can receive a bursary, and the system was changed so that students would only receive their bursary after completing the first year of their course. These changes should help to reduce the number of students training to be social workers, and mitigate the risk that graduates will not go on to take up employment in social work, or even complete their course.¹¹ However, such is the scale of the current oversupply of newly qualified social workers that both Narey and Croisdale-Appleby raised this as a continuing cause for concern in their recent reviews (Narey 2014 and Croisdale-Appleby 2014). There is therefore a strong argument for the creation of programmes that better match social workers’ training to demand from employers.

3.2 Mental health social work and approved mental health professionals

Mental health services face even more severe workforce challenges than the rest of the adult social work profession. Croisdale-Appleby (2014) notes that there is a shortage of social workers in adult mental health services, while Sharpe et al (2011) found that local authorities

¹⁰ IPPR analysis of data provided by Community Care for 2013

¹¹ <https://www.gov.uk/government/news/new-social-work-bursary-details-set-out>

face particular difficulties in recruiting social workers for mental health settings. The most acute recruitment and retention problems concern the role of approved mental health professionals (AMHPs). AMHPs exercise functions provided for under the Mental Health Act 1983, including making decisions about compulsory admissions to hospital. Local authorities have a statutory duty to ensure that they have a sufficient number of AMHPs to carry out the roles required of them under the Act.

AMHPs are highly skilled roles with considerable legal responsibilities and close links to the safeguarding agenda.¹² The position requires a particularly high level of knowledge, skills and authority. AMHPs are required to act as autonomous professionals and balance the needs of individuals, families and wider society as they make decisions about compulsory admission. The list of competencies for AMHPs demonstrates their need for knowledge of complex legal and policy frameworks as well as of mental disorders, and the ability to undertake partnership working and to make and communicate difficult decisions.

The Mental Health Act 2007 saw AMHPs replace approved social workers (ASWs) as the lead coordinators of complex mental health assessments. While ASWs were by definition social workers, the pool of professions from which AMHPs could be drawn was expanded to include occupational therapists, chartered psychologists and first-level nurses. The intention of this move was to boost the number of professionals accredited to conduct mental health assessments, following concerns about the recruitment and retention of social workers in this role. The reform has, however, proved largely ineffective in this regard –the number of AMHPs who are social workers by training remains stubbornly high, at 96 per cent (TCSW 2013). It is estimated that only 125 of the approximately 5,000 AMHPs in England registered as either nurses or occupational therapists (Webber 2012a).

These problems are being intensified by a fall in the existing number of AMHPs, with 43 per cent of local authorities in England and Wales reporting fewer AMHPs in employment in January 2013 than at the same point in 2012 (McNicoll 2013b). Surveys of AMHPs have revealed that they are under particular pressure as a result of having to combine their statutory AMHP duties with their regular social work caseloads. In a survey of 500 AMHPs (10 per cent of the total number) conducted in 2012, two-fifths of respondents indicated that they either did not want to continue in their AMHP role or were unsure about doing so. The same survey found AMHPs to be under so much strain that 43 per

12 Social workers play an important role in 'adult safeguarding'. This involves protecting members of the public from harm as well as ensuring that services are delivered in ways that are safe. For more details on safeguarding see <http://www.scie.org.uk/adults/safeguarding/>

cent of them themselves 'reached the threshold for a probable mental disorder, such as anxiety or depression' (Webber 2012a).

Given the unsuccessful attempts to significantly broaden the range of professionals accredited to conduct the statutory duties reserved for AMHPs, there remain real concerns over the replenishment capacity of the workforce: the average age of AMHPs is estimated to be over 50.

As more AMHPs continue to resign due to the pressure they are under, reducing their overall numbers, the strain on the remaining workforce will only intensify as local authorities struggle to meet their statutory obligations. It therefore becomes ever more essential for local authorities to train more AMHPs. However, research conducted by Community Care shows that the number of professionals undergoing AMHP training over the last three years has remained largely static. Data collected from 134 local authorities shows that 282 social workers were funded to undertake AMHP training in 2012/13, down from 289 in 2010/11 (McNicol 2013c). Within the context of a highly stressed, ageing, shrinking workforce, maintaining the existing rate of AMHP training is not enough to stave off an eventual crisis. More needs to be done to enable more mental health social workers to undertake AMHP training, and to ensure that existing AMHPs are supported in their role. Increasing the supply of high-calibre mental health social workers will help to expand the pool of professionals who are able to become AMHPs further down the line.

Box 3.1

Why can't AMHP training be included in a fast-track programme?

AMHP training is a full-time course which usually lasts for between four and six months. It is run by a limited number of higher education institutions (HEIs), and involves a combination of theoretical and practical components. In order to undertake the course, participants must be sponsored by their local authority. While regulations do not stipulate a minimum amount of experience that candidates must have, it is common for prospective AMHP students to have at least two years of post-qualifying experience in professional settings before their local authority will be willing to sponsor them. It is therefore not realistic to include AMHP training within a fast-track programme, as a certain level of experience is required to take on the role. However, a fast-track programme could significantly increase the supply of high-quality social workers who are well-placed to become AMHPs in the future.

3.3 Attracting talent

Despite being an incredibly difficult, skilled and important job, the social work profession has not always been seen as prestigious, and has suffered from a perceived status lower than those of other graduate professions such as law, medicine and teaching. In our survey of local authorities, 65 per cent of respondents either disagreed or strongly disagreed with the statement that 'social work is seen as a desirable and prestigious profession to work in', while 59 per cent agreed or strongly agreed that 'there are issues regarding the prestige and status of the social work profession which impede on my ability to recruit a high calibre of social work staff'.¹³ This problem has led to concerns over whether the profession is able to attract the most talented people.

Therefore there has been a concerted effort to improve the quality of newly qualified social workers in recent years, including attempts to improve their education, training and professional development, and to recruit more high-calibre individuals. Nevertheless, our survey of local authorities suggests that this work is far from complete: 90 per cent of respondents either agreed or strongly agreed with the statement that 'more needs to be done to attract the highest possible quality candidates in to the social work profession'.

Concerns about the quality of candidates were also an explanation for the high vacancy rates of some local authorities. Our survey found that 47 per cent of respondents either agreed or strongly agreed with the statement, 'My local authority experiences a problem recruiting high quality social workers in to adult settings'. While the response was by no means unanimous, it does highlight ongoing concerns over the quality of social workers. Qualitative interviews that we conducted with local authority employers revealed that there are two main concerns in relation to quality. The first is with the quality of candidates who had been in the profession for a number of years, while the second is with the quality of new recruits.

Box 3.2

Case study: Local Authority A

'Local Authority A', in the East of England, had a vacancy rate for adult social workers in excess of 10 per cent for each year between 2010 and 2013, and there were no signs that this percentage would fall. These high vacancy rates were mainly due to a high rate of staff turnover, due to the pressure of the job and unmanageable caseloads, rather than being caused by any difficulties in recruiting new candidates.

¹³ IPPR conducted an online survey of local authorities in October 2013. Surveys were sent to directors of adult social services, who either completed them or delegated them within their departments. The response count was 100. The complete survey results are available to download from <http://www.ippr.org/publications/think-ahead-meeting-the-workforce-challenges-in-mental-health-social-work>

BOXED TEXT CONTINUES

However, the quality of newly qualified social workers applying for vacant posts at Local Authority A was said to be 'disappointing'. The level of preparedness of a significant number of recruits presented major issues, with the practice and development manager noting that, 'it's not the numbers of people, it's the quality'. Newly qualified social workers often arrived at Local Authority A unprepared for the level of post-qualification training necessary in order to continue to learn and develop. There was a feeling that HEIs were not doing enough to make clear to students that completion of a degree does not mean the end of learning.

Despite a number of initiatives to make social work a more attractive profession, there remain widespread concerns about the skills, competencies and calibre of new recruits. The GSCC (2012a) have noted that 'concerns about the calibre of individuals studying to become social workers have regularly been raised during the lifetime of the GSCC'. The Social Work Reform Board also criticised universities for admitting candidates who did not have the right mix of 'intellectual and personal qualities' to succeed as a social worker (TCSW 2012).

Being a social worker is an incredibly demanding job, which requires a combination of qualities including resilience, communication, analytical thinking, specialist knowledge and legal acumen. Our survey of local authorities found that the five skills deemed to be most lacking among job applicants were:

- analytical ability/critical-thinking skills/intellectual capacity (56 per cent)
- awareness of evidence and its impact on practice (44 per cent)
- practical experience of social work (39 per cent)
- leadership skills (35 per cent)
- knowledge of integration and partnership working (32 per cent).

It is therefore clear that more needs to be done to attract talented individuals into the profession, particularly those that can bring these particular skills with them. Croisdale-Appleby notes in his review that:

'...the inclusion of additional numbers of proven high calibre entrants to the qualification process can only be of potential value in enhancing quality in the profession, provided candidates are selected in a way in which their values and resilience are properly assessed, and their appetite for a career in social work is proven.'

Croisdale-Appleby 2014

There are a number of potential pools of talent that the profession is currently struggling to tap in to.

3.3.1 Graduate recruitment

One possible source of talent is graduates from highly selective universities. These universities are an important source of talent for both the private sector and, increasingly, the public sector, with schemes such as the Civil Service Fast Stream and Teach First acting as vital recruitment vehicles for those professions. Of course, academic success is no guarantee of being a good-quality social worker – there are many other qualities that are necessary to do the job. However, this group of graduates is a source of talented individuals – one which, relative to its competitors, the social work profession is currently missing out on.

Despite recent recruitment initiatives, social work is still not seen as a career of choice for many graduates from highly selective universities. In 2011/12, 2,840 people started social work master's degree courses, but of these only 270 had completed their undergraduate degree at a Russell Group university, and only 10 had attended Oxford or Cambridge. This means that only 9.7 per cent of people who started training to be a social worker through the master's route in 2011/12 came from a selective university.¹⁴ This compares poorly with teaching – where, for example, 10 per cent of Oxford University's graduating class applied to the Teach First programme in 2010, while others will have entered teaching via different routes such as a PGCE course.¹⁵

A similar picture emerges when looking at the academic background of those training to be social workers through the undergraduate course. Figure 3.1 shows how undergraduate social work courses disproportionately attract applicants with lower UCAS scores when compared both to teaching and to the average of all subjects combined. In 2012, just 25 per cent of applicants to undergraduate social work courses had 360 UCAS points or more, compared to 44 per cent among all applicants.

This issue was highlighted by both Narey and Croisdale-Appleby during their recent reviews of social work education. Narey (2014) recommended that HEIs more rigorously enforce the current requirement that social work courses only admit students with 240 UCAS points or more, and pointed out that the number of social work students with scores below this level was twice as large as the number in nursing. Croisdale-Appleby went further, by recommending that the minimum UCAS tariff necessary to study social work be raised to 300. He argued that this is a 'more appropriate level for the intellectual demands of the profession,' and that 'if some courses are not able to recruit at this level while others clearly can, then there is a question as to whether they should continue to offer

14 All data supplied to IPPR by the Higher Education Statistics Agency

15 <http://www.publications.parliament.uk/pa/cm201012/cmselect/cmeduc/1515/1515we31.htm>

the qualifying degree' (Croisdale-Appleby 2014). IPPR's research shows that if the suggested points criteria had been applied last year, around 75 per cent of applicants to social work courses would have failed to meet it.

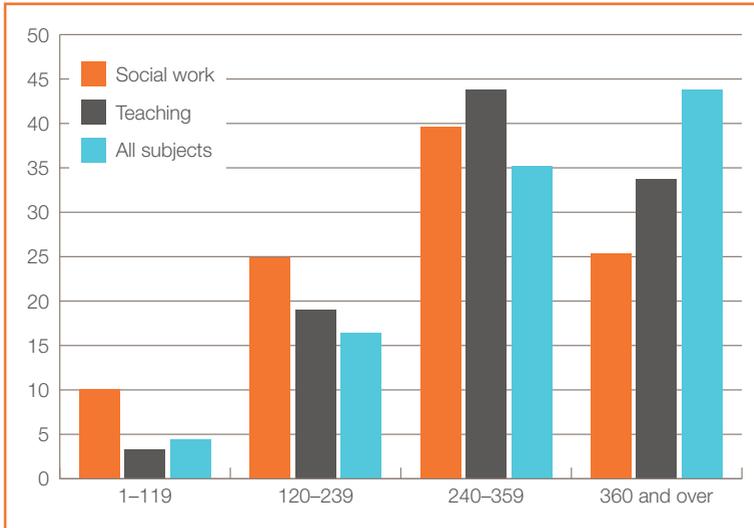


Figure 3.1
UCAS points of all applicants to social work, teaching and all undergraduate degrees (% by point range), 2012

Source: Data supplied to IPPR by UCAS

3.3.2 Specialist talent pools

As well as struggling to recruit top graduates, social work also fares badly at attracting people from more specialist roles and fields. While there are significant recruitment challenges in mental health social work, this is not the case in allied fields such as clinical psychology. Table 3.1 shows that in 2013 there were 3,725 applicants for postgraduate courses in clinical psychology competing for a total of 594 places – which meant that only 16 per cent of applicants were able to secure a place.

Year	Applicants	Places	Success rate
2013	3,725	594	16%
2012	3,857	586	15%
2011	3,528	569	16%
2010	2,969	617	21%
2009	2,342	623	27%
2008	2,323	592	25%
2007	2,346	582	25%

Table 3.1
Applications and success rates for postgraduate clinical psychology courses in the UK

Source: Clearing House for Postgraduate Courses in Clinical Psychology, <http://www.leeds.ac.uk/chpccp/BasicNumbers.html>

Given that there is some degree of overlap between the fields of mental health social work and clinical psychology, applicants to postgraduate courses in the latter could represent a pool of hundreds of talented individuals who may also be interested in applying for social work courses that focus on mental health. There are a number of other oversubscribed programmes, such as occupational therapy, that also overlap with mental health social work, and which could also provide an additional source of recruits to the profession.

Another potential recruitment pool could be individuals who have trained under the Improving Access to Psychological Therapies (IAPT) programme. IAPT trained more than 3,600 high- and low-intensity cognitive behavioural therapies workers in its first three years, and expects to train a further 2,400 by 2015.¹⁶ However, there is currently not a clear progression route for people with this training. Recovery workers, peer-support workers and underemployed healthcare assistants also have the potential to provide further recruitment pools for the mental health social work profession.

A senior figure from the profession described how, overall, there are lots of people who want to work in mental health, but who fall at the first hurdle by not making it on to one of the highly competitive programmes outlined above. They can then find themselves in a 'no-man's land', and eventually direct their attention onto other careers. These people offer a potential solution to some of the existing recruitment challenges facing mental health social work, and a fast-track programme should therefore make efforts to capture them while their interest in mental health remains high.

3.3.3 Career-switchers

A common theme that emerged from our interviews, and which informed our subsequent research, was that social work recruitment must not just target academically gifted individuals. Being an excellent social worker also requires a level of emotional resilience and confidence that can often be gained through practical experience in other roles. This was the initial intention behind the creation of Step Up to Social Work, a programme that aimed to recruit career-switchers into children's social work (although subsequent evaluations have shown that it did not achieve this aim and largely catered for younger recent graduates) (Smith et al 2013). Given that many other professionals – including police officers, housing officials and nurses – often have experience of working with people who have a mental illness, these groups may represent possible sources of career-switchers.

3.4 Conclusion

This chapter has outlined the second problem that a fast-track programme will help to address – attracting people from a wider variety of talent pools, and helping to make the profession a more attractive career option.

¹⁶ <http://www.iapt.nhs.uk/workforce/iapt-education-training-and-development/>

The supply and demand of social workers in different parts of the country is a complicated picture. Some areas of the country suffer from a shortage of good-quality social workers to work in mental health settings, which in turn is contributing to a shortage of people who can go on to become AMHPs. AMHPs perform a vital statutory function, and their shrinking numbers pose a significant threat given increasing levels of demand for mental health services. The profession is also missing out on a number of potential sources of talent, including top graduates, those with a special interest in mental health, and career-switchers from other professions. A fast-track programme would enable the profession to attract more people from these groups.

4. EDUCATION AND PRACTICE LEARNING

Over the last five years there have been a number of independent reviews into the state of social work education (Narey 2014, Croisdale-Appleby 2014, Munro 2011 and SWTF 2009). These reviews have all raised concerns about the content, quality and outcomes of social work courses delivered by universities. It is of course difficult to generalise about the content and quality of university courses – some will be excellent, while there may be cause for concern about others. However, a number of more general criticisms have been levelled at the university-based route, including the following:

- the wrong balance between theory-based and practice-based learning
- a lack of placements being offered by statutory providers, particularly in mental health, and concerns about the quality of placements and practice educators
- weak relationships between HEIs and employers in some areas
- social work degree courses do not always generate knowledge of how to deliver a set of evidence-based interventions in practice.

This chapter explores these issues and how a fast-track programme in mental health could help to address them.

4.1 Social work degree courses

A common theme to emerge from recent reviews of social work degree courses is that they place a lot of emphasis on teaching theory, which comes at the expense of equipping students to handle the practical demands of the job. This was raised most forcefully by the Social Work Task Force in 2009.

‘The Task Force has also heard from many sources that initial education and training is not yet reliable enough in meeting its primary objective, which must be to prepare students for the demands of frontline practice.’

SWTF 2009: 16

This view was echoed in a number of other reports which claimed that social workers graduate with a good understanding of theoretical approaches to social work, but a weaker grasp of how to effectively deliver evidence-based interventions in real world situations (Munro 2011). As a result, social work services can have a ‘scatter-gun approach to practice’ rather than a sustained focus on a set of proven interventions (Goodman and Trowler 2012).

While there have recently been a number of reforms to the curriculum used by social work degree courses, these do not appear to have won the confidence of either reviewers or employers. Martin Narey (2014) notes how reports from students indicate that the time dedicated to key practical issues during their education was inadequate. Meanwhile, our own survey of directors of adult social services found that only 28 per cent agreed with the statement that ‘the current system for educating social workers (both undergraduate and postgraduate) adequately equips students to start working with service users’. Of the respondents who believed that the system failed to equip students for frontline practice, the vast majority (97 per cent) believed it was because the education system is weighted too far in favour of university-based study of theory rather than practical, on-the-job experience. These concerns were echoed in a focus group of social work students themselves, who expressed reservations about whether their placements would prepare them for the future (see box 4.1).

Contrary views emerged, however, from many of the university lecturers we spoke to. They argued that the university curriculum has undergone reform in the last few years and now provides sufficient time for students to develop their practice skills. They also emphasised that practice skills must be underpinned by theoretical understanding, and by space and time to reflect, otherwise social workers will be reduced from professionals able to exercise their own judgement to mere technicians able to replicate tasks. Their belief is that academic rigour and an understanding of theory cannot be compromised in a social work education programme.

Box 4.1

Focus group with social work students

We spoke to a group of first-year social work students studying for an MA in social work in outer London. All of the students felt that the practical element of the course was important, particularly for those who had come straight out of an undergraduate degree that contained few practical elements.

‘That was pretty important for me... I think that rather than always being in lectures, it’s important to be put out there and make use of the things that you’ve been learning.’

Some participants expressed fears about how the learning taking place in lectures would relate to social work practice.

‘There seems to be a little bit of a disconnect between our lectures and what’s really going to happen, because often they’ll give us examples of things... and then some people who have already done some sort of social work will say, “They wouldn’t actually do that,” or, “We would

never use this theory”. So it’s kind of confusing... I feel like it would be nice to have a balance between seeing what’s actually going to be going on when we’re working, and what’s going on in here [the university]. I feel like, right now, we’re learning and waiting until we get to the “real stuff”.’

Both Step Up to Social Work and Frontline attempt to overcome these tensions by operating a system of ‘blended learning’. This allows a mixture of academic theory-based learning, practical application, and reflection and evaluation. Participants are housed within social work teams, but their education consists of a mixture of on-the-job learning supplemented with additional academic study. In the case of Frontline, participants will spend around 208 days in a practice setting (compared to 170 days spent on placement in the usual university-based route), as well as a total of 47 days of intensive classroom study.

4.2 Number and quality of placements

While disagreement remains over whether the content of university courses leads to insufficient levels of practice learning, there is widespread consensus that the crux of the problem is the number and quality of work placements on offer. The lack of high-quality practice-learning in social work education has been a longstanding cause for concern among academics and providers alike. During the course of our research, it was described as ‘the make or break issue’ and ‘the side of the programme that we’ve never been able to resolve’ by individuals within the profession. Similarly, Croisdale-Appleby (2014) states in his review that:

‘It is the quality of the placement and the supervision received that is most frequently cited both by students and recently qualified social workers as key in the initial formation of their own professional practice – it is that important!’

4.2.1 A lack of placements

Research conducted by the GSCC (2012b) has shown that the number of social work placements remained largely static between 2009/10 and 2010/11 (albeit with significant regional variation), despite increased demand. There was a steady increase in the number of students enrolling on social work courses in the mid-2000s, but the number of placements did not keep pace. There is a particular problem concerning the provision of placements in statutory settings, which are very important in determining newly qualified social workers’ employability after they graduate. A Community Care and Unison survey (2013) of 385 social work students and newly qualified social workers conducted in 2013 found that only 25 per cent had spent their first

placement in a statutory setting, although this figure rose to 64 per cent for second-year placements (McGregor 2013). This problem was also reflected in our survey of local authorities, in which 43 per cent of respondents agreed with the statement, 'a majority of the newly qualified social workers I encounter when recruiting lack the necessary statutory experience (as a result of their placements) to be effective social workers'. Narey notes in his review how this situation justifies employer concerns about taking on newly qualified social workers in many cases, which worsens their already relatively poor employment prospects (Narey 2014).

A particular problem appears to be that fewer social work students are qualifying with experience of mental health work. Placements in mental health and other NHS services account for between 0 and 8 per cent of all social work placements (Croisdale-Appleby 2014). This finding concurs with the results of a 2011 survey of over 200 first-year graduates employed as social workers, which showed that the percentage of them who had worked with users of mental health services fell from 15 per cent in 2008 to 7 per cent in 2009. By comparison, the proportion who had worked with people with a physical disability increased from 8 per cent to 17 per cent, and the proportions who had worked with older people and with children and families increased from 17 to 22 per cent, and from 48 to 61 per cent, respectively (Sharpe et al 2011). This suggests that the number of newly qualified social workers with experience of working in mental health settings is declining relative to those with experience of other areas of social work, despite the increasing demand for mental health services in the general population. This is a worrying trend given that newly qualified social workers are generally expected to hold a certain level of expertise in mental health conditions in order to be recruited to these teams.

Furthermore, mental health services teams are just the kind of settings that more students should have placements in, given their integrated nature. Croisdale-Appleby (2014) argues that wider moves towards the closer integration of health and social care provide an opportunity for an increasing number of social work placements to be based in these settings, so that 'practice placements can reflect the rapidly changing provision of services thereby giving students a very contemporary and forward-looking experience.'

4.2.2 The quality of placements

As well as concerns about the quantity of placements on offer, there are real concerns about their quality. A 2013 Community Care and Unison survey found that only two-thirds of respondents who had completed a final placement said they felt practice-ready at the end of it (McGregor 2013). There are two main criticisms of the quality of placements.

First, a significant number of social work students on placement are being required to carry out work that should be conducted by qualified social workers, and so are not learning practice in a safe environment. The same survey found that 25 per cent of respondents had been given unsupervised responsibility for one or more cases during their first practice placement, rising to 44 per cent during their final placement, despite this being contrary to the College of Social Work's practice learning guidance (McGregor 2013).

Second, the quality of practice educators themselves is a cause of concern. Practice educators are absolutely essential in determining the effectiveness of practice placements and in students' development. They provide guidance and supervision throughout the placement, and in some cases can be responsible for final assessments of the student's progress. However, our interviews and focus groups revealed considerable concerns about whether practice educators had the time, skills and resources to perform this role to a high standard. One social worker said, 'I had a very good supervisor as a student, which was quite fortunate because it was a mixed experience for students in what their supervisors were like', while another described how she felt that she was supervised well during only one of her three placements.

The College of Social Work have recently developed a set of practice educator professional standards (PEPS) with the aim of raising quality in this area, including through better training for practice educators and a requirement that all practice educators are qualified social workers (TCSW 2012). However, many of the practice educators we spoke to complained that they continue to be put in the position of having to choose between providing high-quality care to service users and getting through their increasingly unmanageable caseloads on one hand, and being an effective supervisor on the other (see box 4.2.). This suggests that PEPS alone will not be enough to resolve the underlying issues that are preventing high-quality supervision in some teams. These can include a lack of commitment on the part of employers to invest in training the future workforce, a lack of skills among practice educators, practice educators' workloads preventing them from properly supporting their students, poor relationships with HEIs and a general lack of resources.

Box 4.2

Focus group with social workers

Some of the social workers we spoke to were qualified as practice educators, although many had taken a break from this role. The reasons they cited for this included the fact that they had been expected to perform their practice educator duties in addition to already sizeable caseloads, and that the quality of

students was not always great, which meant that they had to put a lot of work in to mentoring them.

‘Workload has always been an issue, especially when you have a student as well. Balancing the student with your workload is an ongoing problem, and I’m not sure if management can deal with that because there’s not much staff around, and the work is just coming in.’

‘From my experience I think that universities need to vet students a little bit more, because this job involves a lot of writing, and I think sometimes they’ve allowed students whose writing ability doesn’t... meet the standard that needs to be met. And then it becomes a stress for us, because we’re not here to check any of that.’

Again, there are particular concerns about the quality of student placements in mental health settings. The organisational makeup of integrated teams can sometimes have a negative impact on the experience of social work students on placement. A study by Briggs et al (2010) identified the following barriers to the delivery of high-quality social work placements in mental health settings.

- Workforce issues, especially where social workers are employed by local authorities while the rest of the team are NHS employees.
- Weak links between local authority senior management and social workers employed in trusts leading to a weakening of the social work role in these teams.
- A lack of support for training and professional development for social workers in multidisciplinary settings, especially in comparison with other professions.
- The marginalisation of the practice educator role, which is inadequately supported within teams.
- The complexities of placement assessment processes, which result in excessive bureaucracy.

‘Mental health conditions’ were highlighted as an area which constituted a particular knowledge gap among newly qualified social workers working both inside and outside of mental health services, despite the fact that knowledge of mental health is a key expectation of employers. This knowledge gap is therefore a wider problem for the profession, as it is ‘relevant across a wide spectrum of social work practice’ – not just to those working in integrated teams (Sharpe et al 2011). Mental health underpins social work practice in many areas, such as substance abuse, domestic violence, gerontology, child protection and family therapy.

4.3 Delivering effective interventions

The final problem that a fast-track programme could help to address is that social work services have not always been good at delivering effective evidence-based interventions. This is largely the result of the way the job has become 'bureaucratised', but it also reflects problems with the education system and the fact that demand for services has changed over time.

4.3.1 Bureaucratic demands of the job

As a result of changes instigated by the Griffiths report (1988) and the subsequent NHS and Community Care Act 1990, the role of social workers has become increasingly focused on assessing individuals' needs and allocating resources accordingly. Statutory social work with adults has become increasingly bureaucratic, with social workers processing high volumes of cases and navigating complex resource allocation systems. This function has become an even bigger part of the job in recent years, as local authorities try to make budget cuts by increasing eligibility thresholds and re-tendering contracts for services in efforts to reduce supply-side costs (McAndrew 2013).

While these changes were well-intentioned, a number of reports have shown they have had the detrimental effect of steadily eroding social workers' capacity to exercise professional judgement and creative thinking (Munro 2011, SWTF 2009, BASW 2012). The bureaucratic demands of the job are such that social workers are spending too little time actually delivering effective interventions with families and individuals. As a result, while local authorities may have been effective at controlling the cost of supplying services, they have been less effective at reducing demand for them. Likewise, they have become effective at assessing needs and commissioning services, but in the process have been distracted from the core aim of intervening to reduce the risk of problems occurring in the first instance. This was a common theme in our focus group with social workers and employers (see box 4.3).

Box 4.3

'Social workers don't want to spend 80 per cent of their time on admin'

Our focus group with social workers in London highlighted an increase in the volume of paperwork they had to process, at the expense of client contact. One complained, 'It's like they're not allowing you to use your skills,' and another said that social workers 'Don't want to spend 80 per cent of their time on admin'. Supervision meetings were described as being driven primarily by considerations of performance management and caseload allocation, rather than providing opportunities to discuss particular cases and how to deliver effective interventions.

An evidence submission from a service-user group in the North West of England also noted how social workers are increasingly taking up roles as bureaucratic ‘care managers’. They complained that services and support are becoming increasingly driven by financial needs, rather than the needs of service users themselves.

4.3.2 The job is getting harder

An increase in demand for mental health services and a greater emphasis on delivering services in the community, as well as an ageing population and the emergence of ‘personalisation’, are together making social work a tougher job. It has been projected that over the next 20 years the ageing of the population will lead to a 50 per cent increase in the number of people with arthritis, an 80 per cent increase in the number with dementia, and a 44 per cent increase in the number with diabetes (Jagger 2013). As was explored in chapter 1, the growing number of individuals with comorbid mental and physical health needs poses significant challenges. There are a growing number of people with complex care needs, and this increased number of cases is falling on the shoulders of a shrinking workforce.

A number of local authorities are restructuring their care pathways in response to growing demand and shrinking budgets. Some are using non-social-workers to carry out initial assessments and reviews while reserving their qualified social workers for the most complex and high-risk cases. This approach to managing adult services looks increasingly likely to become the norm, as budgets continue to be cut and the care bill 2013/14 takes effect. This means that there is likely to be demand for fewer, more highly trained social workers who will focus on complex cases, safeguarding and mental health services.

4.3.3 Delivering effective interventions

The difficulties that social workers have in delivering effective interventions have sometimes been exacerbated by the education, training and professional development that they receive. Social workers must be equipped to deliver a set of proven, evidence-based interventions, rather than getting bogged down in a bureaucratic approach to delivering social work. In our survey of local authorities, 44 per cent of respondents identified awareness of evidence-based practice as a key skills shortage among new recruits – it was the second biggest area of concern after analytical ability.

First, social workers should be better trained in how to deliver relational practices such as systemic, attachment-based and other therapeutically derived interventions such as family therapy (Baim and Morrison 2011, Goodman and Trowler 2012). Second, social workers should be better

trained in how to deliver community interventions that draw on theories of co-production. These interventions should focus on the whole family rather than just on individual service users. Some local authorities, having recognised that their workforce was not adequately equipped to deliver these key intervention methods, have opted to train their staff in a small set of preferred interventions in an attempt to drive up standards (see box 4.4). At the heart of these approaches is a commitment to the recovery model, which focuses on building the resilience of people with mental health problems rather than just treating their symptoms.¹⁷

Box 4.4

Attachment-based practice in the London Borough of Sutton

Social work leaders in the London Borough of Sutton were conscious that they had placed increased demands on their frontline staff by requiring them to support people in increasingly complex and risky situations. Managers were concerned that their staff may not have received training in how to deliver interventions that could be effective in this new climate. They therefore decided to train their entire adult social work staff in ‘attachment-based practice with adults’. These practices are derived from attachment theory, which emphasises how relationship dynamics – the ability to form bonds with other people – can affect an individual’s behaviour and state of mind. This training takes place in a series of short courses, and provides social workers with a methodology for delivering structured conversations around attachment experiences. Managers in the borough report that it has improved the accuracy of assessments and fostered more person-centred practices. As a result, expenditure on traditional service models has considerably decreased (McAndrew 2013).

With regards to mental health social work in particular, it is important to emphasise the need for students to develop sound knowledge of evidence-based practice and the research methods that underpin it. Webber (2012b) argues that the marginalisation and underutilisation of mental health social workers in multidisciplinary teams is due in part to their ‘speaking a different language’ from medical professionals with regards to how decisions over treatment are made. While medical professionals are trained to justify decisions on the basis of research-based evidence, social workers’ education is often centred around a reliance on ‘tacit knowledge’ acquired through continued exposure to service users. This creates a disconnect that can lead to social

17 See <http://www.mentalhealth.org.uk/help-information/mental-health-a-z/R/recovery/>

workers' decisions being overridden. Webber argues, therefore, that for mental health social workers to be fully utilised within integrated teams they must also be trained in how to communicate their decisions regarding treatment on the basis of evidence and research. For a fast-track programme in mental health social work, an emphasis on evidence-based interventions and justifications will therefore be of crucial importance.

4.4 Conclusion

In this chapter we have argued that a fast-track programme could help to address a lack of high-quality practice education and increase the supply of people who can enter the profession 'practice ready'. This is a longstanding problem across all areas of social work, although there are particular concerns about the a lack of high-quality placements in mental health settings, which means that insufficient numbers of students are gaining experience of this specific field, and that those that do too often encounter a practice learning environment that is not conducive to their development. This is largely due to the organisational and structural problems which persist within integrated teams – these reduce the quality of social work supervisions and exposure to practices, both of which are necessary conditions for worthwhile placements.

Such a programme could also equip participants with the knowledge and skills required to deliver a preferred set of evidence-based interventions. There is scope for a programme that delivers training in specific theories and approaches that allow participants to effectively deliver relational, community-based interventions. It would also need to emphasise evidence-based research which would enable participants to build on the 'tacit knowledge' that they develop while on the job, and to interact effectively with medical colleagues in integrated teams.

5. DESIGN DEBATES

The first half of this report set out the problems that a fast-track programme in mental health social work could help to address. It argued that such a programme should:

- attract talented people, including recent graduates, career-switchers and those with a special interest in mental health
- provide participants with more high-quality ‘on the job’ education and training
- focus on increasing the pool of high-quality mental health social workers (and therefore the potential supply of AMHPs)
- equip social workers to thrive in integrated teams, working alongside other professionals
- equip social workers to deliver a set of evidenced-based interventions, including relational practices and recovery-based approaches.

The notion of fast-track programmes is not new to social work. The Department for Education introduced the Step Up to Social Work programme in 2010, and more recently has given funding to Frontline, a new social enterprise providing training in the field of children’s social work. While both these programmes are explicitly focused on the issue of child protection, they nevertheless provide useful models for thinking about the creation of a similar programme in adult mental health services. Box 5.1 below outlines how these two programmes were designed, and how they demonstrate that it is possible to attract the ‘best and brightest’ into the profession through a fast-track route.

Box 5.1

Fast-track programmes in children’s social work

Step Up to Social Work

This programme aims to address the deficit in both the quantity and quality of children’s social workers coming through traditional training routes. It works with local authorities and HEIs to produce social workers with a generic social work qualification who then go on to work in children’s social work specifically. The scheme has grown in popularity over its three-year lifespan, to the point at which half of England’s local authorities are now involved.

Step Up initially involved participants working towards a master’s degree in social work over an 18-month period, spending the majority of their time learning ‘on-the-job’ with a local authority.

However, because it was observed that applicants were less motivated by the prospect of having a master's degree than by other factors, this has since been changed, and participants now work towards a 14-month postgraduate diploma. The evaluation of Step Up conducted by Smith et al (2013) highlighted how this blending of academic and practical learning had helped participants to understand the links between theory and practice. It also noted that participants were more likely than those on conventional programmes to be 'ready for practice'.

The scheme works by organising participating local authorities into regional partnerships, which together commission an HEI to provide training to participants. It puts local authorities in the driving seat – they decide how many places they can sustain, and then are responsible for developing their own social workers. Of the first Step Up cohort, 96 per cent reported that the programme had 'very adequately' or 'adequately' prepared them to enter the profession (Baginsky and Teague 2013). Furthermore, 82 per cent of Step Up graduates who started the programme in September 2010 went on to secure jobs as children's social workers, a rate substantially higher than those of other routes (Baginsky and Manthorpe 2014). The programme has, however, struggled to raise its profile beyond those who might already have been considering social work as a career.

*Frontline*¹⁸

The first cohort of around 100 participants is due to begin the two-year Frontline programme in the summer of 2014. Frontline targets graduates from all academic backgrounds who may have no prior social work training. It also targets career-switchers who may have left university a number of years ago. In this respect it is directly modelled on Teach First, and encourages applications from top graduates who are motivated by a specific social mission.

Successful applicants will attend an initial five-week 'summer institute', after which they will go straight in to placement at a local authority. A group of four participants will work exclusively within a 'student unit' for the majority of their first year, overseen by an experienced social worker (known as a consultant social worker). This model is designed to ensure that a group of people are responsible for overseeing cases, which enables them to air different perspectives, challenge each other's views and debate appropriate interventions. This provides an immersive learning environment for students.

¹⁸ www.thefrontline.org.uk

Participants will be supervised by specially appointed consultant social workers (CSWs). CSWs will be jointly appointed by Frontline and the local authority, and it is intended that they will be highly capable social workers. The CSWs themselves will undergo a short training programme which will include teaching about systemic approaches and the unit model. The CSW role is designed to ensure that participants' learning is of a sufficient quality, and to guide their development over their first year.

The first year will also involve 22 'recall days' at university, spread throughout the year. After year one, participants qualify with a postgraduate diploma in social work, which will enable them to practice as social workers. In their second year, participants will be employed full-time by the same local authority, where they will undertake their assessed and supported year in employment (ASYE). They will also be required to work towards the completion of either a master's degree or a family therapy qualification from the Institute for Family Therapy (IFT), outside of working hours. There is no guaranteed job at the end of the programme; however, the expectation is that local authorities will want to keep participants on in the vast majority of cases.

Participants will also undertake a two-year leadership development programme that will aim to prepare them to lead change both in social work and in society more broadly after completing the Frontline programme. This will give them an understanding of the leadership challenges facing social workers in their practice with families and organisations. Frontline's intention is to build a network of alumni that will continue to contribute to improving the life-chances of vulnerable children, whether in social work or beyond.

Frontline has completed recruitment for its first cohort of participants, who will start the programme in the autumn of 2014. It received 2,684 applications, representing a ratio of 25 applicants for every one available place on the programme. Of these, 1,272 applicants had completed an undergraduate degree at a Russell Group university, and 184 were Oxbridge graduates. This compares to the 270 Russell Group graduates who started a master's degree in social work in 2011/12, only 10 of whom graduated from Oxbridge. Frontline has also attracted a larger share of men than other to social work training routes.¹⁹

19 <http://www.thefrontline.org.uk/news/thousands-top-graduates-apply-new-social-work-programme>

This chapter discusses a number of debates regarding how a mental health fast-track programme should be designed, and considers the following questions.

- What kind of people should be selected to take part in the programme, and how can it be made attractive to them?
- How important is retaining participants in the profession after the programme has been completed?
- What should be the length of the programme, and where should it be based?
- How can mental health specialism be balanced with a commitment to generic social work?
- Who should run the programme?

5.1 Candidate selection

5.1.1 A broad selection process

A range of personal attributes are necessary in order to become an excellent social worker, and it is important that these are not overlooked by an exclusive concentration on academic ability. Social work is a highly demanding job that calls for ‘a particular mix of analytical skills, insight, common sense, confidence, resilience, empathy and use of authority’ (SWTF 2009: 17). Box 5.2 builds on this definition to identify 10 key competencies and qualities that need to be screened for in a selection process. The College of Social Work has also developed a professional capabilities framework (PCF) which could form the basis of selecting applicants for a fast track programme. The PCF is an overarching professional standards framework that outlines nine distinct areas of capability (professionalism, values and ethics, diversity, rights, justice and wellbeing, knowledge, critical reflection and analysis, intervention and skills, context and organisations, and professional leadership) that social workers are expected to possess at each stage of their careers.²⁰ It therefore provides a guide to the skills, knowledge and qualities that should be developed through both a social worker’s initial education and their subsequent professional development.

Box 5.2

Key competencies

Any programme should look for the following 10 qualities in potential recruits.

1. *Compassionate*: respectful of people and able to empathise
2. *Motivated*: committed to the ‘mission’ of social work
3. *Resilient*: can pursue goals even in challenging circumstances
4. *Confident*: able to use and challenge authority

²⁰ <http://www.tcsww.org.uk/ProfessionalCapabilitiesFramework/>

5. *Reflective*: able to make judgments
6. *Analytical*: able to assess complex situations and information
7. *Leadership skills*: can influence others to act
8. *Collaborative*: able to work in teams and across agencies
9. *Knowledge*: able to learn in specialist areas such as law and child development
10. *Communication*: able to explain and justify decisions to a range of audiences (MacAlister 2012).

While selecting according to these competencies is important, Croisdale-Appleby (2014) has stated that he does not believe prior experience in health and social care is essential when recruiting to social work programmes. Maturity and an interest in tackling the challenges in mental health services are important, but do not rely necessarily on the possession of prior experience.

‘There seems little evidence as to whether prior experience has a causal relationship or even an associative relationship with outcomes from the education process of qualification or indeed any future outcomes in terms of quality of practice.’

Croisdale-Appleby 2014

5.1.2 What would attract talented individuals?

The graduate recruitment market is extremely competitive, with many corporations offering handsome rewards and training packages to attract the most talented individuals. The programme must therefore be designed to be attractive to graduates. Box 5.3 summarises the findings of our focus groups with recent graduates who are now taking part in a range of public and voluntary sector fast-track programmes.

Box 5.3

What makes a fast-track programme attractive to graduates?²¹

A sense of social mission: The work must be socially useful and provide the chance to ‘make a change in the world’. Graduates are particularly attracted to clear social causes such as educational disadvantage, child protection and mental health.

Competitive: Graduates like schemes that attract a large number of applicants despite a limited number of places being available,

²¹ All quotations are taken from a focus group of participants on public and voluntary sector fast-track programmes held by IPPR in September 2013 (unless stated otherwise).

as this allows them to display their selection as a signal of their wider ability and potential.

Exclusivity: Graduates value exclusivity in a fast-track programme. This suggests that the inclusion of non-graduates in a fast-track scheme may deter their interest. ‘Part of the reason Teach First has done so well is that it has consistently managed to attract Oxbridge graduates, perpetuating a sense of prestige. I wonder how you might attract these high-calibre graduates and maintain exclusivity with non-degree holders.’

Career prospects: A programme must give participants a ‘foot up’ on the career ladder. Graduates value programmes that are prestigious and held in high esteem by their peers and potential future employers. ‘People go in to a grad scheme thinking, “This is going to set the foundation for my career”, [so] there needs to be really strong prospects, either in the profession or elsewhere. It really is a huge factor.’ The freedom to move into other professions after completing a fast-track programme was also seen as attractive, as it helps to keep career prospects open.

Responsibility: Surveys of high-fliers show that ‘having genuine responsibility from day one’ is one of the most important motivations when applying for a job (High Fliers 2012). This was borne out in our focus group, in which we found that graduates were keen to take on positions of responsibility.

5.2 Retaining participants in the profession

There is some concern within the profession that the retention rate of a fast-track programme would be lower than traditional university-based routes, making it expensive to deliver. This was raised as a concern at a number of meetings that we held with social work lecturers and employers, who stressed that a fast-track programme should not recruit participants on the understanding that they would then move on to a different career after two years. Similarly, both Narey (2014) and Croisdale-Appleby (2014) raised retention of participants as a major cause for concern in relation to Frontline.

These are legitimate concerns given the considerable investment that goes into educating social workers: the government needs to ensure that it receives a suitable return on this investment. However, our research suggests that retention should not be a major cause for concern for a fast-track programme. From the experience of Teach First it is clear that an emphasis on graduates being free to leave the

profession after completing the programme is an important recruitment tool, but not one that actually translates into poor retention rates. Two-thirds of Teach First participants remain employed in teaching for at least one year beyond their completion of the two-year programme – which is 5 percentage points higher than comparable figures for teachers in maintained schools who trained via the traditional PGCE route. In terms of long-term retention, 57 per cent of those who started their training in standard postgraduate routes are still in teaching five years later, similar to the 54 per cent of Teach First participants who remain in teaching in the long-term.²²

It is also important to note that existing university-based social work courses do not require their students to make a long-term commitment to stay in the profession. Given that current MA programmes do not require students to commit to a certain period in the job, it would be perverse to make this a requirement of any fast-track programme. The main driver of retention rates in social work will be the support available to new entrants in their first few years in the job, rather than the way in which they are recruited into the profession.

What's more, even if the proposed fast-track programme did have a lower retention rate than existing, traditional training routes, there is in any case considerable value in having a set of 'high-calibre' professionals who are trained in social work but who go on to forge careers elsewhere in society. Given the need to raise the prestige and status of social work as a profession, the value of spreading social work values and knowledge beyond the profession itself should not be underestimated. Participants on the programme will develop an insight into the problems that mental health social workers help to address, and take that knowledge with them if they move into other leadership positions in fields such as law, government and business. In this light, one benefit of the programme is that it could help elite groups in society to gain a better understanding of the society that they serve.

Taken together, these factors outweigh the understandable preference for many within the profession, including employers, to insist upon targeting the programme at those who commit to stay in the profession long term.

It is also worth emphasising the scale of the challenge involved in attracting the target groups in to the social work profession. There has to be a deliberate effort to recruit people who have the potential to be excellent social workers, but had not previously considered it as a career option. The programme must be able to compete against similar schemes in a range of other professions – such as banking, law and teaching – that have traditionally fared better at recruiting the best and brightest. The proposed programme has the potential to form part of a larger social movement that aims to attract graduates

22 <http://www.publications.parliament.uk/pa/cm201012/cmselect/cmeduc/1515/1515we31.htm>

away from professions in the private sector and towards those with a clear social purpose. To make this possible, the programme must be designed in a way that taps in to their motivations and aspirations.

5.3 Programme length and location

5.3.1 Length of the programme

There remains significant disagreement among different stakeholder groups regarding the extent to which social work education can be compressed into shortened fast-track programmes.

On the one hand, graduates want to take on responsibility fairly early within a fast-track scheme, and they are not attracted to programmes that are unnecessarily protracted or that do not push them into dealing with challenging situations more quickly than traditional entry routes do. In a national High Fliers survey, graduates ranked 'having responsibility from day one' as one of the most important motivations for applying for a job (High Fliers 2012). Some social work managers that we spoke to also believed that it was possible for students to take on responsibility for real cases after a year-long training programme, provided that they had adequate supervision. They pointed out that many second-year master's-degree students already handle cases on their work placements, and that anyone who has completed a fast-track programme must have demonstrated their skills and ability in order to qualify as a social worker.

On the other hand, there is considerable concern among social work lecturers about the potential dangers of compressing social work education into a fast-track programmes, including the likelihood that this would compromise quality and not allow students enough space for reflective practice – something that is recognised by all stakeholders as being vital to the development of social work expertise and capability.

While social work lecturers expressed concern about compressing course length, those behind Step Up to Social Work and Frontline believed that a carefully designed programme targeted at exceptional candidates could be delivered in a shorter space of time. As mentioned above, the Step Up programme has been shortened, and is now providing the most recent cohort with a postgraduate diploma within 14 months, whereas it once provided an 18-month master's degree programme. The Frontline programme aims to deliver a postgraduate diploma within 13 months, with candidates completing their master's in the second year of the programme. The educational component and curriculum of Frontline is being designed and delivered in a way that is different from that of the traditional university course, with the intention of prioritising depth over breadth. Students' first 13 months will include 25 days on an intensive summer school, followed by approximately 208 days in practice settings and 22 days of further study; candidates

will also be expected to complete assignments in their free time. Narey (2014) has come out in support of this model:

‘Some critics argue that the 13-month qualification period is too short. I don’t think that criticism holds water. The truth is – as one senior academic at the University of Kent, Professor David Shemmings, told the *Economist* earlier this year – that *Frontline* students will get about the same amount of face-to-face lecturing before qualification as students on a traditional university course.’

Narey 2014

Given that the fast-track programme for mental health social work proposed in this report will aim to attract participants of a similar calibre to those of *Frontline* and *Step Up*, it makes sense to adopt the two-year model of delivery.

5.3.2 Location

As was discussed in chapter 3, a key problem that the social work profession has faced over recent years has been its inability to plan the deployment of its workforce in order to channel newly qualified social workers into areas that are experiencing high vacancy rates or other recruitment and retention challenges. The proposed programme must be designed to address this issue by targeting areas and individual NHS mental health trusts that have particular recruitment difficulties. However, the experiences of *Teach First* and *Frontline* show that it is easier to recruit participants if the programme is focused on large cities during its pilot phase. It will be necessary for the programme to mature and develop its own brand and prestige before applicants will be willing to move further afield to meet demand in more rural areas. Even so, the programme should still aim to work with local authorities that are facing particular problems in recruitment and retention as much as possible.

5.4 Balancing mental health specialism with a commitment to ‘genericism’

There are competing views regarding the extent to which specialisms should be pursued within fast-track programmes. The predominant view from within the profession is that social work education should not be too narrow. The Social Work Reform Board emphasised the need for a holistic, systemic and coherent understanding of both children’s and adults’ social work, with a generic approach allowing students to think across systems (SWTF 2009). Systemic approaches to social work emphasise the connections between different problems such as drug abuse, domestic violence, mental health and child protection. A broad understanding of social work, including methods such as family therapy, enables social workers to intervene effectively across different age-groups and multiple needs. It is therefore

important to maintain a commitment to breadth of learning and experience during a fast-track programme.

This view does not, however, rule out the possibility of fast-track programmes containing an element of specialisation, particularly in areas such as mental health. Mental health is a cross-cutting issue within social work, one that affects different age groups and client groups, and which underpins many related areas such as safeguarding and domestic violence. It is therefore possible to use a focus on mental health to augment a broader social work curriculum. It is also possible to ensure that participants on a mental health social work fast-track programme have experience of working with a broad range of different client groups and in different settings. Box 5.4 illustrates how this approach has been successfully deployed in a number of innovative degree courses that blend a broad general education with a particular specialism.

Targeting a programme towards a specific issue such as mental health could also be an important recruitment tool. As box 5.3 demonstrated, graduates express a desire to be involved in work that is rewarding and makes them feel as though they are making a positive difference to the lives of vulnerable people. In particular, they are motivated by an explicit 'social mission' – that is to say, an area of public service in which there is an identifiable problem that they can help to solve. As a result, a programme dedicated to helping to address the current crisis in mental health services is likely to be more attractive than a programme focused on generic social work skills. This view is supported by Narey (2014), who is convinced that 'students would have greater confidence in degrees which allowed specialisation and, upon graduation, so would their potential employers.'

Box 5.4

Innovative degrees in social work and mental health

There are already some degrees that entail a degree of specialisation and place students on a 'pathway' to a particular area within social work. These often emphasise a multidisciplinary and inter-professional approach to learning. Containing a degree of specialisation in mental health within the proposed fast-track programme would therefore represent a continuation of this trend.

MSc/MA Mental Health, University of Wolverhampton

In 2012 the University of Wolverhampton signed a partnership agreement with Dudley and Walsall Mental Health Partnership Trust, and they together launched a new, two-year part-time degree qualification in mental health. The focus of the course is on the practical application of evidence-based interventions

for service-users with a range of mental health needs and conditions, and it is delivered by both academics and senior practitioners. It has an emphasis on promoting 'socially inclusive mental health care for individuals, families and communities', and advertises itself as explicitly 'multidisciplinary' in nature. Its modules include 'Common Mental Health Disorders,' 'Mental Health, Families and Children', and 'Ageing and Mental Health'. However, the course is only open to those who already have a professional qualification, such as GPs, community nurses, therapists or psychotherapists, and who are already employed in an area of the health or social care sectors that allows its students the opportunity to work with people who have mental health difficulties.²³

BSc (Hons) Learning Disabilities Nursing and Social Work, Edge Hill University

This three-year, full-time course enables its graduates to both register with the Nursing and Midwifery Council as qualified nurses and to apply to registration with the Health and Care Professions Council as qualified social workers. It aims to deliver the academic knowledge and clinical skills required to work within a range of social work and nursing services for people with learning disabilities. The course has a distinct inter-professional emphasis, with students undertaking placements in nursing, health and social work settings. The course is advertised as equipping students with 'the knowledge, skills and values required to work within [both disciplines], across professional and organisational boundaries, and most importantly, with individuals, families and groups with a range of health and social care needs.'²⁴

The proposed fast-track programme must therefore balance the need to present itself as addressing the particular social problems in mental health social work on the one hand, while committing to a broad curriculum of social work education on the other.

5.5 Who should run the programme?

Many successful fast-track programmes, such as Teach First, Teaching Leaders and (potentially) Frontline, are run by independent social enterprises that are distinct from professional bodies and government departments. By contrast, several of those that have been less successful, such as the Fast Track Teaching programme and, arguably,

23 <http://courses.wlv.ac.uk/course.asp?code=HW028P31UVD>

24 <http://www.edgehill.ac.uk/study/courses/learning-disabilities-nursing-social-work>

the Metropolitan Police Graduate Development Scheme, have been directed by their respective government departments and professional bodies. While this by no means demonstrates an absolute causal link, it is our view that a dedicated social enterprise would enable the proposed programme to be more effective without getting drawn into government bureaucracy. In 2012 Andrew Adonis gave the following diagnosis of why the Fast Track Teaching programme failed where the Teach First programme succeeded.

‘The scheme was launched, but it came to little and didn’t last. This wasn’t for lack of money but because it wasn’t attractive to the punters. Insofar as ambitious punters and graduates noticed this new ‘fast track’ at all, it was seen as yet another lacklustre scheme. The branding was poor. There was no champion. And it was weakened by compromises once the state teacher training agency got hold of the project design and implementation... But to my mind, the failure of ‘fast track’ was largely because it wasn’t outside the existing system, and wasn’t an attractive enough offer to high-flying graduates.’

Adonis 2012

Frontline has learned from this example. It was deliberately created as a dedicated social enterprise, with a board of trustees, a chief executive and a staff of around 20 people. The benefits of this approach are that Frontline has been able to chart its own course, focus on a specific mission and retain a degree of autonomy from the changing needs of government departments and professional bodies. This institutional autonomy has also helped Frontline to develop a recognisable brand and considerable media presence, both of which are important for creating prestige and thereby raising awareness of the programme – and of social work more generally – among the graduate market.

5.6 Conclusion

The design of the proposed fast-track programme will inevitably involve making trade-offs between the demands of different groups, including prospective applicants, employers and social work lecturers. There are a number of essential features that a fast-track programme in mental health social work will need to possess, and actions that it will need to perform, in order to be successful:

- implement a rigorous selection process for candidates
- target high-calibre graduates, career-switchers and those from allied health fields
- connote competitiveness and exclusivity
- be a two-year programme that does not stipulate the need for a long-term commitment to the profession from applicants
- blend academic learning with practical experience

- ensure high quality supervision and structure in the workplace
- develop a 'theory of change' which promotes relational social work over excessive bureaucracy and procedure
- involve significant responsibility for participants from an early stage
- compress social work education and training in to a two-year programme, consisting of one year pre-qualification and one year post-qualification
- target participants towards those local authorities most in need, while also taking account of the likely geographical preferences of applicants and the practicalities of a pilot
- work within the existing professional and regulatory frameworks
- be run by a dedicated social enterprise, with a committed leader and high-level champion.

6. THINK AHEAD

HOW THE PROGRAMME WILL WORK

This report has outlined the nature of the problems that exist within adult social work generally, and in mental health social work in particular, and how a fast-track programme could help to address them. It has also outlined a number of key features that the proposed programme, provisionally known as Think Ahead, will need in order to be successful. This chapter brings these arguments and considerations together to outline a provisional framework for the design of the programme. Many of its features are drawn from the model adopted by Step Up and Frontline in the children's social work field.

6.1 The aim of the programme

The programme will be designed to attract high-calibre individuals into employment as mental health social workers within integrated community mental health teams. It will develop participants' practice capabilities and leadership skills, emphasising the inherent role of leadership within social work practice (bringing together a range of actors to solve complex problems). It will be designed to develop a cadre of social workers who are able to lead the integration agenda, as well as address issues concerning recruitment and progression of social workers in the area of mental health.

The programme will be a two-year training scheme which aims to shift the balance of social work education further towards practical experience of working with service users than is currently allowed for in the traditional route. This will enable the programme to attract graduates who are looking for an educational experience different from that provided by their previous degree programme, one which maximises their practice-readiness and employability upon completion.

The programme will aim to put social workers at the heart of the integration agenda, and show that social and community-based interventions also have a place alongside clinical and psychiatric interventions. The long-term objective is to build a movement of leaders who are able to address the major challenges that mental ill-health poses to services and wider society.

The programme will help to address the following challenges.

- The erosion of the social work role in multidisciplinary teams due to poor leadership and marginalisation.
- The lack of inter-professional learning within social work education, which results in mental health social workers lacking the tools they need to excel alongside their medical colleagues.

- The recruitment and progression challenges for mental health social workers and their employers, including the supply of AMHPs.
- The failure of the social work profession to recruit candidates from certain pools of talent – including graduates from highly-selective universities, career-switchers, and those from allied health fields such as psychology graduates.
- Deficiencies in the number and quality of social work placements in mental health settings, caused by issues in organisational structures and the dynamics within integrated teams.
- The need to shift social work education in mental health towards a more practice-based model, training students in a number of key relational, evidence- and community-based interventions.

6.2 Candidate selection

Applicants will be drawn from a range of talent pools, including recent graduates, career-switchers, and other health professionals. There is potential to target specific groups, such as those applying for heavily oversubscribed postgraduate courses in clinical psychology, and IAPT workers looking for a progression route.

Prior to selection, applicants will go through a rigorous selection process that includes high academic entry requirements (a 2:1 degree at minimum) and a thorough assessment centre where they will be tested in a wide range of competencies. This selection process is a common method among fast-track recruitment schemes, including Step Up to Social Work and Frontline. Croisdale-Appleby (2014) asserts that assessment centres, values-based selection and use of the professional capabilities framework during recruitment are all likely to ensure that only the most suitable candidates are accepted on to social work courses. Confidence, empathy, communication skills, resilience, motivation, leadership potential, relationship-building skills, and many other of the competencies discussed in this report will be tested for, ensuring that academic ability alone is not considered a proxy for the potential to be an excellent social worker. Previous experience or education in health and social care will be factored in to recruitment decisions and weighted alongside other competencies, although it will not constitute a precondition for entry. Like the Teach First and Frontline models, candidates will be drawn from a wide spectrum of academic disciplines.

Successful candidates could be required to do some work-shadowing in a mental health service before starting the course. This would help them to become familiar with the work environment and reduce the risk of early drop-out in the first year of the programme. As with all social work courses, it is also important that service users and employers are engaged in the design of the programme and in recruiting participants.

6.3 The initial preparatory course

Before starting a work placement, candidates will need to be introduced to the basic theoretical and legal concepts that will frame their social work education. All candidates should therefore undertake an intensive initial preparatory course. This course will provide an introduction to the theories that lie behind some of the approaches and interventions that participants will encounter during their practice-based learning (such as systemic approaches, family therapy and talking therapy), as well as some of the core legal and safeguarding frameworks that guide social work practice. The initial preparatory course will also enable the programme to create and instil in participants a unique ethos and culture, and a commitment to the principles of integrated health and care services.

The initial preparatory course could be delivered in a number of ways. Residential courses are a common approach among fast-track programmes, although it could equally involve full-time study at university for a short period without the residential element. Alternatively, participants could start with full-time study, before gradually being introduced to their practice setting over the course of several weeks, on 'day release'. They would then gradually phase into their work placement while continuing to study part-time, before taking up their placement full-time. The precise length of the initial preparatory course would clearly depend on the curriculum content, but is likely to be in the region of 5–10 weeks.²⁵

6.4 Identifying placements

Successful candidates will complete the majority of their education through 'on-the-job' learning. The vast majority of core mental health services are delivered by statutory providers – it would therefore make sense for the programme be housed primarily in these settings. However, there may be an important role for additional placements in non-statutory settings over the course of the programme, as these often provide important early-intervention services.

Within statutory provision, the greatest number of contacts are made through outpatient and community services, within which adult community mental health teams' are the largest type of service team; these teams made over 5 million contacts in 2012/13 alone (MHN-NHSC 2014). Community mental health teams are therefore strong contenders to become the teams in which the Think Ahead programme is primarily based. They are the 'hub' for the majority of mental health work carried out in the community, and have strong links to other parts of the system such as inpatient hospitals and children and adolescent mental health services. However, it is important that participants also spend time in

²⁵ The Frontline Academy is scheduled to last for five weeks. However, the Step Up programme is slightly longer than Frontline, and so allows more time for classroom study. This suggests that for Think Ahead, an initial preparatory course could last for between five and 10 weeks, depending on the nature of the curriculum and the overall length of the programme.

a forensic mental health service,²⁶ as this would both broaden their education and provide a more structured learning environment.

While community mental health teams are well-placed to house the programme, a number of barriers will need to be overcome in order to ensure high-quality placements. First, community mental health teams are often quite small, often only employing two or three social workers. The Think Ahead programme will therefore need to ensure that its participants have regular contact with other social workers in order to support their development. Second, there is a lot of variation in the quality of integrated mental health services across England. The NHS mental health trusts that are selected to partner the programme and provide the practice settings for participants will therefore need to be committed to making integration work and promoting the role of social workers within integrated mental health teams. In some cases, the programme will have to actively rectify the structural and organisational weaknesses that in the past have created difficulties for social workers in integrated teams. This means that, in return for taking part in the programme, trusts may have to improve their structures and systems for supporting social workers.

Given regional differences in the supply and demand for social workers, there is a strong case for piloting this programme in those areas of the country, such as London and the East of England, that currently have high vacancy rates. This would help avoid creating an ‘oversupply’ of social workers in areas which are already well served by university courses.

6.5 Year one

6.5.1 Student unit

After completing the initial preparatory course, participants will be placed on to the practice-based training programme. A small group of participants should be placed together as a ‘student unit’, operating as part of a community mental health team and supervised by an experienced social worker. Placing small groups of students together as units will help to correct for failures in practice education that can arise elsewhere in social work, by providing participants with peer support and opportunities for joint learning and reflection. The students will be able to work together and discuss cases. This represents a version of the approach adopted within the ‘reclaiming social work’ model pioneered in Hackney (Goodman and Trowler 2012).

6.5.2 Consultant social workers

Each student unit will be led by an experienced consultant social worker.²⁷ This individual will be responsible for the education and training of the

26 Forensic mental health services work mainly with people who have a mental health issue and who become involved with the criminal justice system in some way.

27 This follows the model that will be used by Frontline, which is recruiting consultant social workers to lead student units in child protection.

participants in their unit. They will also act as a broker between the Think Ahead programme and the management of the community mental health team, as well as those of the adjoining local authority and NHS trust. Using an experienced social worker to oversee the education and training of the participants in a real work environment should help to ensure that they complete the programme with a better grasp of the practical elements of the job.

In addition to having their education led by an experienced social worker, there could also be scope for the programme participants to be mentored or guided by colleagues from different professional backgrounds, such as mental health nurses or psychiatrists. This would help them to develop an awareness of the perspectives that other professionals bring to mental health services, ensuring that they are equipped to thrive in integrated settings.

While there is a strong case for appointing consultant social workers to lead the placements, a number of barriers will need to be overcome to prevent the emergence of problems similar to those that have dogged practice placement provision in traditional university courses. First, the programme will have to secure a supply of high-quality consultant social workers who are confident both at working in integrated teams and at educating the next generation of professionals. Given concerns about the quality of the existing workforce, considerable time and resources may be required to recruit, train and support these individuals. It may also be necessary to consider ways of providing extra supervision from academics and other professionals to relieve the pressure that would be placed on a single consultant social worker. Second, the programme must ensure that consultant social workers have enough time and resources to dedicate to their role of training up new recruits. As noted earlier in this report, under the current system practice educators often find themselves unable to support students on placement while also handling their own caseloads.

6.5.3 Practice placements in a range of settings

Participants will work with the caseload of the consultant social worker, who will be responsible for monitoring their progress and introducing them to more complex cases over time. The main focus of the candidates' first year will be to ensure that they receive a broad social work education, with a focus on mental health where possible. This should give participants a breadth of experience in working with different client groups, given that mental health often overlaps with other areas such as domestic violence, neglect and substance misuse. It should also ensure that they have opportunities to work with different age groups, given that mental health social workers often work with families, working-age adults and older people.

However, it is also important that participants gain experience of other social work settings beyond mental health. This will improve their practice, as well as ensuring that they complete the programme with a transferable social work qualification that will not restrict them to working solely in mental health later in their career. A broad curriculum will also be necessary if the programme is to receive both accreditation from the Health Care Professions Council and endorsement from the College of Social Work. We therefore recommend that participants spend a period of time experiencing social work outside of community mental health teams – in a child protection team, for example.

6.5.4 Blended learning

While participants will largely receive their social work training ‘on-the-job’, it is important that this is supplemented with academic study that provides participants with a sound theoretical understanding of different interventions and practices. The programme should therefore partner with a higher education institution to design and deliver a curriculum of ‘blended learning’ that will run alongside the practice placement. This would involve participants being given day release from their placements to attend university classes, as well as completing additional study in their own time. The exact number of days spent on placement would have to be agreed with curriculum specialists, but would certainly need to be more than 170 days per year (which is the number of days spent on placement on a traditional university-based master’s course). Participants would then spend the remainder of their time in classroom study.

Curriculum content will clearly have to be developed by social work experts at a higher education institution in order to provide participants with a sound theoretical underpinning and to meet the requirements of the regulator. The College of Social Work’s recent report, *The Role of the Social Worker in Adult Mental Health Services*, could provide a helpful framework for designing the curriculum. It outlines five key areas of practice that should provide the framework for social workers’ learning and development in integrated mental health teams. These include promoting recovery and social inclusion, showing professional leadership and skill in highly complex situations, discharging legal duties and the personalisation agenda, and working with service users to support increasingly resilient and engaged communities (Allen 2014).

This report has argued that a curriculum should be explicitly focused on delivering interventions based on systemic and attachment theories and relational approaches to social work. It should be possible to strike the right balance between breadth and depth in a programme of this kind, as mental health can provide a useful perspective on wider family and network approaches that apply to other areas of social work.

6.5.5 Qualification

On successful completion of year one of the programme, participants could be awarded a postgraduate diploma in social work. This is a unified qualification that covers all aspects of social work, and provides the generic bedrock on which specialisation can take place. Gaining this qualification will enable participants to practise as qualified social workers in the second year of the programme.

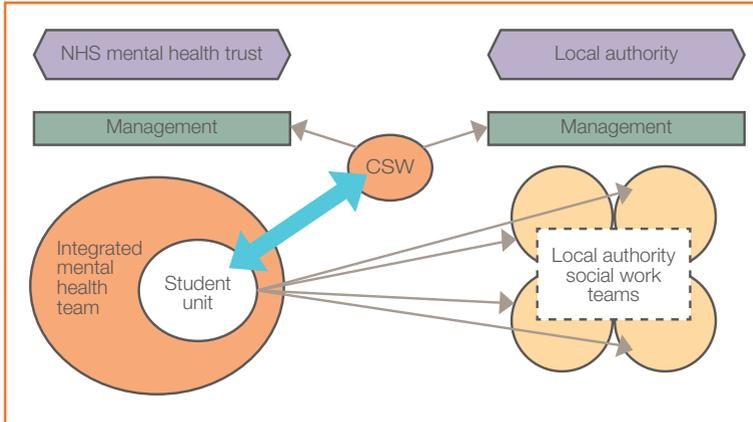


Figure 6.1
The proposed structure of year one of the Think Ahead programme

6.6 Year two

After completing the postgraduate diploma, participants in their second year will be qualified to work as mental health social workers (with a reduced caseload), while simultaneously working towards the completion of a master's degree. The second year of the programme could also count as their assisted and supported year in employment (see box 6.1). Given that they will be qualified social workers at this point, participants could be employed on a one-year, full-time contract by the community mental health team.²⁸

Year two will see participants working full-time in the same community mental health team in which their student unit was situated in year one. While they will no longer be required to operate as a 'student unit', it is important that they continue to have access to good supervision, opportunities for professional development and time for critical reflection. The ability of trusts and community mental health teams to provide this kind of supervision to participants in year two will therefore be a factor which determines their eligibility to take part in the programme.

²⁸ As with all social workers in integrated teams, the exact nature of the employment relationship will depend on the nature of the partnership agreements in place between the NHS mental health trust and local authority.

Box 6.1

Assessed and supported year in employment

The assessed and supported year in employment (ASYE) was introduced in September 2012. It aims to give greater support to new recruits to the social work profession, and provide them with a bridge between qualification and the adoption of a full caseload. Social workers on their ASYE receive a reduced case load and additional supervision. It thereby alleviates some fears over the possible lack of 'practice-readiness' among newly qualified social workers.

The curriculum in the second year of the programme will inevitably focus much more heavily on delivering practical interventions in mental health social work. It will therefore augment the broader curriculum completed in the first year and cement participants' specialism in mental health. Participants will also be expected to work towards the completion of a master's degree in social work throughout year two, which will require significant amounts of study outside of working hours. They will have the option to study a number of modules which, along with the ASYE, will contribute to the credits necessary to complete the master's degree. Choice over which modules are taken will allow participants a level of autonomy over their learning as their interests and ambitions about future career pathways develop. Modules could cover pre-AMHP training, best interests assessments,²⁹ or the mental health needs of older people and dementia care.

It should be noted that the significant amount of study that it would be necessary to undertake outside of working hours would not make the programme unrealistically challenging or demanding. Other graduate programmes in the private sector and elsewhere make no secret of the number of hours participants need to put in to be successful, and, as we have seen, the challenge that this entails is part of what motivates graduates to apply for these schemes in the first place.

By the end of the programme, participants will have completed both a postgraduate diploma and a master's degree in social work, along with the ASYE. They will therefore be fully qualified social workers, with a sound theoretical knowledge base, significant levels of high-quality, practical experience in both mental health and a range of other settings, and an understanding of the unique nature of mental health social work within integrated teams. They will therefore be well placed to lead the integration agenda in mental health going forward.

29 For more information on best interests assessments, see http://www.bestinterests.org.uk/best_interests/

Given the amount that the NHS mental health trust and local authority will have invested in the programme up to this point, it is likely that they would offer participants a permanent job at the end of the programme (although they would be under no obligation to do so). The programme should therefore provide a more direct link between the supply and demand for newly qualified social workers.

The programme described above is primarily designed to address the recruitment and education of mental health social workers. However, it is important to note that the support these new social workers receive after they have completed the programme will also be an important factor in ensuring that they thrive in the profession over the long term. There are many well-known problems concerning workloads, supervision and professional development pathways in mental health social work that affect all new recruits to the profession, regardless of where or how they were trained. Addressing these problems is beyond the scope of the Think Ahead programme; however, it will be important for employers to provide opportunities for continuous professional development participants have completed the programme. It will also be important for employers to clearly identify the progression routes that are open to graduates of the programme. These could include AMHP training, positions as consultant or principal social workers, and a number of other roles both in community mental health teams and elsewhere in mental health services, such as crisis teams or inpatient hospitals.

7. CONCLUSION

Tackling the challenges in mental health will require a greater focus on preventative models of care that are based in the community. Multidisciplinary teams that integrate health and care professionals will play an increasingly important role in delivering this. Social workers have a lot to offer these teams as, unlike their medical colleagues, they are trained to focus on the social and environmental aspects of mental health. Social work is a demanding job that requires a particular set of skills.

This report has identified a number of problems with the recruitment, education and effectiveness of mental health social workers. The profession struggles to attract high-calibre recruits and to adequately train new recruits to cope with the demands of the job. This problem is exacerbated by the fact that, in many integrated teams, social workers are 'de-professionalised' and struggle to have their voices heard in teams dominated by medical professionals.

There is therefore a need to recruit and train a cadre of high-quality social workers who are able to lead the integration agenda in mental health. Recent innovations with graduate fast-track programmes provide models for how this could be done. This report proposes the creation of a new social enterprise, Think Ahead, to help attract the best and brightest into mental health social work.

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ANNEX

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