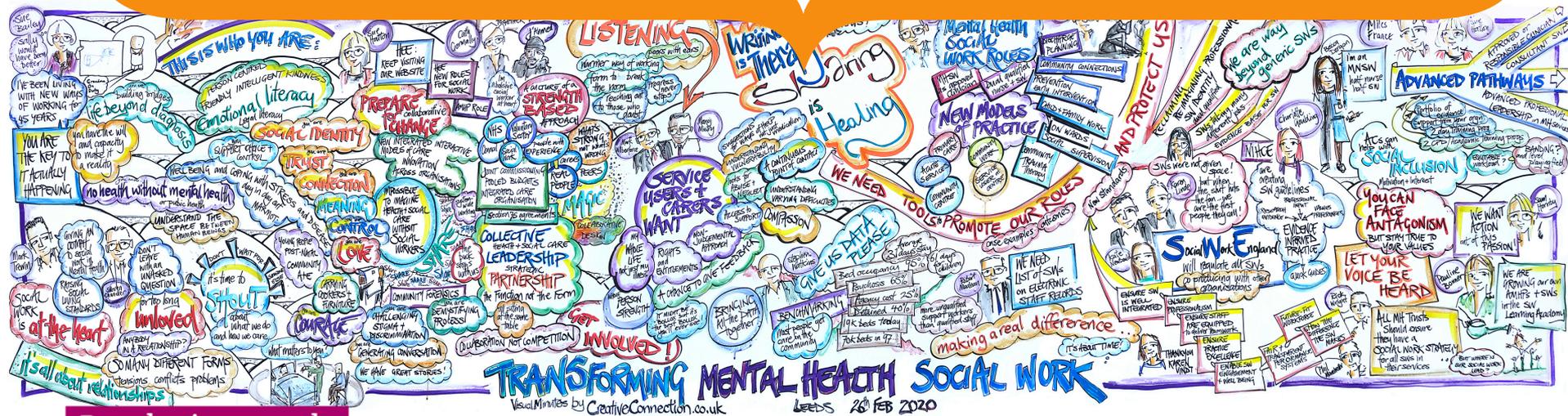


Transforming mental health in social work

MS Live webinar 30 September 2020



Developing people
for health and
healthcare

Welcome

Mark Trewin, Chair HEE New Roles in Mental Health Social Work Group



Transforming the mental health social worker; a summary of the project

Mark Trewin, Chair HEE New Roles in Mental Health Social Work Group



New Roles Programme: Mental Health

Expanding and maximising the workforce potential in 8 key roles:

All considered to be of the greatest potential impact to the transformation agenda

1. Nursing Associates
2. Psychological Therapies
3. Pharmacy and Pharmacy Technicians
4. Peer Support Workers
5. Physician Associates
6. Allied Health Professionals
7. Nursing
8. Social Workers

“Our integrated Mental Health Workforce plan values and recognises social work as one of the eight key professions working in mental health services.”

Lisa Bayliss - Pratt
Chief Nurse and Interim Regional Director for London at
Health Education England

Kick start’ workshops using the HEE Star.

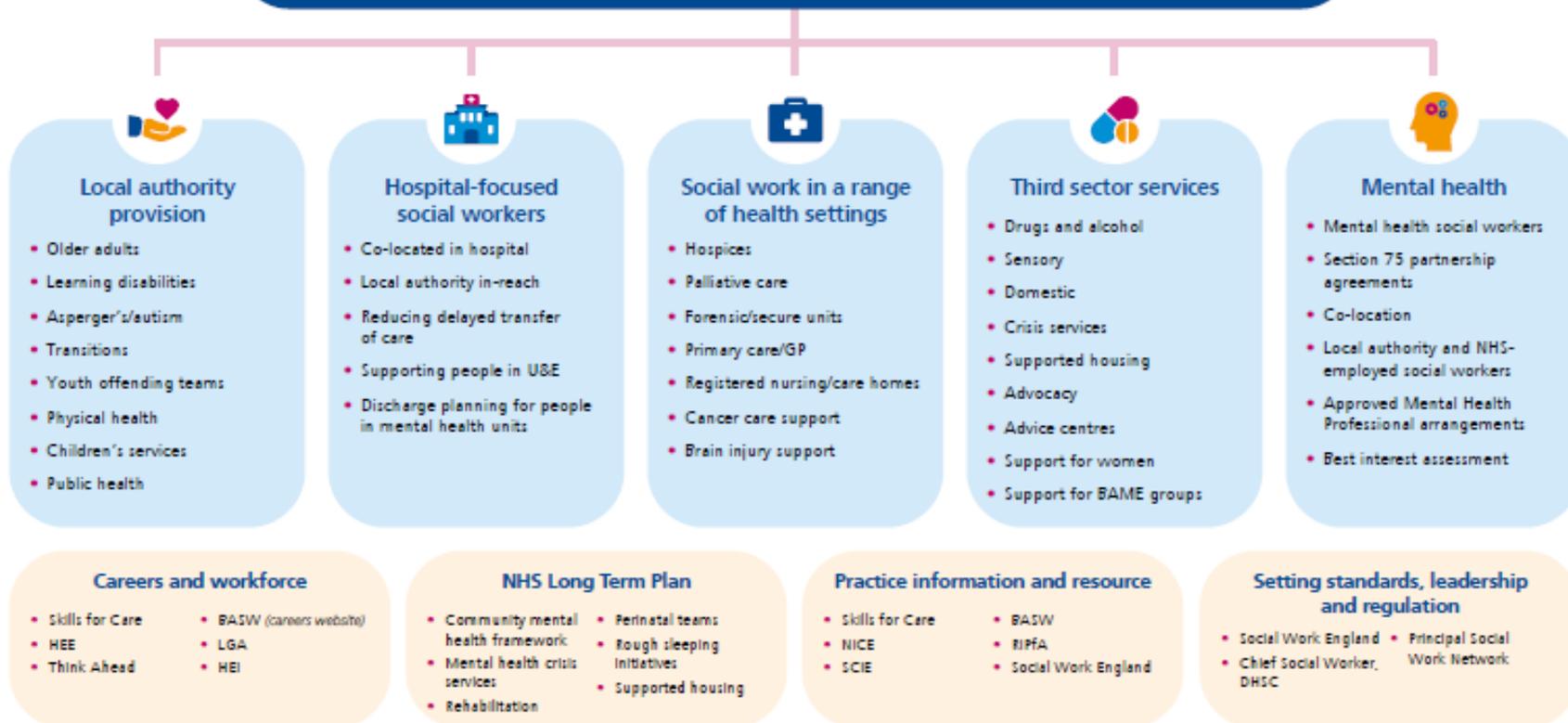
<https://hee.nhs.uk/our-work/hee-star>

A Chair’s Group providing governance, oversight and support is led by Dame Professor Sue Bailey.



The social work contribution to care delivery

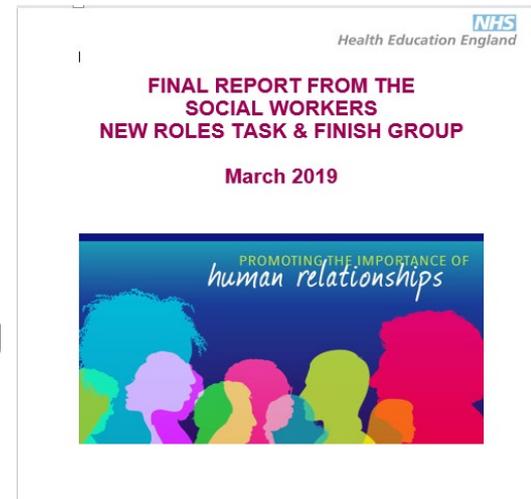
- Strength-based practice
- A human rights-based approach
- A community and family-led approach
- Understanding the social determinants of health
- Personalised care planning
- Legal knowledge



Acronyms/initialisms • BASW: British Association of Social Workers • DHSC: Department of Health and Social Care • HEE: Health Education England • HEI: Higher Education Institute • LGA: Local Government Association
 • NICE: National Institute for Health and Clinical Excellence • PSW: Principal Social Worker • RPPA: Research in Practice for Adults • SCIE: Social Care Institute for Excellence

HEE New roles in MH Social Work group: Aims

- Raise the profile of MH and LD Social Workers
- Developing practical support for employers
- Support AMHP role: Standards, Briefings, E learning
- Developing CPD, career & post qualifying support
- Develop a resource of Videos of MHSW Leadership
- Support SWs to access AC/RC training
- A comprehensive survey of MHSW and AMHPs across all services
- Developing models partnership via Social Work for Better MH
- Developing a specific web page for MHSWs
- Support for Forensic SW around standards and social supervision
- Developing joint working with Children's Social Care at DoE
- Supporting the NHSE Community MH Framework implementation
- Developing models of trauma informed social work within MH services



Supporting MHSWs in NHS, Independent sector & integrated services

Mark Trewin, Chair HEE New Roles in Mental Health Social Work Group

Stephen Chandler, Vice Chair (ADASS) Director of Adult and Housing Services Oxford

Karen Linde, Social Work for Better Mental Health/Centre for Citizenship and Community

Guidance on the support of mental health
social workers working in NHS, independent
or integrated services



Produced by Health Education England's New Roles in Mental Health Social Work Group

Developing people
for health and
healthcare



Supporting Social Workers

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Considerations



Consideration 1:

Ensure social work is well-led in integrated systems



Consideration 2:

Enable professionalism



Consideration 3:

Ensure all staff are equipped to deliver effective teamwork



Consideration 4:

Promote excellence in practice



Consideration 5:

Enable social workers' engagement and wellbeing



Consideration 6:

Fair and transparent performance systems



Consideration 7:

Developing a workforce fit for future challenges



Consideration 8:

Demonstrate how the social worker role makes a difference

Consideration 4: Promoting excellence in practice throughout social worker careers

Summary

- Organisations should support all registered social workers to sustain the considerations for CPD in their professional registration.
- Organisations should develop profession-specific learning opportunities and evidence-based learning.
- Organisations should support social work's educative role with trainees. This includes encouraging staff to undertake the practice education role for students, the consultant social worker role for [Think Ahead](#) and to support newly qualified social workers and trainee AMHPs.

Organisations should:

- support registered social workers working to sustain the considerations for CPD in their professional regulation. Expectations are laid out in the [Social Work England standards](#);
- support profession-specific learning opportunities and a culture for reflective learning. Evaluate practice using integrated, quality-assured national guidance, such as NICE, and applying learning to practice. Social work has evolved some clear routes for career development, for example, AMHP, BIA, practice education, practice supervision and consultant social work roles;
- promote opportunities for shared learning in CPD. Social workers need to sustain inter-professional skills and reflective practice related to their role;
- encourage social workers with strategic and organisational influence to submit [NICE shared learning examples](#) and links to the Social Work England standards. This offers an opportunity to celebrate and recognise innovation and the complexity of social work;
- adopt national good practice in the support, recruitment and retention and development of AMHPs in line with the AMHP workforce plan and standards;
- support social work's educative role with trainees. Social workers have an active role to play in supporting the learning and education of NQSWs and trainees and supporting health colleagues, in relation to social care issues such as safeguarding,

best interests decisions, legal issues and the value of the social model of care. NHS employers should liaise with LAs to make best use of training and support for this role and adopt best practice.

Further guidance

- [Professional development guidance for social workers \(Social Work England\)](#).
- [CPD for social workers \(Skills for Care\)](#).
- [Standards of proficiency for social workers in England \(Health and Care Professions Council\)](#).

Supervision for specific roles

AMHPs require a minimum of 18 hours of AMHP-specific training a year to maintain their LA approval, along with evidence that they continue to meet the statutory competency requirements for re-approval. This will include one-to-one AMHP supervision from an AMHP manager, and attendance at regular forums. Both NHS and LAs must ensure that AMHPs are released from other roles to meet these requirements. A similar process is likely to be introduced for approved mental capacity professionals in 2021.



Thank you

Please post questions in the chat box; we will try to answer them at the end of the webinar but all questions will be collated, answered and sent out in our resource pack.

2020 refreshed employer standards for social workers

**Suzanne Hudson, Senior Workforce Advisor,
Local Government Association**

The Standards for employers of social workers in England

Good social work can transform people's lives and protect them from harm.



The Role of Social Work England in supporting Mental Health SW and AMHPs

Paul Peros, Social Work England

How we support mental health social workers

Paul Peros
policy manager

**Social
Work** 
England

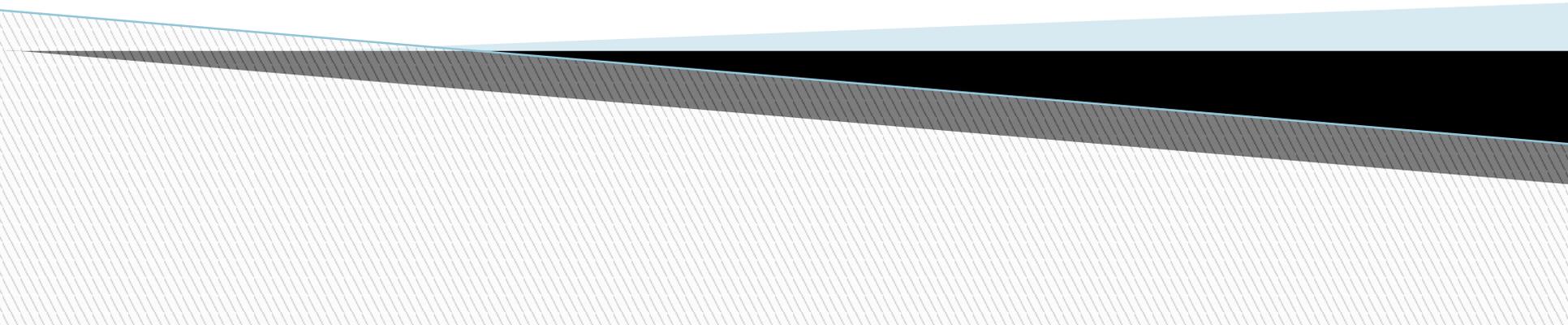




Trauma informed practice *for peer support workers and social work practitioners*

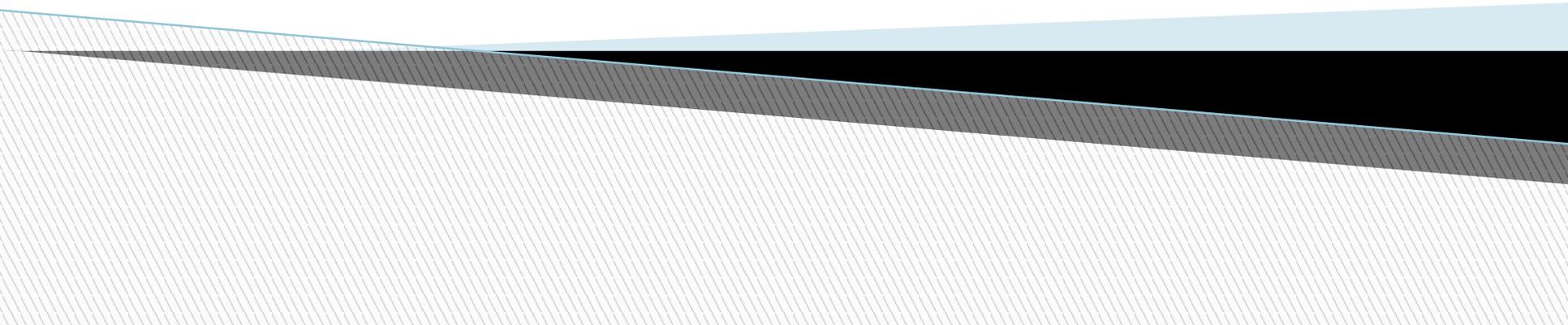
Alison Faulkner (for Agenda)

Karen Linde (Social Work for Better Mental Health)



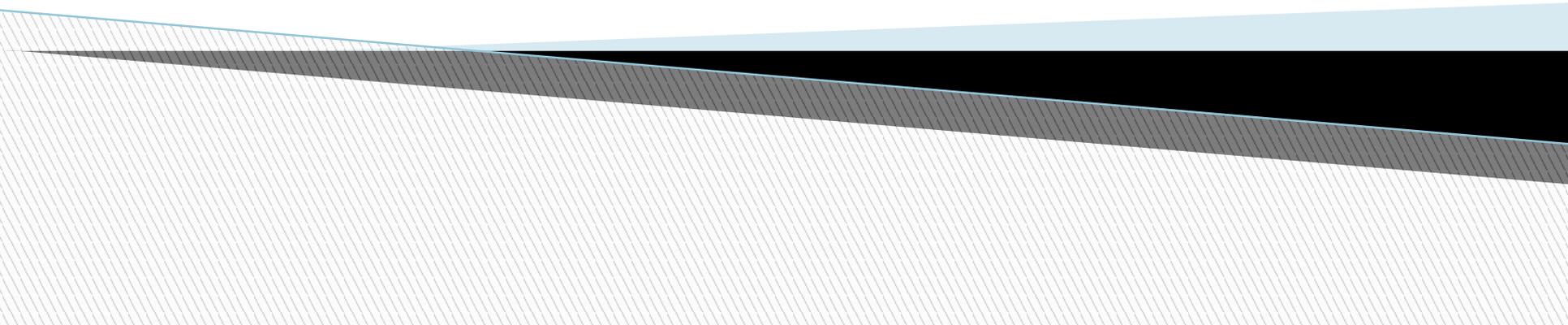
Trauma informed practice

Overview of the trauma informed care project

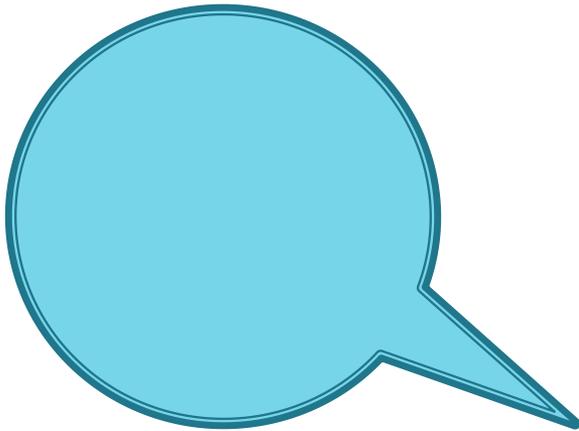


1. Peer support workers & people with lived experience

Alison Faulkner, Agenda

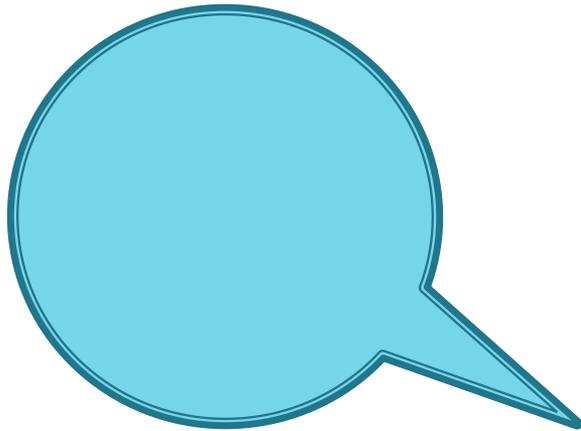


“I went through everything from EUPD [emotionally unstable personality disorder] to narcissistic personality through to - you name it, I had a diagnosis of it. So I was finally put forward for treatment for post-traumatic stress disorder and I've never been better in my life. The self-harming has stopped, I've had no hospitalisations at all. I'm better than I've ever been. It changed my life. Because this psychiatrist said, 'Do you think you have bipolar disorder?' and I said 'No'. He said, 'What do you think you have?' I said, 'I think I was raped every day for three years.’”



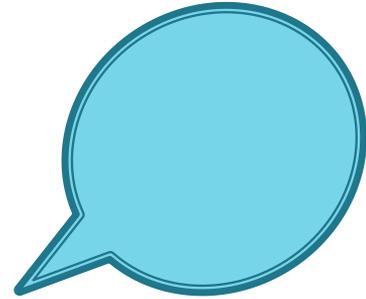
“It means it's about all of me, it's not about my behaviour, it's not about me being loud, or a bit brash and in your face. it's never been about that; it's been about finding out who I am.”

“let's look at the power that peer support can have in helping people to re-write their stories and experiences and reclaim that.”



“When you have experienced trauma, you separate the world out into 'you don't understand, you do understand'. There's a sense of safety from people who haven't gone through same thing but get it in some way.”

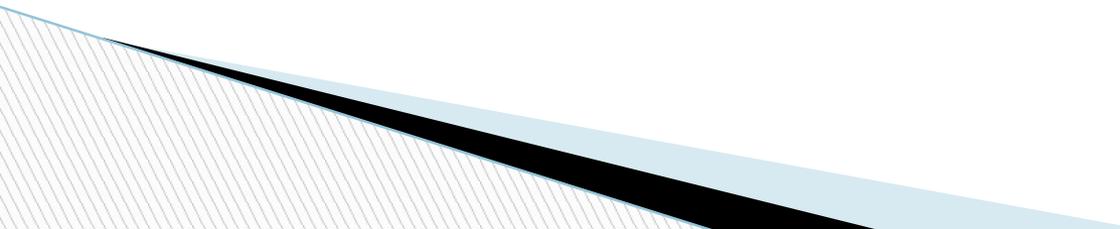
Principles supported in this study:



- Trust
- Safety
- Non-judgmental
- Validation
- Choice and control
- Empowerment
- Reciprocity

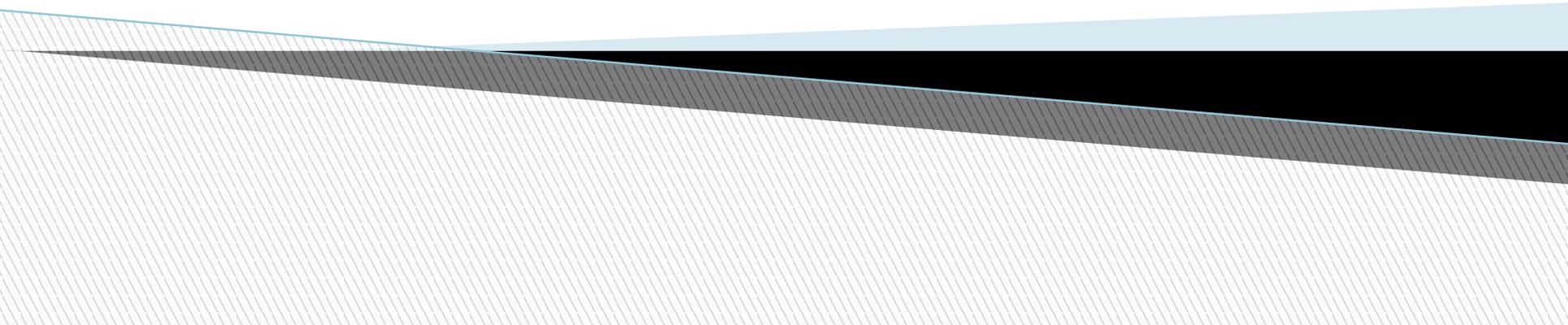
The one that I personally find most important for me, is trust - because I think that links to all of the other ones so much, because how can you trust if you don't feel empowered, if you don't have choice and control, how can you feel trust in where you are."

Recommendations for training

- Understanding trauma and the effects of trauma
 - Relational process
 - Understanding intersectionality and power
 - Working in mainstream services
 - Shared practice
 - Principles
 - The importance of safety
 - Potential for re-traumatisation
 - Accessible language
- 

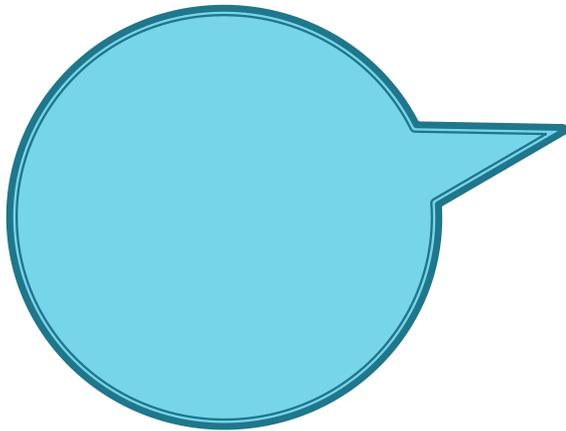
2. Social Workers

Karen Linde



We explored...

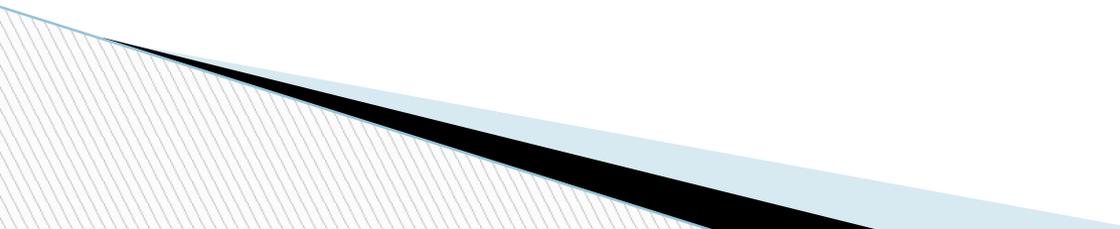
- 1 How social work understands its professional role and practice model in relation to trauma.
- 2 The social work role in a multidisciplinary context - defining shared practice values and ways of working.



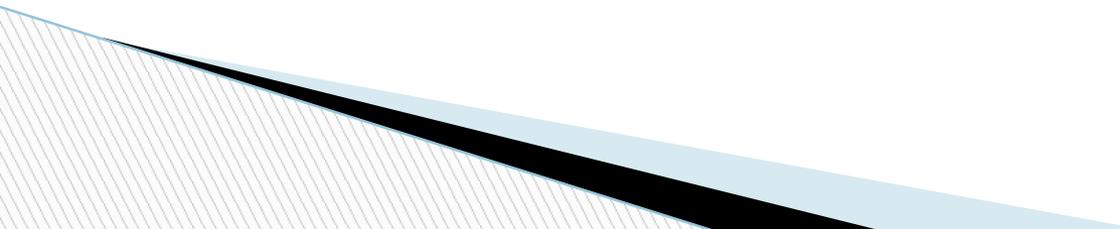
“In social work practice, you can create a more informal setting, which may be less sterile. I often work with people in their own homes and conversations might be spontaneous, built upon a good therapeutic relationship, which was social work defined. This is different I think to other professions.”

Adverse childhood experiences are very common with many of our service users; but this is still viewed as a specialist area needing psychologically-based trauma services and yet it is often to our social care staff that disclosures of abuse are made, and we continue to support them.”

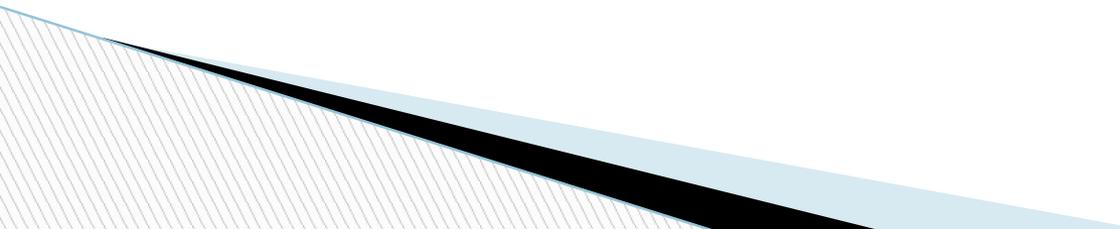
How social workers defined their role in trauma-informed care

- Attention to power and relational safety
 - Focus on strengths & enabling people to regain social activities
 - Different levels of scope and confidence in undertaking direct work
 - Untapped potential for development of their role in relation to safeguarding
- 

Challenges

- Qualifying training: inadequate in trauma informed practice for adults mental health
 - Post qualifying support: lack of appropriate training provision – topic seen as not relevant to social workers
 - Majority acquired knowledge ad hoc ‘on the job’
 - Lack of time for trauma support
 - Poor levels of awareness in the system
 - Lack of services for complex trauma
 - Need for trauma policy
- 

Key recommendations

- Develop a public health vision for trauma-informed care
 - Adopt a broader definition of trauma – understanding systemic inequalities
 - Avoid deficit view of harm, injury and trauma & focus on symptoms
 - Wider view of skills relevant, esp. those relating to inclusion, culturally sensitive practice, community resilience
 - Need multi-professional skills framework to address the contribution and different skills set of health and social care and peer support.
- 

Thank you

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Open dialogue - a social work and team resource

**Karen Linde,
Yasmin Ishaq (Open Dialogue Service Lead),**



Open Dialogue...

A Different Approach

- Dialogism; promoting dialogue is primary and, indeed, the focus of support “the dialogical conversation is seen as a forum where families and service users have the opportunity to increase their sense of agency in their own lives.”
- This represents a fundamental culture change in the way we talk *to and about* others. All staff are trained in a range of psychological skills, with elements of social network, systemic and family therapy at its core.

Open Dialogue

7 Principles

- Immediate help
- Social network perspective
- Flexibility and mobility
- Responsibility
- Psychological continuity
- Tolerance of uncertainty
- Dialogism

Clinical fidelity criteria

- Two (or More) Therapists/Practitioners
- Participation of Family and/or Network Members
- Use of Open-Ended Questions
- Responding To Clients' Utterances
- Emphasizing the Present Moment
- Eliciting Multiple Viewpoints: Polyphony
- Creating a Relational Focus in the Dialogue
- Responding to Problem Discourse or Behaviour as Meaningful
- Emphasizing the Clients' Own Words and Stories - Not Symptoms
- Conversation Among Professionals in the Meeting: The reflecting process, making treatment decisions, and asking for feedback

Organisational fidelity criteria

- Person, Family and Support Centered Care Approach
- Culture demonstrates respect, authenticity and collaboration
- Teams meet routinely with person and network
- Staff trained in dialogic practice and network engagement
- Welcoming environment focusing on client experience
- Connect services in clinical and community settings
- Practice 12 Key Elements
- Provide immediate support and access to services
- Shared decision-making process

Olson, M., Seikkula, J., & Ziedonis, D. Version 1.1: September 2, 2014
<http://umassmed.edu/psychiatry/globalinitiatives/opendialogue/>

THE KEY ELEMENTS OF DIALOGIC PRACTICE IN OPEN DIALOGUE: FIDELITY CRITERIA

Mary Olson, Ph.D.*

Jaakko Seikkula, Ph.D.#

Douglas Ziedonis, M.D., MPH*

* University of Massachusetts Medical School, USA

University of Jyväskylä, Finland

This work has been supported by a grant from the Foundation for Excellence in Mental Health Care awarded to Dr. Ziedonis at the University of Massachusetts Medical School.

Reflective supervision

- Supervisory relationship conceptualised as a “working alliance”
- Tension between dependence of supervisees and the need for competence and autonomy
- Creating a safe space to be curious and at times to be vulnerable
- Take account of difference (e.g. gender, cultural, professional role, age, positional power)

An approach that assists organisations to become trauma sensitive and trauma informed

- A person's experiences are validated
- A person and/or their network are supported to frame and understand their reactions as healthy, functioning, survival adaptations and responses to trauma
- A person and/or their network are supported to make sense and meaning of and see the links between what is happening to them in the moment and how this may relate to past experiences

Contacts

Yasminishaq@tiscali.co.uk

HEE and SFC have developed an OD team resource. For information about the project and support programme contact :

Natalie.Scarimbolo@skillsforcare.org.uk



Thank you

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Social Work and the Approved Clinician Role

**Sarah Adams, Head of Professions for Social Work &
Directorate Manager for Social Care**

Devon Partnership NHS Trust

Introduced in 2007 MHA amendments to 1983 Act

- Changes the role of the Responsible Medical Officer to that of the Responsible Clinician .
- Prior to amendments the RMO role could only be fulfilled by a doctor.
- All Responsible Clinicians must be Approved Clinicians and the amendments to the legislation broaden the eligibility for the role.

New Role can be undertaken by

- A registered medical practitioner **or**
- A psychologist, registered in Part 14 of the register maintained by the Health and Care Professions Council **or**
- A first level nurse, whose field of practice is mental health or learning disabilities **or**
- A registered occupational therapist **or**
- A registered social worker.

A not so new role with a slow take up?

- The experience of many MPACs who trained early was poor
- No organisational readiness

- In 2018 when HEE supported Devon Partnership Trust to implement their MDAC strategy there were 68 MPACs from around 7000 ACs in England
 - 41 psychologists
 - 23 nurses
 - 2 occupational therapists
 - 2 social workers

Clear benefits

- To people using services – getting what they need
- To professionals -career pathway
- To organisations – recruitment- retention- patient safety-
quality

What's different now?

- HEE Support and funding
- More emphasis on non medical approaches CMHF, Open Dialogue
- Broad New Roles agenda supporting the development of coherent career pathways across all disciplines
- A combination of factors making the time right

In Devon and beyond..

- Initial link with HEE who supported and part funded our project start up in 2018
- Sustained MDT effort to bring medics on board
- Identification of training plan including Masters in MH Law – significantly more than the baseline requirement
- Appointment of a MPAC strategic lead – A SOCIAL WORKER !
- Identification of ‘best places’ for MPAC practice
- Recruitment programme – 6 trainees , psychology, nursing, social work.
- Plans to develop a wider programme across the region, 25 places, to include medical and multi professional ACs
- First wave of trainees have been out in the field for around two weeks – feedback at this stage is overwhelmingly positive

Thank you

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National Mental Health Programme New Roles Work

Emma Wilton, National Mental Health Programme



Multi-Professional Approved / Responsible Clinician

- Development of an implementation guide to support the role of the Approved / Responsible Clinician (A/R C)
- Publication of an Independent Review of the Multi-Professional A/R C role

2020/21 Priority

- Increase the number of A/R Cs by at least 100 within eligible multi-disciplinary roles across England (approx. 15 per region)
- HEE offer of support for development of A/R C role. Funding to contribute towards training fees and salary backfill for a 12 month period
- HEE regional offices are currently scoping demand for growth of the multi-disciplinary A/R C
- Funding allocations will be confirmed in October

Supporting Advanced Practice across the MH workforce

- Ambition with the *NHS LTP* to support 1,000 Advanced Practitioners across profession groups within the mental health workforce by 2024
- Advanced Practice Mental Health Curriculum and Capabilities Framework published by HEE on 29th September

2020/21 Priority

- HEE are in process of agreeing AP MH early adopters
- Early adopters comprise of NHS Trust(s) and a partner HEI who demonstrate ability to deliver multi-disciplinary AP education from September 2020, which embodies the AP MH Curriculum and Capabilities Framework
- Learning will be undertaken with AP MH early adopters to underpin the HEE education commissioning process
- Education for AP MH will be commissioned with contracts in place in 2021/22, to support 1,000 multi-disciplinary AP within mental health by 2024

Summary and close

**Mark Trewin, Mental Health Social Work
Lead,
Emma Wilton, Delivery Lead, HEE Mental
Health Programme**