



SKILLS FOR CARE: SOCIAL WORK RESEARCH

Scoping capacity to deliver practice learning for social work students in statutory mental health settings.

A research project conducted for Skills for Care by the Centre for Social Work Research

Authors:

Professor Stephen Briggs – Director, Centre for Social Work Research
Dr Liz Webb
Lorraine Ainscow
Hannah Linford
Tony McCaffrey

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The aim was to gain a snapshot of the current provision of placements for social work students and how capacity might be built through a better understanding of the challenges and improvements needed to present arrangements for delivering practice learning in statutory mental health settings.

The research was supported by a national reference group that involved representatives from CAMHS national workforce programme, the Approved Mental Health Professional (AMHP) Network and Skills for Care.

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1. Executive Summary

1.1 Project aims

This project aimed to explore and evaluate current provision and promote further developments of statutory practice learning opportunities in mental health settings, in Child and Adolescent Mental Health (CAMHS), Adult Mental Health (AMH) and Forensic Services.

To achieve this, the overall aim of the project was to understand the factors that create opportunities for placements in mental health settings and those that hinder. A particular focus was on identifying ways of increasing statutory placements in mental health settings.

The project thus aimed to identify and critically appraise key factors and mechanisms that

- promote and establish good quality placements
- act as barriers or obstacles for placements
- can promote the further development of numbers of and quality in placements

Specific aims included recording and assessing

- the experiences of managers, practice educators and other key personnel including the need for training (CPD) for practice assessors
- how placements in mental health settings meet the requirements for statutory learning
- the experiences and role of HEIs in developing placements

1.2 Method, data collection and analysis

This project was conceptualised as action research to be undertaken intensively over the short period of time available (16th December 2009 to 22nd March 2010). The project aimed to achieve quick, immediate access to the systems, and individuals within them and guarantee achieving good quality data in the timescale. The emphasis was therefore on generating qualitative data through face-to-face and telephone interviews. Thus the research team undertook:

1. in-depth telephone interviews with national and regional managers/strategic leaders and specialists in CAMHS, AMH and Forensic services
2. telephone surveys with a range of staff working within mental health services

Data from the interviews was analysed qualitatively to generate a range of relevant themes.

Data from the survey was analysed qualitatively and quantitatively.

1.3 Key findings

Key themes were developed which identified and described opportunities for practice learning and barriers/obstacles.

Key themes identifying opportunities:

1. Enthusiasm about training and practice learning
2. Opportunities for developing social work identity through training in learning organisations
3. Advantages and opportunities of multidisciplinary work and the contribution of social work (and the 'social perspective') to these settings
4. Recognition of the importance of mental health placements for all social work students, i.e. the applicability of mental health work for social work practice
5. Recognition of the availability of opportunities for statutory work in mental health settings (CAMHS, AMH and Forensic)

Key themes identifying barriers/obstacles:

1. The deployment of social work staff in Trusts is often problematic. Social workers perceive health staff occupy stronger positions in Trusts and local organisational priorities override national strategic objectives
2. Weak links between LA senior management and social workers employed in Trusts leading to weakening the social work role in these teams
3. Weakness of training cultures for social work in multidisciplinary settings especially in comparison with other professions (especially medical professions)
4. Marginalisation of the practice educator role which is inadequately supported within teams
5. Variability of learning organisation culture, and the weakness of this within social work professional structures
6. Complexities of placement assessment processes and the over-bureaucratisation of this.

1.4 Conclusions

This project has found that in organisations, teams and amongst individual social workers and practice educators there exists enthusiasm for, and productive examples of, practice education in mental health settings.

The combination of skill, experience and enthusiasm can be the basis for the further development of placements. This can be undertaken through the promotion of good practice examples, supporting discussions of the advantages of placements in mental health settings and clear strategic direction.

Good practice appears to be unevenly distributed through national and regional systems. The identification of structural, organisational and attitudinal barriers and obstacles provides the opportunities for addressing these directly. These include weaknesses of social work within some multidisciplinary teams and marginalisation of practice education as an essential part of the social work role.

Thus to support and promote the potential for mental health statutory placements there needs to be a recognition of the role for a 'top down' leadership and also 'bottom up' harnessing of the available enthusiasm and expertise available.

This project has identified key themes for mental health placements, both opportunities and barriers/obstacles. The overall impact of undertaking this project leads us towards emphasising the potential of the positive: it is an opportune time to

grasp the opportunities for mental health placements, which can also enhance the social work role in multidisciplinary teams and capacity in mental health social work.

1.5 Recommendations

The recommendations from this study are aimed at enhancing existing potential and reducing the impact of obstacles for mental health placements. Drawing on the findings from the project, the following are recommended:

1. A focus on the dissemination of good practice examples from mental health placements in order to enhance understanding of and participation in the provision of mental health placements. These should address experience in all three areas of adult, child and forensic mental health.
2. Mechanisms should be developed to connect senior management in local authority structures to the tasks of multidisciplinary services in Trusts. This will aim to more effectively support social work and social workers in these teams and to thus address the issue of marginalisation felt by social workers in multidisciplinary teams that impacts on their capacities to provide placements.
3. An emphasis on collaborative work between employers, HEIs and national delivery organisations to improve the role of the practice educator in mental health settings through
 - i. Identifying and implementing ways in which practice educators can be better supported in teams and services
 - ii. Increasing financial incentives as a means towards encouraging good practice and greater involvement in practice education
 - iii. Simplifying the methods of assessing practice for social work qualification
 - iv. Relating social work practice learning more closely with best practice in medical and allied professions
4. Strategic leads should continue to work towards greater understanding of the benefits of mental health placements and what strategic support can be given to ensure they flourish.
5. Wide discussion of the issues raised by this project including conference and seminars, and further evaluative work should be undertaken to extend knowledge and monitor developments over the next period of time.

2. Aims of the project

The aim of the project was to explore and evaluate current provision and promote further developments of statutory practice learning opportunities in mental health settings, in Child and Adolescent Mental Health (CAMHS), Adult Mental Health and Forensic Services. The project was not simply or strictly a scoping exercise since it specifically aimed to address the promotion of mental health placements in statutory settings. The project aimed therefore to understand the factors that create opportunities for placements and those that hinder that development by identifying and critically appraising key factors and mechanisms that

- promote placements and establish good quality placements
- act as barriers or obstacles for placements
- can promote the further development of numbers of and quality in placements

Specific aims included recording and assessing

- the experiences of managers, practice educators and other key personnel including the need for training (CPD) for practice assessors
- how placements in mental health settings meet the requirements for statutory learning
- the experiences and role of HEIs in developing placements

3. Background/context

The final report of the Social Work Task Force has reinforced the need for good quality practice learning for the development of the capacity of social workers to deliver a professional service in contemporary service contexts. The work of the Task Force, and more generally, the atmosphere of change and re-evaluation provided a central context for understanding factors that might promote mental health statutory placements. In particular this created a focus on strengthening professional identity and the qualities needed in organisational cultures to support this aim:

“Social work needs a culture in which professionals and employers take seriously their responsibility for developing the future generation of workers” (Social Work Task Force Final Report 1.28)

Undertaking this study at this time necessitated assessing how participants in the study related to the context of change.

In exploring a particular aspect of practice education, this study formed part of the strategy of the Social Work Development Partnership of developing better quality placements for social work students, including initiatives to develop skills of practice educators, as evidenced in a number of reports, including one by ourselves for placements in London¹ and one by Mark Doel².

¹Briggs, S., McCaffrey.T., Mulla, A., Trotter.A., Trigg. J., (2009) *Research and Mapping of Statutory Practice Learning Opportunities and needs in London.*
http://london.skillsforcare.org.uk/developing_skills/practice_learning/practice_learning.aspx)

²Doel, M.(2006) *Effective Practice Learning in Local Authorities 1: Strategies for Improvement.*Skills for Care'Capturing the Learning' series.
http://www.skillsforcare.org.uk/socialwork/publicationsandreferenceinformation/sw_publications.aspx

These reports highlight that capacity for practice learning needs to be understood in the complex systems of employers and HEIs, changing organisational contexts for social work and the potential for marginalisation of practice learning within both employers' organisations and HEIs.

Within this overall system, placements in mental health settings have the potential to make an important contribution to social work training. They are, however, subject to some pressures; of these the impact of organisational changes is significant, including the development of new comprehensive CAMHS and mental health social work increasingly being located within health services in Trusts. Secondly, as we found from discussions with HEI placement organisers, and those with a national and strategic role in CAMHS and Adult Mental Health, there is widely thought to be an undervaluation of the statutory social work role in these settings. It is a matter of current debate as to whether these new organisational contexts are enhancing or hindering social work mental health services. These are factors that this project set out to assess and understand.

4. Methodology

The research team conceptualised the approach to this project as a form of action research to be undertaken intensively over the short period of time available (16th December 2009 to 22nd March 2010). This enabled a focus on the role of discovering opportunities for placement development and testing the ideas generated in the course of discussing the issues with the various respondents. Methods that did not permit the kind of active exchanges with participants necessary for this approach were eschewed, as were methods that would not be realisable in this timescale (especially postal or 'cold' surveys). The aim was to achieve quick, immediate access to the systems, and individuals within them and guarantee achieving good quality data in the timescale.

The emphasis was placed, therefore, on generating qualitative data through face-to-face and telephone interviews. To achieve a reasonable sample size in the timescale the aim was to

- utilise access to existing networks, including our own extensive networks in AMH, CAMHS, Forensics and HEIs, plus the networks and structures of Skills for Care
- simultaneously gather data from interviews and surveys, and use an interview technique for completing surveys, to generate a mixed methodological approach through which different data sources could be compared.
- employ 'snowballing' from initial respondents to others in their networks/organisations

The design eventually honed down to consist of two key elements

1. A designated member of the research team led on one of the three sectors – CAMHS, AMH and Forensic – and undertook telephone interviews with key personnel with national, regional or specialist roles. These interviews generated information from various perspectives from which key themes could be developed.

2. A survey was undertaken of selected individuals in teams and services in each of the three sectors through telephone interviews. The survey thus combined responses to structured questions and detailed in-depth responses from people working in key roles within the practice education system.

The research team met regularly to manage the overall process and to conduct ongoing qualitative data analysis. Data analytic methods included traditional qualitative analysis, particularly thematic analysis. It is important in this process to develop reflexive discussions that highlight how themes from the data relate to policy and practice contexts and also the attitudes and experiences that are generated between practice and contexts. The research team read a range of relevant written reports and discussions of emerging findings included a critically reflective assessment of links with current contexts, as discussed above.

The research team is to an extent an 'insider' team, and includes social work consultants employed by a Trust offering mental health services (adult, child, adolescent and forensic) and training for social workers and mental health professionals. The team has also previously undertaken research on practice learning, in London. The team aimed to maximise the benefits of this knowledge and experience for this project whilst also ensuring that through robust reflexivity, the investment in some views would be recognised and subject to evaluation. The research team also met regularly with an expert reference group that steered and supported the project throughout.

5. Data Collection

5.1 Preparation/starting up phase of work: The design of research instruments

5.1.1. Introductory letter and flyer: An introductory letter for potential participants was written to describe the background, purpose and expectations of the research project. As it was found that there is in existence an extensive promotional literature on practice learning, we designed a flyer to clearly outline the project and how participants can help. The letter and flyer are appended to this report (appendix 1 and 2).

5.1.2. Research survey: The research survey was developed and discussed with reference group members for their thoughts and suggestions. The survey was designed as a guide for the researcher and participant, for telephone or face to face semi-structured interviews, aimed at gaining rich narrative data. The survey also contained some structured dichotomous questions for quantitative analysis.

The key areas for the survey were:

1. Which sector do you work in and your role?
2. Is your organisation multidisciplinary?
3. What is the role of social work?
4. Does your organisation provide social work placements?
5. How important are placements to you and to your organisation?
6. Describe the placement and factors that help it work well/not well
7. How is the Practice Educator supported?
8. Is the placement a statutory placement (in your view), If so, what experience of statutory work can you offer to a student?
9. What would help or hinder you in offering placements that directly prepare students to undertake statutory work in the future?
10. Benefits for the organisation?
11. Are you interested in offering a placement?

12. Who else should we talk to in this organisation?

(See Appendix 3 for the full survey)

A standard email request for participants was written to accompany the flyer and introductory letter. The email was sent to each reference group member who agreed to distribute along with the letter and flyer to their networks. The research team also distributed the email and attachments to their relevant contacts and networks.

The first five interviews were used to pilot the survey. After discussion in the research team some questions were amended in order to draw more information from the participants. The most significant change was to question 9 to clarify the way that participants could engage with the issue of benefits for organisations in having student placements. It was also found beneficial to send the survey by email to participants before the interview and explain to the participant that it would be completed in telephone discussion. Participants have appreciated knowing what questions are going to be asked of them and had thought about their answers.

5.2. Interviews with national and regional managers/strategic leaders. The research team was organised to address the different sectors (CAMHS, AMH, Forensic) across the regions, each sector being the responsibility for one member of the team. The process of snowballing was begun through an in-depth telephone interview with key personnel with national and regional responsibilities. A semi-structured interview format was used to obtain a degree of standardisation of these interviews, and, as with the survey, emphasis was placed on identifying further contacts to follow up: key headings were:

1. What is your role/title? Where are you based? What is your professional tribe?
2. What are you responsible for?
3. What are your responsibilities re social work placements?
4. What is your take on this project?
5. What facilitates good practice?
6. What are the blocks to good practice?
7. What needs to change most?
8. Who else can you suggest we talk to?

(See Appendix 5 for the questionnaire)

5.3 Interviews with HEIs A semi-structured interview was designed for discussion with HEI personnel (see Appendix 4)

5.4 Responses and response rates

There was an immediate response to the email request and scheduled convenient times to be interviewed. The method of snowballing was put into effect through participants suggesting other contacts and frequently agreeing to send the email request to their relevant contacts and team members.

Response rates were very high and speedy to the extent that the alacrity and enthusiasm with which participants responded is an important indication of the current interest in the issue and can constitute an important finding in its own right. Although the project methods were designed to take account of the norm for high levels of slow and non response to surveys, the quantity and speed of responses were unexpected and in marked contrast to previous experiences of similar projects.

5.5 Interview responses

Interviews were undertaken with the following:

5.5.1 National/ Regional/ Specialist CAMHS staff

Interviewee Characteristics:

Total interviews: 8

London Region:

- CAMHS Regional Development Worker
- Specialist CAMHS team managers (2)
- Specialist CAMHS Practitioner

Northern Region:

- National Workforce Lead
- Placement Learning Coordinator

Eastern Region:

- CAMHS Regional Development Worker
- Placement Learning Coordinator

5.5.2. National/regional/ specialist AMH staff

Total interviews: 14

London Region:

- National Co-ordinator of AMHP Leads network
- Assistant Director of Community Services
- Associate Director of Social Work/Lead Professional for Social Work
- Workforce Development Commissioner for Qualifications
- Acting Head of Council Mental Health Services
- Interim Development and Training Officer

Northern Region

- Head of Workplace Development, and HR Consultant for Workforce Development
- Learning and Development Manager
- Staff Development Officer in Adult Social Care
- Staff Development Officer in Mental Health

- Service Manager of an NHS Trust and
- Training Organiser for Professional Qualifications

Eastern Region

- Deputy Director of Governance and Social Work
- Learning Development Consultant

5.5.3 National/regional/ specialist Forensic staff

Total interviews: 1

London region:

- Specialist Interest Forensic Group; British Association of Social Workers

5.6 Survey responses

Responses to the survey were obtained from 13 AMH, 22 CAMHS and 6 Forensic sources (41 in total). Table 1 shows the responses across the regions in the 3 sectors:

Table 1: Responses to the survey across regions

	AMH (13)	CAMHS (22)	Forensic (6)	All
London	9	11	4	24
Yorkshire & Humber		4		4
North West	4	1		5
South west			2	2
Eastern		5		5
Midlands		1		1

Thus most responses were from London region with representation across 6 regions in total.

The work roles of people completing the surveys included senior managers, team managers and practitioners. The majority of respondents were practitioners (Table 2) and thus the survey data complements the interviews undertaken with more senior staff in terms of obtaining a cross section of work roles.

Table 2: Work roles of survey respondents

Work role	AMH (13)	CAMHS (22)	Forensic (6)	All
Senior Manager	2	4	1	7
Team manager	4	6	1	11
Practitioner	7	10	4	21
Other		2 (primary MH worker)		2

By following the respondents' suggestions of other relevant people in their network to contact we were able to obtain multiple responses – and hence perspectives – from different people in the same organisation

Within CAMHS, 4 teams offered 2 respondents. AMH respondents were all from separate teams but 3 respondents belonged to the same NHS trust. Within the forensic respondents, 2 were in the same social work team.

5.7. HEI responses

Telephone interviews were conducted with eight tutors responsible for placement organisation at a range of higher education institutions. Two of them were focusing exclusively on AMHP training whilst the rest were involved with placements for student social workers on full-time and part-time courses at both undergraduate and post-graduate level.

2 were from Northern region, 2 were from Eastern region, 3 were from London and 1 from South Eastern.

5.8 Data analysis: strengths and limitations of the data

The primary data for this project is the qualitative data from the in-depth semi-structured interviews and the comments made by survey respondents. This data was analysed using content analysis for each interview, to identify themes (categories) and these were then compared across the cohort for each sector, and then across the three sectors. Comparison was also made across work roles within and across sectors. The 'panel method' of analysis was used in the research team. The two different data sources – interviews and survey – allowed for comparison across the two methods.

The findings are thus presented as themes identified in each sector and overall. Themes are discussed through illustrative examples, and the strength of each theme is indicated by the extent of repeated presentation of the theme i.e. its recurrence. Using the principles of qualitative data analysis, for example, grounded theory, the key themes discussed here achieved saturation, that is, either by the end of the process of data analysis new themes (categories) had ceased to be identified and/or were not confounded by aberrant cases. At the point that saturation is achieved, findings can be stated with some conviction despite the relatively small numbers of participants. Saturation is thus partly indicated by repeated observations and in small samples like this it is possible to employ a simple counting system to indicate the frequency that each theme is identified with a number of participants, on the one hand, and where different, or aberrant views are expressed on the other hand. Indeed this is a crucial and well established method of presenting this kind of data and rigorously developing findings from it.

The main limitation for this study is that numbers of respondents are relatively small given the size of the system nationally. Participants are selected primarily through availability i.e. they are respondents and self-selecting in this respect. The sample is not representative. Therefore the data analysis, recognising these factors, concentrates on generating themes and categories, as discussed above and finding illustrative examples for and of these themes, and exploring connections between themes and key contexts which thus theorise the findings. Quotes from respondents

have been selected to reflect and illustrate the kind of comments from which themes were generated. These quotes are cited here in a purely illustrative capacity.

Another possible limitation is that it is an inevitable, and integral, aspect of this kind of data analysis that themes generated from the data are different for different parts of the study (i.e. that themes for CAMHS differ for those from AMH and Forensics). This leads to an asymmetry in the way the findings are presented. Comparison of similarity and difference across the different parts of the study are developed when themes overlap and these are highlighted in the description of the findings. The points where similarities appear at the convergence of different systems are important and are indicative of the relative strength of these findings.

This qualitative analysis was supplemented by a simple quantitative analysis of responses to survey questions. These were summed for each sector and compared across sectors. Because the sample is small for quantitative analysis and not representative, the quantitative analysis is used solely as providing indicative trends.

7. Findings

7.1 Overview of findings: key themes

Key themes were identified from the data through the processes of thematic analysis and panel discussion to make sense of the interview data. These contextualised themes identified and described opportunities for practice learning and barriers/obstacles.

Key themes identifying opportunities are:

1. Enthusiasm about training and practice learning
2. Opportunities for developing social work identity through training in learning organisations
3. Advantages and opportunities of multidisciplinary work and the contribution of social work (and the 'social perspective') to these settings
4. Recognition of the importance of mental health placements for all social work students i.e. the applicability of mental health work for social work practice
5. Recognition of the availability of opportunities for statutory work in mental health settings (CAMHS, AMH and Forensic)

Key themes identifying barriers/obstacles are:

1. Workforce issues, especially where social workers are employed by local authorities while the rest of the team are NHS employees/teams, linked with a variable picture for social work, subject to local organisational priorities,
2. Weak links between LA senior management and social workers employed in Trusts leading to weakening the social work role in these teams
3. Weakness of training cultures for social work in multidisciplinary settings especially in comparison with other professions (especially medical professions)
4. Marginalisation of the practice educator role which is inadequately supported within teams
5. Variability of learning organisation culture, and the weakness of this within social work professional structures
6. Complexities of placement assessment processes and the over-bureaucratisation of this.

Significant differences between the sectors were also identified especially between CAMHS and AMH with the key theme of

- AMH services are more aware of the statutory aspects of placements and have more student placements in a more established social work workforce than CAMHS

These themes were identified from the different data sources (interviews and surveys) across the sectors. We present the data from each sector now, before exploring the meaning and implication of these themes.

7.2 Key themes from CAMHS interviews with staff in National/ Regional Development roles

The key themes identified from these interviews were:

- Valuing the social work/student contribution to CAMHS
- Barriers and obstacles to placements
- Strengthening social work presence in CAMHS
- Links between CAMHS, local authorities and HEIs
- Promoting practice education in CAMHS

7.2.1 Valuing the social work/student contribution to CAMHS

The three staff interviewed described their roles as strategic and advisory, nationally or regionally. They provided an overview of trends and issues within CAMHS including workforce development issues and the relationship between strategic objectives and practice. All these staff emphasized the value of social work placements within CAMHS settings, and they also identified factors that potentially undermined the employment of social workers in CAMHS settings and thus their capacity to provide placements for social work students.

The potential value of social work in CAMHS settings is based on the following factors. Social workers

- have understanding and knowledge of statutory functions and responsibilities.
- make a '*unique contribution*' to CAMHS from their professional value base and the social perspective brought to the work, including: '*An emphasis on anti-discriminatory practice, respect for diversity and a child-rather than service-led approach to practice*'.
- can undertake '*socio-medical assessments*', that is, they integrate social factors in assessments, including '*knowledge and understanding of attachment issues*'.
- have '*knowledge of child protection and mental health policies and legislation*' and potentially bridge work in Trusts with local authorities through the capacity to '*use their knowledge of local authority services to broker additional resources for CAMHS clients*'. Thus CAMHS social workers potentially carry statutory roles.

Within this context, CAMHS settings were clearly perceived as having the potential to offer statutory placements to social work students probably to a greater extent than is currently realised. The uneven application of this potential across CAMHS is described below (Section 7.2.6). CAMHS settings provide students with the

opportunities for statutory placements and also opportunities to develop knowledge and skills in developing therapeutic and systemic practice and understanding the complexity of transactions across health and social care settings, whilst gaining a perspective on understanding child and adolescent mental health difficulties across all social classes. Thus:

'CAMHS staff strongly value social worker employment in their teams; they provide a critical contribution to the skills mix needed by these teams'.

Specific contributions of social work include work in specialist CAMHS teams. One respondent said: *'I think social workers are especially valuable in Tier 4 In-patient Units and Tier 3 Adolescent Outreach teams'.*

Social work students are valued by CAMHS for the energy, challenge and new ways of thinking that they can bring to teams: *'Students tend to challenge issues, particularly idiosyncrasies related to current practice'.*

7.2.2 Barriers and obstacles

However, staff we interviewed also emphasized the existence of national and regional trends that had the potential for undermining statutory placements for social work students in CAMHS settings. Firstly, they cited a reduction in the numbers of social workers employed in CAMHS settings. Thus one commented:

'Some local authorities have been pulling social workers out of CAMHS settings and back into local authority teams'.

In other teams:

'Social workers are being re-badged as "primary mental health workers" or "other qualified staff" and often graded on a lower salary scale'.

This process has been compounded by the tendency for social workers (and other CAMHS employees) to *'morph into therapists'* and thus to downplay the potential contribution of their more statutory knowledge and roles.

Although it proved difficult to accurately identify the prevalence of these trends on a national level, there was clear anecdotal evidence of a high degree of variation within and across regional boundaries. For example, one regional development worker cited continued social worker employment in CAMHS settings in 2 areas, set against a withdrawal of social workers from CAMHS teams in another 3 areas. This did not necessarily equate to an absence of social workers, but it did mean their employment in non-social work roles and a likely emphasis on therapeutic, rather than statutory, functions and knowledge. It was also suggested that there can be a shortage of trained practice educators in CAMHS teams, compounded by lack of access to 'long-arm' provision:

'There are insufficient trained practice educators in CAMHS teams, so teams feel they are not in a position to take students.'

One regional development worker argued: *'The difficulty of placing students in teams with long-arm support is that there is a danger they are used as "another pair of hands"'. In contrast, another regional development worker commented: 'Teams without social workers are not approached about placements, however they might be interested in exploring this as it could support future developments'.*

7.2.3 Strengthening social work presence in CAMHS

The key message from these national/ regional staff was the need to strengthen the social work presence within CAMHS settings through deployment of social workers, and increasing the recognition of the value of the core social work role within these

settings. Fundamentally, it is thought that social workers should be employed primarily as social workers –with clear recognition of the value of their statutory functions and knowledge for the multi-disciplinary team. The identification and training of practice educators is a high priority in order to develop placement opportunities.

7.2.4 Links between CAMHS, local authorities and HEIs

This section of the report is informed by two interviews with placement coordinators employed by local authorities; one within Children's Services and the other across Adult and Children's Services. The former held a range of responsibilities for qualifying and post-qualifying training for social workers; whilst the latter's responsibilities extended beyond training to a 'Care Ambassadors Scheme' (a programme intended to encourage school leavers/young people to work in social care). With regard to placements, they had broadly similar responsibilities, including liaising with a number of local HEIs and colleges; identifying possible placements in their areas; assisting HEIs in the 'matching' of students to placements; and providing training and ongoing support for practice educators and students. One noted: *'I work very closely with HEIs, including attending their Assessment Boards. I also offer training to practice educators within our department'*. Similarly, the other added: *'I offer support groups to practice educators and students – especially to first time practice educators and to students placed in schools'*

Both respondents identified the regular use of mental health placements for social work students. The placements coordinator with sole responsibility for Children's Services worked in an East of England area where CAMHS teams employed primary mental health workers rather than social workers. Some of these had social work training (one team had 7 qualified social workers, another had just 2). Each of these 5 locality teams would normally take at least 1 student, although this year a total of 8 students were placed within these teams. The other coordinator worked in an area with 2 CAMHS teams. Both would normally take a social work student, but one did not employ a social worker and so used an on-site supervisor and off-site practice educator.

7.2.5 Promoting practice education in CAMHS

The daily placement fee as incentive:

Both coordinators referred to using the daily placement fee as an incentive. In one area the fee was split between the Learning & Development Section, the service and the practice educator (who would receive £7.00 per day). In the other area it was split between the team (who would use it to buy books and other materials for children), the practice educator (who would receive £6.00 per day) and the on-site supervisor (who would receive £3.00 per day). One stated: *'The fee is important in terms of recognizing that practice educators are doing an additional job and, as its difficult to release people from other duties, they often have to do it in their own time'*.

Training:

These 2 coordinators required different levels of training for practice educators; one required involvement in a year's training programme, and the other relied on the 5 day Practice Assessor course. In a bid to increase the numbers of qualified practice educators, one seconded students on an HEI practice educator course: *'Currently we fund 10 students every year on the local university practice educator training'*. The benefits of staff doing the *Enabling Others* module was noted: *'Students doing Enabling Others have to take a student, so this increases the number of placements'*.

Both coordinators also identified offering a range of additional training and support groups for both on-site supervisors and practice educators.

Specialist posts/units:

One of these coordinators referred to the possibility of using available funding to employ a full-time practice educator. This coordinator also noted that several areas were thinking about developing student units (though not particularly within mental health settings).

Workload relief:

'Practice educators are supposed to get some workload relief' although this was not always applied.

Recruitment:

Students were also perceived as a valuable source of recruitment to teams (both areas referred to staffing shortages). One coordinator commented: *'Students are very useful in terms of recruitment – it means they already know something about the processes in teams and it also gives the teams the opportunity to check them out before employing them'*

Blocks:

The main sources of difficulty were workforce and resource issues: *'Some teams are short-staffed and others have limited desk space, with some teams moving to "hot-desking"'*. In addition lack of computer resources and difficulties ensuring adequate workload relief were also cited as potentially undermining the possibility of student placements. Students who had difficulties in reaching the required standards were perceived as extremely time-consuming and sapping of practice educator morale.

What needs to change most:

An interesting comment from one coordinator cited the dominant 'culture' in social work as undermining of an ethos of continuous learning and/or professional development. She argued that within social work (in contrast to health professionals and possibly also teachers)

'Professional life is seen as a "bonus". Once social workers finish their training, they close their books, get on with the work and seem reluctant to sustain learning or development'.

In contrast: *'In health professions, staff are expected to keep up to date with research and practice, it's seen as a duty or requirement for the role'*. However, she was optimistic that new initiatives – such as the Newly Qualified Social Worker scheme (where newly qualified staff spend 10% of their time studying) – might enable a shift in this culture:

'Initially this scheme was met with some grumbles, but as it has developed, staff have increasingly valued the opportunity for continuing development'. She added, however; *'From my point of view it would be much better and simpler if all teams were expected to take a student, rather than this being on the basis of choice'*.

7.2.6 Key CAMHS themes from the staff survey

The respondents (22) were: practitioners (10), team managers (6), senior managers (4) and primary mental health workers (2). The senior managers (4) were managers of 4 respondents who were practitioners so they were able to give a different perspective on the same placement provision, if any. The respondents are working in CAMHS teams (12), specialist services (4) specialist adolescent unit (3), general hospital (2) and a CAMHS outreach team (1).

The social work presence in all the multidisciplinary teams (22) was generally two or more in the team (16). The majority of teams had a social work manager and 1-2 other social work practitioners in the team. One team manager had 12/13 social workers within his organisation. Two respondents had just 1 social worker in the team and three respondents had no social work staff employed in their team.

Less than half of the respondents have students currently on placement (10). Of these, 8 respondents had one student on placement currently, with an annual system in place to take students and 2 respondents had 2 students currently on placement within their teams. The other respondents varied in their provision of social work placements, from taking students within the last 3 years (7), over 4 years ago (1) and never taking students (4).

Where the student placement provision was working well, respondents felt this was facilitated by the support of their team and their managers. One respondent said, *'I feel privileged to have considerable support from my peers and manager'*. This theme of team support was felt to come from the wider multidisciplinary team, describing this as supportive and welcoming of student social workers. One particular team spent a proportion of the placement fee on their team Christmas meal, stating; *'we always remember and thank our social work students at Christmas'*.

Those interviewees that were directly involved in the provision of social work placements (12) stated it was very important to them, they value the experience, but felt this was less so for the organisation as a whole.

Respondents who had current student placement provision offered some suggestions for future improvements. It was felt that a student's prior experience of clinical work and a capacity for working therapeutically are important factors for successful placement experiences. One respondent suggested that this could be addressed better in the communication skills component of the university's social work course curriculum. Several respondents felt that due to their 'specialism', they would be sceptical about whom they accept and would like to conduct interviews with potential students. Another suggestion for helping with current provision of social work placements was to have written contracts and 'joined up thinking' (2). In the same way that it exists for psychology and medical disciplines, it was felt that a written agreement about the supervision of social work students was very necessary³

Two respondents commented on HEI support for practice teachers. One respondent felt they had no protected time to attend support meetings and courses. The other felt there was not enough support offered by the HEI and would like to advocate for a practice teacher support group.

There were varying reasons why some teams had not taken a student in the last few years, but had done in the past (8). The following reasons were given:

- the service was being re-commissioned (2 respondents from same team);
- not been approached or asked (2);
- had a difficult placement last year (1);
- wanted to do a split-site arrangement due to lack of space (1);
- the student changed their mind before commencement (1);
- practice educators have left (1).

³ Written agreements are expected for social work placements; in contrast other comments criticise the extent of the written requirements

Those respondents that said they never take student social workers (5) had the following reasons:

- 'not helpful to them' and workload (1);
- no social workers in the team (1);
- never approached (1);
- we are therapists, not social workers (1);
- placement is too long (1).

Of these respondents that never have students, one team said they would consider it.

There was a particular emergent theme within the CAMHS respondents of the tension between seeing CAMHS as a specialist or comprehensive service. On the one hand there was an enthusiasm for students to gain CAMHS experience so that students could enrich therapeutic skills and gain specialist experience (3). For example, one respondent felt it was important to place students in CAMHS settings so as to encourage future recruitment. On the other hand, some respondents felt CAMHS was not suitable for student social workers and would need prior experience in child protection teams (4).

One senior manager spoke quite passionately against the perception of CAMHS as a 'specialist' service. The respondent said, *'It annoys me when social workers in CAMHS say we're "specialist", it makes us sound like we think we are better. We have a different focus and our skill is to link with social work in CP teams'*. Thus this respondent felt that providing student placements in their team was very important in helping them define themselves as social workers and become a less marginalised service. The respondent added, *'It is rewarding when we realise we have good/unique skills. It may be the first time in years that we explain our work.'* One respondent from another CAMHS team commented, *'We offer 'gold star service, but one where the role of social work is well stamped within the team'*.

7.3 Interviews with Adult mental health national/ regional and specialist staff

The key themes identified from these interviews were:

- Relationships and communications between Trusts and local authorities; valuing the 'social perspective'
- Quality of links with HEIs
- Current climate in the work environment
- Competition between professions for placements
- Team culture and incentives for practice learning
- Opportunities for change

7.3.1. Relationships and communications between Trusts and local authorities; valuing the 'social perspective'

Relationships and communication between local authorities and Trusts since NHS integration of adult mental health services was a prominent theme with comments on the different lines of management and different IT systems hindering communication and sometimes access to placements and training opportunities.

For example, views were expressed that *'at multidisciplinary team (MDT) level mental health has been marginalized and it is seen as an NHS issue'*, and also that *'social care needs to be fully taken on by the Trusts'*. In local authorities it was felt

that *'the focus has been so weighted to child protection with no recognition of mental health having a link'* but there was also a comment that local authorities and Trusts *'appreciate the way social workers can work across boundaries. They need to understand why joined-up work is vital rather than leaving Adult and Children's Services separate'*. Skills for Care was felt, by one participant to be "plugged in to the local authorities but not the Trusts"

The need to retain the social perspective in mental health was raised by a number of participants. Concern was expressed that *'the social perspective has been swamped by medical model domination'* and that there is a need to be *'supportive of anything that increases the social perspective which has been eroded since NHS integration'*. It is felt that the tide could only be stemmed by *'energetic AMHPS'* and teams rich with social workers.

7.3.2 Quality of Links with HEIs

There was an almost unanimous desire for more support than is currently offered from HEIs with comments such as. *'the university tutor role is diluted; tutors are more for difficult issues'* and *'better support than just workshops needed at universities.'* One participant felt that *'universities operate an 'old boy' network'* when it comes to finding placements and a participant from the Eastern region, where there are fewer HEIs searching for placements, was disappointed that they were not being asked for more placements. Some also felt that *'the quality of training varies from HEI to HEI'*

7.3.3. Current climate in the work environment

Many commented on their current and changing work environment and their fears for the future with some strong views expressed about the increasing workload demands and current state of morale *'Lots of low morale in mental health.'* It was frequently mentioned that only the most complex cases reach the CMHTs and it is felt that *'local authorities deny the extent of mental health issues.'* *'There is no longer any capacity for people to sit and think and current demands do not add up'*. Workload increases created by recent changes in legislation and increasing demands for safeguarding work were also mentioned.

There was anxiety that things would get worse *'there is a [...] climate of redundancies....Facing 30% cuts over the next three years'* and in one area home working was being piloted because *'teams are in commercial buildings paying high rents....not helpful for team working'* and in two other areas there was a move to corporate training teams being proposed leading to fears about *'an uncertain future – about to be subsumed'*

It was felt that at present there was some lack of cohesion in policy between the Government, the GSCC, Skills for Care and other key delivery organisations.

7.3.4. Competition between Professions for Placements

The theme that was most commented on by far was that of competition for placements between student social workers and other health professions in training. There was a strong sense that managers in Trusts have little understanding of the needs of social workers and their education and there were widespread feelings that nursing students in particular get placements automatically as do AMHPS, occupational therapists and psychologists. Student social workers *'are an added extra'* *'a low priority'* because *'Trusts are much more concerned about their contracts'*

with nurses’. There was a sense of injustice that unlike these other professions in training the needs of student social workers were not *‘embedded in the structures.’*

7.3.5 Team Culture and Incentives for Practice Learning

The importance of team culture and the need for the whole team to sign up for a student was stressed. *‘In a multi-disciplinary team all professions can contribute to student learning and help with learning objectives’* It was felt *‘important to have a culture where there is a social work student in every team’*, but regret was expressed from another quarter that *“there is no standard policy that each team should have a student’*.

The daily placement fee was seen as an important incentive to taking students on placement. One senior manager declared that *‘commitment to having social work students regularly depends on finance’*. Many participants felt that payment to individual practice educators was an incentive, *‘staff can be motivated by direct rewards’*.

Knowledge of and the destination of the fee varied, however with the view that *‘sometimes Trust managers are not aware of payment situation’*. One participant claimed that the payment disappeared into local authority coffers bypassing her as the practice educator while one senior manager made sure the fee went to the whole team. 20 percent was top-sliced for student travel expenses, with the rest available for anything that would support training or the work of the team.

7.3.6 Opportunities for Change

Despite the many obstacles to placements it was striking how things could be changed by one proactive individual. For example, concerned about the difficulties in obtaining social work placements, a staff development officer in Adult Care who had worked in mental health social work for most of his career called together all the team managers. He presented them with evidence from the Taskforce, the Baby P enquiry and a range of research findings to argue for the need for their teams to play a role in ensuring a consistent supply of social workers going into the workforce with appropriate mental health experience. The result has been that every one of his teams now has a student social worker on placement.

7.3.7 Practice Education and Professional Development

There was a sense that encouragement to become practice educators was often lacking with people not being given time to take training courses by managers and *‘not enough people being suggested for practice educator training’*.

There was a split between one person who felt that all AMHPs should become practice educators automatically and several others who felt that not all AMHPs would be good in the role.

The career development aspect of practice education was raised by several participants. *‘There should be more emphasis on career coaching so that practice education can be developed as a specialism’* and that the qualification should *‘be at the gateway between senior and principal level’*.

Several commented on what they saw as an anomaly between the post qualifying framework for nurses with the mentoring module being part of progression and the practice education module which is set at a higher academic level but there is *‘no*

obligation for social work progression'. There was a view that the relevant bodies should get together and resolve this anomaly.

7.3.8 Key Adult Mental Health themes from staff survey

The respondents (13) were: practitioners (7), team managers (4) and senior managers (2), in CMHT (8), Community Recovery Team (1), Impairment Unit (1), supported accommodation (1), Home Treatment Team (1) and a voluntary organisation (1).

The social work presence in the teams was generally two or more in the team (12). The majority of teams had a social work manager and 3-4 other social work practitioners in the team. One team had just 1 social worker. Almost all of the teams had 1 student currently (11) and had a system in place to take students annually. One team had 3 students annually (the manager was a social worker and had 5 Social workers in the team). Another team which only had one senior social worker in post supervised 2 students annually. 2 teams said they never take students (both take AMP students).

It was generally felt that students encourage a fresh look at one's work and articulating practice through practice teaching informs practice. Having students contributed to keeping up to date on new legislation, policies and research. Those interviewees that were directly involved in the provision of social work placements (10) stated it was very important to them, they enjoy the experience. They felt that placements were less important for the organisation as a whole.

In the team where 3 students are taken annually, it was expressed that the keenness of the manager to have students 'rubs off' on the team. This enthusiastic practice teacher felt that their team 'likes to give back' and they are committed practice educators. Other individual practitioners where the system was working well (8) stated that they as were committed to having students; one said that 'not much would stop me from taking students'.

Factors that could possibly hinder having placements were time, payment and resources. It was generally mentioned that more protected time is needed particularly for writing reports evaluating students' progress, and a commitment from the organisation to allow for report writing time would be helpful. The majority of respondents (11) agreed that a payment fee was a benefit that applied to them and 2 interviewees felt that the payment could be revised and preferably increased.

In one of the teams that took AMP students only, it was felt that they were not approached to take qualifying students, but would be willing to take one, if approached. This interviewee felt they could not initiate taking students and thought they would need to adhere to a placement allocation system through the HEIs and the learning development teams.

The other team that takes AMP students only was unsure why they do not take qualifying students but did feel that AMP students require less work. The interviewee speculated that they are approached to take AMP students by the learning and development teams as they are qualified AMPs themselves in that specific team.

7.4 Interviews with forensic staff

We interviewed the lead for the BASW special interest group for forensic placements who emphasised the cohesiveness of forensic social workers as a group, and their capacity to deliver high quality placements in a range of settings. Anxieties included the potential dilution of forensic social work expertise in new Trust settings and the lack of a training for forensic social workers (at PQ level). This contact facilitated survey discussion with a number of forensic social workers as described in the next section.

7.4.1 Key forensic themes from staff survey

The respondents (6) were: practitioners and senior practitioners (4), service lead (2), in secure units (3), hospitals (2) and probation (1),

Social work presence in the multidisciplinary teams varies from a large presence, e.g. 16 (in a large team) to a relatively small number ratio compared with other professions. In this small sample there was always a social work presence and the capacity to take students on placement. This capacity appeared to be underused, 3 of the 6 teams have a student currently, and one of these takes students every year; 2 had a student last year and one within the past 3 years.

When management take a lead on student placement provision and there is 'a strong culture of adult learning' (1) placements are more frequent. Other factors promoting placements include the settled supportive and well organised teams (5), enjoyment of practice teaching (1), support from the learning and development team (1) and selection of appropriate students for the setting (2)⁴.

Factors hindering placements include shortage of space (3), weak links with and support from HEI's (3), students not being a management priority, Thus more placements would be promoted through better links with HEIs and a greater recognition of the role of forensic social work on qualifying course curricula. It was suggested that placements increase when management takes a leading role in organising practice education in the team, and a shift towards a learning culture would also make a difference; for example that *'it [practice education] should be part of your job'*.

These respondents expressed the view that more support for practice educators, through time and money would lead to more placements. Reduction in the 'paperwork' required was also cited as a possible incentive – and the amount of written work needed as a hindrance.

7.5 Staff Survey - Differences between the sectors

The survey responses enabled us to identify emerging trends of similarities and differences in CAMHS, AMH and Forensic services. All CAMHS (22) and AMH (13) respondents worked in multidisciplinary teams, as did 5/6 forensic, leaving a solitary forensic respondent in a discrete social work team. Most AMH (12/13) and forensic (6/6) teams had more than 1 social worker(s/w) and on the whole larger social work presence in the teams (9/13 AMH teams had more than 2 s/w and 4/13 had more than 5 s/w). CAMHS teams had a few teams where there was one social worker

⁴ The numbers here record the occurrences of themes not the participants in the study. Participants could select more than one theme each.

(2/19) or none (3/19) thus an emerging trend of 20% with a small or no social work presence was identified in CAMHS. We also had less access to teams that had no social workers and this finding thus maps on to the broader picture of employment of social workers in CAMHS. On the other hand we did locate a significant social work presence in 80% of these teams.

This slight variation in social work presence was matched by a similar variation in placement numbers. Only 2/13 AMH respondents did not have a current student in placement; in CAMHS teams 10/22 had a current student and 4/20 had never taken a student or only in the more remote past. **(Table 3)** A relatively high number of CAMHS respondents (6/22) said they were not interested in a placement in contrast with AMH (1/13) and Forensic (0/6)

Table 3 Frequency of hosting placements in CAMHS, AMH and Forensics

	AMH (13)	CAMHS (22)	Forensic (6)
Yes, this year	11	10	3
Yes, in the last three years		7	3
Over 3 years ago	2	1	
No, never		4	

A striking difference was the perception of the statutory role of placements. 12/13 AMP respondents classified their placements as statutory as did all 6 forensic placements. In CAMHS, only 9/22 saw CAMHS placements as clearly statutory and 7/22 were definite the placements were not statutory **(Table 4)**. When this finding is contrasted with the strategic aims for CAMHS, it suggests a perception gap that exists within CAMHS.

Table 4 Perceptions of statutory placements in CAMHS, AMH and Forensics

	AMH (13)	CAMHS (22)	Forensic (6)
Yes, placement is statutory	12	9	3
No, placement is not statutory		7	3
Not sure/may be in a sense		4	
Not available	1	2	

7.6 Key themes from HEIs

The 8 HEI respondents were involved in finding varying numbers of placements each year for AMHPs and social work students at undergraduate and post graduate level. Responsibilities ranged from having to find 5 – 20 AMHP placements on a dedicated course for AMHPs, to being part of a placement finding team responsible for finding 650 social work placements on social work qualifying courses. The proportion of

placements in statutory mental health settings to those in voluntary mental health settings ranged from a 50% to 50% split to an 80% to 20% split respectively.

7.6.1 Ratios of available students to available placements

All but one of the participants reported that there were more students wanting placements in statutory mental health setting than there were placements available. There was also mention of the large number of HEIs competing for such placements in the London and Northern regions. One participant from the Eastern region felt that generally, the number of students wanting mental health placements is evenly matched by the number of placements offered.

7.6.2 HEI Differences between sectors

All HEIS had the majority of mental health placements in adult mental health settings with very few in CAMHS and forensic settings. Placements in CAMHS and forensic settings are perceived to follow some practice educators who regularly offered placements:-

'There are fewer placements in CAMHS and forensic but there are some practice teachers in those settings who regularly take students'

'Forensic placements only occur at all because of one enthusiastic practice teacher who is an AMHP'

In these settings, services require more experience from students:

'Not very many CAMHS teams and they always prefer final placement students'

'Although there are some forensic placements, they demand more experience and maturity'.

One forensic placement in a Probation Service setting requires all students placed there to undergo a four day course beforehand.

They can also be perceived as having distinct approaches:

'CAMHS is difficult as they are slightly peripheral to the local authorities and have less social workers and a more therapeutic, clinical social work emphasis'

7.6.3 Barriers and obstacles

The main blocks to obtaining placements, include factors such as workload pressures, space, local reorganisation and lack of car ownership. However, the main issue was seen to be linked with the move into Mental Health Trusts. *'The movement into NHS Trusts has complicated things because amongst Trust Managers there is not a lot of multi-agency understanding of social workers and their education'*

'If the Manager of a CMHT is a health professional it is often hard for them to understand the requirements of a social work placement'

'It is never possible to get placements in teams where the manager is not a social worker'

'At present there is little leverage for social workers – it is down to individual team decisions and the Health Service people get priority. There is no culture of automatically taking social work students. The huge variations in integrated teams could change because it is the most integrated teams that are more likely to take social work students'

The requirements of AMHP training featured as contributing to blocks to placements and as holding possibilities of future expansion. Whilst some felt that the requirements for AMHP training reduces some placement possibility, both of the participants currently involved in AMHP training felt that the proposed new framework for practice education could have a positive benefit,

'under the new regulations on training for practice assessors, in their second year as AMHPs they should have a social work student and this seems to be positive for both sides'

The lack of parity between nurses and social workers at PQ level was also mentioned,

'The mentoring module for nurses is set at a lower level than the Practice Educator module. The GSCC and Nursing bodies should get together to resolve such anomalies'

Several stressed the importance of good relationships with individual training officers and practice educators as the best way of ensuring a regular supply of placements. A formal contract with a local authority was also cited, as was being lucky enough to be in an area where the local authority still employed social workers.

7.6.4 Ways forward

In looking at the factors that might generate more placements some commented on the need for better communication lines:

'Improved partnerships with Trusts – meeting managers would help'

'Getting to the right person for a decision is hard'

The value of *'creating cultures in teams where social workers are respected'* was pointed out as was the fact that *"mental health placements are really good for all social workers"*.

'Getting practitioners excited about being educators' was also seen as important but also that it should be recognised that *"they need a chance to think about the emotions at the core of their experience"*.

Finally, one participant offered the view that there should be *'Government defined targets with performance indicators on numbers of placements'*.

8. Conclusions

8.1 Discussion of key findings: themes and contexts

The study identified key themes from the data and linked these with current professional preoccupations, policy initiatives and the debate about social work focussing on the work and report of the Social Work Task Force. The iterative process of moving between data and context is an important part of the process of data analysis in this project and each theme can be discussed to show how the data and context are related. The themes as stated above form two groups: opportunities and obstacles.

Opportunities:

1. Enthusiasm about training and practice learning

The response to this project has been heartening in the way that it occasioned enthusiastic responses from professionals keen to discuss their involvement in training and education in these mental health settings. We discovered a passion about training and practice education, and a desire to improve social work through training and provide better opportunities for new social workers to gain a good start to their professional careers. For example, comments like these:

'there's not much that would stop us having students'

'I could say I am too busy but I love supervising students'

There appears to be a readiness to engage with these issues; new initiatives are emerging from the workplace and an increased engagement with practice learning providing opportunities for linking with current policy developments emerging from the review of social work by the Social Work Task Force. Some of the organisations responding to this project could well aim to develop the planned advanced teaching organisation status for agencies providing high quality practice placements to social work students.

2. Opportunities for developing social work identity through training in learning organisations

At a number of levels the data provided examples from within mental health social work, of engagement in current discussions about strengthening the identity of social work in the area of mental health practice. A key direction for this is encapsulated by the concept of the 'learning organisation'⁵. which implies changes in the strategic and operational prioritisation of training within practice, and the management of teams. There is an awareness seen in the data we have collected which connects with recent national strategic discussions of the need for social work to move closer to the models of other professions where training is a requirement and a responsibility rather than an under resourced optional extra: as one respondent said, succinctly:

'it [practice education] should be part of your job'.

⁵ Gould N. and Baldwin M.2004 *'Social Work, Critical Reflection and the Learning Organisation'* Ashgate Publishing

3. Advantages and opportunities of multidisciplinary work and the contribution of social work (and the 'social perspective') to these settings

Social work has often been ambivalent about multidisciplinary practice, fearing loss of identity in the face of (apparently) more powerful professions.

Thus, for example, within this study, some tensions about the therapeutic role of CAMHS were commented on. On the one side, there is a tendency towards taking up the therapeutic role at the cost of a more rounded view of the social work task, and on the other side, the historical diminution of the therapeutic or clinical social work role undervalues this, particularly in CAMHS settings.

However, other trends were also evidenced. Firstly, the valuable contribution of social workers' knowledge and core values within the multi-disciplinary team were highlighted. Secondly, CAMHS social workers are taking a lead to develop the social work contribution; for example a specialist CAMHS practitioner emphasised that within her 'gold star service the role of social work was well stamped within the team'. Student placements are seen to have the potential for reinforcing a sense of professional identity:

'Taking students keeps one in thoughtful connection with your own discipline and this is particularly important in a multi-disciplinary team where you can lose your sense of identity. Taking social work students reminds you that you are a social worker working therapeutically, rather than a quasi-psychotherapist'.

These comments which assert the role of social work in multi disciplinary teams are consistent with recent studies⁶ Particularly in adult mental health settings, social workers can gain strength in working this way. Working alongside other professions provides opportunities for new ideas and comparisons, and enables a sharper definition of social work identity, reducing the tendency towards parochialism in uni-disciplinary social work settings. Other professions value the specific contribution of social work to the shared task of working with people with mental health needs, the distinctive approach provided by social work – 'the social perspective' as it was repeatedly referred to by participants in the study. These comments are in tune with the thinking about developing multidisciplinary work in adult services. For example, the recent Statement on the Future of Adult Services (ADASS 2010) identifies the "important contribution to multi-disciplinary teams" of social work⁷.

⁶Serunkuma, S.and Sin, J.(2010) *Joined up thinking*. Professional Social Work, pp12-13).

⁷ The report continues: "Social workers in multi-disciplinary teams bring a perspective of the whole person, rather than just their symptoms or circumstances. Seeing the individual in the context of their family, friends and community, and reflecting their hopes and fears for their own future is where social work can bring an important contribution to the work of the team".

4. Recognition of the importance of mental health placements for all social work students, i.e. the applicability of mental health work for social work practice

Although social work in mental health settings has been overshadowed in the recent past by mainstream adult and children's services as providers of statutory placements, this project has identified some indications that mental health placements – and practice in mental health settings – should not be so marginalised in the future. A strong social work presence in adult mental health and forensic settings and the potential for an expanded role for social work in comprehensive CAMHS can provide foundations for an important strand of social work practice. Additionally, mental health placements can contribute to other parts of adult and children's services, through, for example, providing understanding of parents with mental health difficulties⁸ and developing ways of working with adolescents; as one participant summarised, "*Mental health placements are really good for all social workers*".

5. Recognition of the availability of opportunities for statutory work in mental health settings (CAMHS, AMH and Forensic)

A clear finding from our study is that opportunities for statutory placements exist in AMH, Forensic and CAMHS settings. In individual CAMHS settings the perception of the availability of statutory settings is weaker than in AMH services where there is a clear tradition of statutory work based on the role of the AMHP (formerly ASW). Opening up this function to professions other than social work does not appear to have diminished the importance and numbers of social workers involved in this area of work. In CAMHS, there is an overall strategic recognition of the essentially statutory nature of the social work role, whereas in teams and services, this view is weakened by the histories of cultures of ambivalence towards social work, and the continuing debates about the 'specialist' versus 'generic' aims of CAMHS (this is further discussed below as it forms a significant barrier to development of social work and placements in CAMHS settings).

The potential for statutory placements focusing on issues of compulsory admission and assessing safeguarding risks provides the basis for an enhanced role for social work training and placements in all these settings.

⁸ The critical need for knowledge and understanding of mental health issues is also clearly highlighted by the analyses of serious case reviews that have taken place on a biennial basis over recent years. For example, of the 47 cases analysed for 2003-2005 (Brandon, M et al 2008⁸), 29 (61%) showed evidence that 'either or both parents had mental health problems or a learning disability' (5.4). This pattern persisted through the more recent OFSTED reviews. Thus, *Learning lessons from serious case reviews: year 2*, (April 2008 to March 2009) summarises as follows:

'This year's analysis of the 173 serious case reviews has revealed a similar profile. Common risk factors were present in many of the families reviewed. Domestic violence was an issue in 47 cases, drug and alcohol in 40 and mental illness in 4. More than one of these risk factors was present in a considerable number of the cases which were subject to serious case reviews'.

Key themes identifying barriers/obstacles are:

1. The variable employment of social workers in Trusts and the strength of local organisational priorities reducing the impact of national strategies

Social work presence in mental health settings ranges from large and established social work membership within multidisciplinary teams, some areas where social work has a small and less significant presence and others where there is no social work presence and/or social work is declining or removed. There are indications that when social work is absent from a team/service it is difficult to introduce, or reintroduce. It follows that there is a varying view across locations of the value and purpose of social work contributions to mental health work. Inevitably the availability and quality of placements and the training tasks are adversely affected by these local variables.

Although this affects both CAMHS and adult mental health the study shows variations more exacerbated in CAMHS, where social work has been subject to repeated incursions, from within CAMHS, for example, through misunderstanding the statutory role, redefining social work tasks and locating these in other professions/new groupings. Local authorities also contribute to the diminution of social work in CAMHS through asset stripping, removing social workers; over the years this has been deleterious to the profession as a whole. This study provides support for the view that there is a need through national leadership and direction to maintain the centrality of social work in CAMHS.

Although there are national and regional strategic principles and aims for social work in mental health settings, these are not backed by an authority for implementation so that local organisational priorities in trusts and local authorities are more powerful factors for workforce planning and delivery of services. This results in the variable overall picture we have described and is detrimental to the development of mental health social work –and by implication for service users.

2. Weak links between local authority senior management and social workers employed in Trusts leading to weakening the social work role in these teams

A pervasive theme in our data is the perceived weakness of social workers compared with other professions in NHS trusts. We heard time and again that social workers, employed by local authorities, lacked active senior management support compared to health professionals employed directly by the trusts. Social Workers to an extent occupy the position of lodgers within the system.

The weakness of social workers within the trust - local authority management system appears to be exacerbated by limited awareness of local authority senior management of training and practice learning issues. The previous report on the London system of practice education⁹ identified the failure of senior management to engage with and have adequate knowledge of practice learning as a major weakness in the system. This report recommended that:

“A clearly identified mechanism, or mechanisms, should be implemented in LAs in order to connect performance in providing practice learning opportunities

⁹Briggs.S., McCaffrey.T, Mulla, A.,Trotter. A, Trigg.J., (2009) *Research and Mapping of Statutory Practice Learning Opportunities and needs in London.*
http://london.skillsforcare.org.uk/developing_skills/practice_learning/practice_learning.aspx

(PLOs) with higher management. The responsibility and accountability for PLOs (and, therefore, in a broader sense, the role of training and workforce development) needs to be located in senior management, and structures need to be in place to ensure that the systems are adequately joined up, enabling actions to increase the capacity for PLOs” (quoted from the executive summary)

Given that this project identifies similar issues, a similar conclusion is reached. To address this structural problem, there need to be put in place mechanisms that increase the connection between workers in trusts and local authority senior management and/or there need to be serious consideration given to employment of social workers directly by trusts. Examples where social workers fail or thrive through direct employment in trusts would help further this discussion and understanding of the issues involved.¹⁰

3. Weakness of training cultures for social work in multidisciplinary settings especially in comparison with other professions (especially medical professions)

Alongside the structural weaknesses of social work in trusts, problems are generated through the lack of training cultures for social work in multidisciplinary settings. Repeatedly and predominantly practice education was described as ‘*an option*’ that competed with other work pressures and priorities in teams. Thus the training role is expendable if work pressures are great and if other priorities are seen to be more pressing. This point makes a stark comparison with other health based professions. For these training was a requirement, not an option and thus training was more integrated into professional life and the workload prioritisation of teams and services. It was not apparent that this adversely affected performance, and there were examples where this enhanced the quality and quantity of work undertaken

4. Marginalisation of practice educator role which is inadequately supported within teams; over bureaucratisation of the role

The survey provided clear evidence that the benefits available – including financial - for practice education enhanced the possibilities that social workers would take students. There was equally strong evidence that these benefits were not sufficient in themselves to effectively support the task of practice education. It was felt that not enough time is allowed for practice educators to do the task well, and thus the system relies on the enthusiasm and dedication of the few who are prepared to work over time. Equally the success of the practice educator role is dependent upon innovative practice in some organisations that make benefits available for the individual in imaginative ways.

Additionally there were repeated comments about clunky systems that are off-putting and add to the conflicts about the role – particularly cited was the excessively bureaucratic method of practice assessment. How to introduce more space for professional judgments with clear standards for professional practice is key in this area. The role of HEIs was criticised by some of our participants for not providing adequate support and not facilitating the development of practice-theory links.

¹⁰ We are of course aware that our own organisation, the Tavistock and Portman NHS Foundation Trust is one Trust which employs a significant number of social workers at Consultant level.

These obstacles to effective practice education appear therefore to be both significant in their own right and also symptomatic of a legacy of an overall undervaluing of the training role as an integral aspect of professional practice.

5. Variability of learning organisation culture, and the weakness of this within social work professional structures

These structural and practical obstacles to effective practice education in mental health settings are indicators of underpinning weakness in the professional structures of social work. In particular, when compared with other professions –and comparison with medical and allied health professions is inevitable in mental health settings – the weakness of learning organisational cultures and opportunities for professional development comes clearly under the spotlight.

This is the flip-side of the point made above that opportunities for developing learning organisations exist and need now to be further developed.

8.2. Summary of findings

The aim of this project was not only to scope mental health placements but also to identify ways of promoting placements and, through identification of barriers and obstacles, to find ways of addressing identified problems. To summarise the findings from this study, this primary aim is kept in the forefront.

This project has found that in organisations, teams and individual social workers and practice educators there exists enthusiasm for and productive examples of practice education in mental health settings. The combination of skill, experience and enthusiasm can be the basis for the further development of placements in mental health settings. This can be undertaken through the promotion of good practice examples, supporting discussions of the advantages of placements in mental health settings and clear strategic direction.

Good practice appears to be unevenly distributed through national and regional systems. The identification of structural, organisational and attitudinal barriers and obstacles provides the opportunities for addressing these directly. These include weaknesses of social work within some multidisciplinary teams and marginalisation of practice education as an essential part of the social work role.

Thus to support and promote the potential for mental health statutory placements there needs to be a recognition of the role for a ‘top down’ leadership and also ‘bottom up’ harnessing of the available enthusiasm and expertise available.

This project has identified key themes for mental health placements, both opportunities and barriers/obstacles. The overall impact of undertaking this project leads us towards emphasising the potential of the positive: it is an opportune time to grasp the opportunities for mental health placements, which can also enhance the social work role in multidisciplinary teams and capacity in mental health social work.

9. Recommendations

The recommendations that arise from this study are aimed at both enhancing existing potential and reducing the impact of obstacles for mental health placements. Drawing on the findings from the project, the following are recommended:

1. There needs to be a focus on the dissemination of good practice examples from mental health placements in order to enhance understanding of and participation in the provision of mental health placements. These should address experience in all three areas of adult, child and forensic mental health.
2. Mechanisms should be developed to connect senior management in local authority structures to the tasks of multidisciplinary services in Trusts to more effectively support social work and social workers in these teams to thus address the issue of marginalisation felt by social workers in multidisciplinary teams that impacts on their capacities to provide placements.
3. Strategic managers/leaders should continue to work towards greater understanding of the benefits of mental health placements to the professional development of social workers at all stages in their career development
4. There needs to be more collaborative work between employers, HEIs and national delivery organisations to improve the role of the practice educator in mental health settings through
 - v. identifying and implementing ways in which practice educators can be better supported in teams and services
 - vi. increasing financial incentives as a means towards encouraging good practice and greater involvement in practice education
 - vii. simplifying the methods of assessing practice for social work qualification
 - viii. relating social work practice learning more closely with best practice in medical and allied professions
5. Wide discussion of the issues raised by this project, including through direct engagement using conferences and seminars, and further evaluative work should be undertaken to extend knowledge and monitor developments over the next period of time.

Appendices Contents

1. Flyer
2. Introductory research letter
3. Survey for organisations
4. HEI survey
5. Interview schedule for regional/national managers

Increasing the Profile of Placements for Social Work Students in All Mental Health Settings

“Research clearly indicates that students bring ‘added value’ to teams and services - they remain an untapped resource.”

West Midlands Leaflet

WHO WE ARE

The **Centre for Social Work Research** in The Tavistock and Portman NHS Foundation Trust

We have been commissioned by Skills for Care, in partnership with the Children's Workforce Development Council and the General Social Care Council, to scope and promote statutory placements for social work students in **adult mental health, forensic and Child and Adolescent Mental Health Services (CAMHS)**.

This research has the support and involvement of the National CAMHS Support Service (NCSS), National Workforce Programme and the Approved Mental Health Professional (AMHP) network.

WHAT THE PROJECT IS ABOUT

The main objective of this project is to increase the quality and availability of statutory practice placements for social work students, including through the continuing professional development of practice educators and to help build capacity for this within statutory mental health settings. The findings of this work will inform future planning and activity to ensure that development of new placements is taken forward in existing and emerging mental health services where social work is a vital part of the service.

HOW CAN YOU HELP?

- We will contact you to ask if you can spend some time (about 30 minutes) with one of our researchers to discuss your views.
- We wish to explore your thoughts about ways in which we can increase the availability of placements and to understand factors which may inhibit developments aiming to increase placements.

CONTACT US

If you would like further information, please contact Hannah Linford on:

Tel: 020 8938 2091

Email: hlinford@tavi-port.nhs.uk

If you need further information about social work practice learning please follow these links:

<http://www.skillsforcare.org.uk/socialwork/introductionsw.aspx/>

http://www.skillsforcare.org.uk/socialwork/practicelarning/sw_practice_learning.aspx

<http://www.skillsforcare.org.uk/socialwork/LeaRNS/LeaRNSnew.aspx>

2. Introductory research letter

Part of the Sector Skills Council
Skills for Care and Development



General
Social Care
Council



Children's Workforce
Development Council



Social Work Development Partnership

c/o Skills for Care, Albion Court, 5 Albion Place, Leeds LS1 6JL

Tel: 0113 245 1716 Fax: 0113 243 6417

swd@skillsforcare.org.uk www.skillsforcare.org.uk

Dear Colleague,

Skills for Care is working in partnership with the Children's Workforce Development Council and the General Social Care Council to scope and map the supply of statutory placements for social work students in adult mental health, forensic and Child and Adolescent Mental Health Services (CAMHS) as defined under current definition. The main objective of this project is to increase the quality and availability of statutory practice placements for social work students, including through the continuing professional development of practice educators and help build capacity for this within statutory mental health settings.

On behalf of the partnership Skills for Care have commissioned The Centre for Social Work Research (CSWR) in the Tavistock and Portman NHS Foundation Trust to undertake the survey to gather this important information.

This project is extremely timely in view of the Final Report of the Social Work Task Force which identified a programme of reforms for the profession including changes to the training of social workers. Practice learning is crucial for this programme of reforms and practice placements in mental health settings have a significant role for the future of social work training. But we need to know more about the availability and quality of these placements

Our aim in this work is to seek a wide range of views about current placements in mental health settings and, crucially, ways in which we can increase the availability of these placements. We need to know more about what facilitates the development of placements and how they can be supported and sustained. The findings of this work will inform future planning and activity to ensure that development of new placements is taken forward in existing and emerging mental health services where social work is a vital part of the service. This research will be used to support work

that is currently being undertaken by employers and HEIs to increase the availability and quality of placements provided in mental health and forensic settings. We believe that obtaining this knowledge and understanding will be very important to the future of social work training.

We are working to a very tight timescale as it is vital that the project can report as soon as possible to assist future planning. We ask you to help us achieve a comprehensive and fully informed understanding of how best to support and increase statutory mental health placements by providing researchers from CSWR with your time so that they can discuss the key issues with you.

The research team wish to make personal contact with you by telephone, email or in person to ask you about your knowledge and views of mental health placements. We think this approach will be economical of your time and provide us with richer information. We wish to know more about:-

- the availability of these placements including numbers in different settings,
- factors that make them successful,
- the quality of learning achieved in relation to statutory tasks, and how statutory work is undertaken in different organisations
- the ways that practice educators can be supported, in the organisation and through CPD
- the organisational factors that help develop these placements and those that inhibit development
- your suggestions of others you work with whom we can contact to develop our knowledge and understanding

To ensure that confidentiality of returns is maintained we assure you that no data that you provide will be attributable to a specific organisation or department. Individual returns and raw data sets will be only seen by the Centre for Social Work Research and provided to Skills for Care and partners in the form of aggregated data.

A researcher from the research team will contact you to see if you have received this letter and to make arrangements for completing this survey.

An executive summary of the final report will be made available to you once the research has been concluded

The research team can be contacted by email (hlinford@tavi-port.nhs.uk or sbriggs@tavi-port.nhs.uk) telephone– please ask for Hannah Linford (02089382091) or Stephen Briggs (02089382397)

We thank you for your assistance and the research team looks forward to talking with you

Yours sincerely,

Pervez Akhtar
Acting Director of Social Work Development

3. Survey Questions: for staff in CAMHS, AMH and Forensic employers' organisations

Interviewer:
Interviewee:
Organisation:
Date:
Method (phone/face to face):

***NB. NOT for self completion.
These are un-structured questions to guide a phone interview and responses will be expanded throughout the interview.***

1. Which sector do you work in? (please tick the appropriate box)

- a. CAMHS
- b. AMH
- c. Forensic
- d. Other: please specify
-

2. What is your role, in the organisation? (please tick the appropriate box)

- a. Senior Manager
- b. Team Manager
- c. Practitioner
- d. Other: please specify.....
-

3. Is your organisation multidisciplinary? (please tick the appropriate box)

- Yes
- No

4. If YES, to 3, what is the role of social work?

5.

a. Social work practitioners and managers are employed in the team/unit/organisation

- Yes
- No

b. There is a single social worker employed/very small representation of social work as employed staff

- Yes

No

c. There is no social work staff employed

Yes

No

d. None of the above: Please briefly state:.....

5. Does your organisation provide social work placements?

Yes, This year

Yes, in the last three years

No, never

6. Are you yourself in a role involved in the provision of social work placements?
(please tick the appropriate box)

Yes

No

7. How important are placements
(a) to you (in role)

i. Very important

ii. Fairly important

iii. Not very important

iv. Irrelevant

(b) to your organisation

i. Very important

ii. Fairly important

iii. Not very important

iv. Irrelevant

8. If YES to question 6, please describe this involvement

a. Your role:.....

b. Describe the placement(s):

i. MA

ii. BA

iii. First or second

iv. Final

c. Would you describe the placement as working well/not working well?

- Working well
- OK
- Not well

d. What are the factors that make it work well/not well?

- i. Commitment of team
- ii. Support for Practice Educator
- iii. Skills of Practice Educator
- iv. Benefits of having a student in the team
- v. Other (please specify).....

e. How is the Practice Educator supported?

- i. Supervision by manager
- ii. Peer support
- iii. HEI support
- iv. Other (please specify).....

f. Is the placement a statutory placement (in your view)

- Yes
- No

g. If so, what experience of statutory work can you offer to a student?

- i. Legal interventions – e.g. safeguarding, use of authority in non-consensual situations
- ii. Ongoing assessment of risk and need – e.g. prior to or after legal intervention has occurred.
- iii. Mix or unclear

h. In helping student social workers to develop competence in statutory social work interventions, how do you provide them with an opportunity learn from/observe/work with other registered social workers?

- i. On-site practice educator
- ii. Off-site practice educator
- iii. Other team members who are social workers
- iv. Other arrangements – please specify

v. Mix or unclear

i. What would help or hinder you in offering placements that directly prepare students to undertake statutory work in the future?

9. a. Looking at the following list of benefits for the organisation, do these apply to you? Which ones?

- A fee paid per student per practice day
- Energy, enthusiasm and new ideas
- A high quality short-term worker, working to an agreed plan
- Practical help
- A fresh perspective on your work
- Potential future recruits
- Opportunities for continuing professional development for your staff.
- Continuing your professional development
- An opportunity to train the next generation of social workers
- Opportunity to influence thinking and social work development
- An opportunity to update knowledge and skills.
- Other.....

b. Do these benefits (all of them) make a difference to your capacity to have student placements?

- Yes
- no
- maybe

c. Do the benefits make **a lot/ a bit/no difference** to whether student placements are prioritized in your organisation?

c. Please identify which benefits you were not aware of.....
.....

d. What would make a real difference to your capacity to take students on placements?

10. Are there any issues that you need more information about?

11. *(NB be responsive to the interview to this point)* Finally having discussed this, what would you like to do next to develop/further develop a statutory placement in your organisation
(prompt: pick up and develop response – what would you need to achieve this? What might prevent you achieving this?)

12.

a. Are you interested in a placement?

Yes

No

b. Would you like someone to contact you to follow this up?

Yes

No

13. Who else should we talk to in this organisation?

4. HEI survey

NB. NOT for self completion.

These are un-structured questions to guide a phone interview and responses will be expanded throughout the interview.

1. How many social work placements do you have to find each year?
2. Of these placements, how many (on average) are in statutory mental health settings?
3. How many mental health placements are in voluntary settings?
4. Which of the following is the most accurate in regard to statutory mental health placements?
 - There are more students wanting mental health placements than there are placements offered and is this more the case for CAMHS
 - There are more mental health placements offered than available students wanting them
 - Generally, the number of students wanting mental health placements is evenly matched by the number of placements offered
5. Of the statutory mental health placements offered are they
 - mainly in Adult Mental Health
 - mainly in child and Adolescent Mental Health
 - mainly in Forensic Mental Health
6. Do you think the issues are the same for all three sectors?
7. Can you think of any examples of good practice that ensures a supply of statutory mental health placements?
8. What do you think are the main blockages that restrict such placements?
9. What would be more effective to generate more placements?

5. Interview schedule for regional/national managers

Name:

Date of interview:

Interviewer:

NB. NOT for self completion.

These are structured questions to guide a phone interview and responses will be expanded throughout the interview.

What is your role/title?	
Where based?	
Professional tribe?	
What are you responsible for?	
What are your responsibilities re SW placements?	
What is your take on this project?	
What facilitates good practice?	
What are the blocks to good practice?	
What needs to change most?	
Who else can you suggest we talk to	
Other comments?	