

ASW Services: The National Picture.

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As part of a scoping exercise undertaken to review the possible future of social care provision across Bedfordshire & Luton a survey of the national picture in terms of ASW (soon to be AMHP) service provision has been carried out.

The following information is a summary of these findings and implications for the operational organisation of the service in the future.

Methodology

A number of ASW leads across the country were contacted in an attempt to obtain information regarding how authorities across England were interpreting the duty of providing a Mental Health Act assessment service. These leads were asked for the following information:

- Location
- Number of ASW's
- Total population of the area
- Whether the day-time and out of hours ASW service were integrated
- Whether rota's in the area were centralised
- Was a stand-alone ASW service provided
- Where ASW staff were located in terms of their substantive contracts
- Who was the employing agency for ASW's

- Which agency was operationally responsible for providing the ASW service
- What was the relationship between CRHT and ASW services

A sample of 27 authorities responded and provided the requested information. These respondents represented each of the regions across England.

In addition to these responses the national analysis of the ASW workforce (draft report), which was commissioned by the ASW Leads Network from an independent consultancy agency in 2008 was provided and information collected from 46 authorities was represented within this survey. The combination of both these surveys has been collated and analysed in this report to enable a summary of the national picture of service models which can then be used by the relevant organisations to inform the recommendations for future planning and provision.

Findings:

A number of aspects of the various service models were considered as part of this review and the findings of the overall picture is as follows:

Sufficiency and Centralisation of ASW Staff

Sufficiency of ASW staff remains an issue across the country, with rates varying from 1: 6,340 to 1: 37,575. The average sufficiency rate being 1: 18,209 against an SSI recommendation (SSI 2001) of 1: 11,800, with many authorities reporting that the pressure upon ASW services was a difficult demand to balance against other workload priorities.

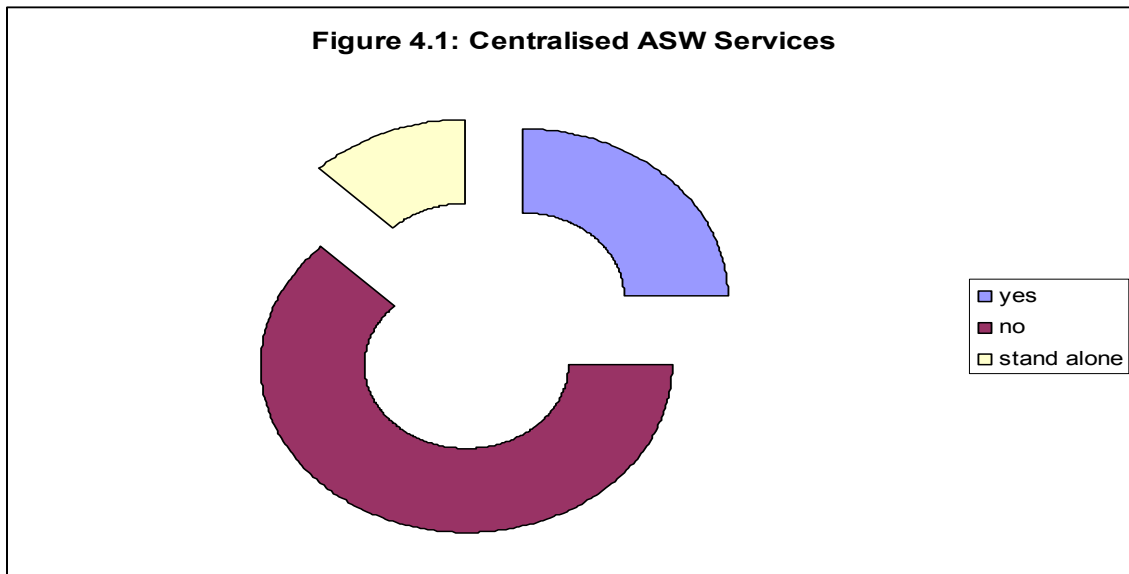


Figure 4.1 illustrates the responses of authorities in terms of the centralisation of ASW service delivery. Only 14% of providers had opted for a standalone service with specifically employed ASW staff. 25% of respondents provided a centralised rota for their geographical boundary which was staffed largely by ASW's from the CMHT and other mental health services who are required to report for ASW duty, away from their normal work bases and duties, when they are on duty as an ASW. The remaining 61% of respondents report that ASW's are required to be on one or more area rota's, but do so within their normal teams but are expected to cancel any routine duties they may be undertaking when a referral is received for a Mental Health Act assessment. In some cases referrals were received by a central duty desk, others by the CMHT services, and for a number the ASW themselves received the referral direct by means of a mobile or office phone number which was allocated for that purpose. It appears that nationally there is a myriad of models of service provision that have been adopted, this is largely due to the differences in organisational alignments that have been evident since the implementation of section 31 Health Act 1999 (now superseded by section 75 NHS Act 2006).

Workforce Issues:

The uptake of other professionals to train to undertake the AMHP role is at the present time variable, 28 authorities stated that they were not intending to

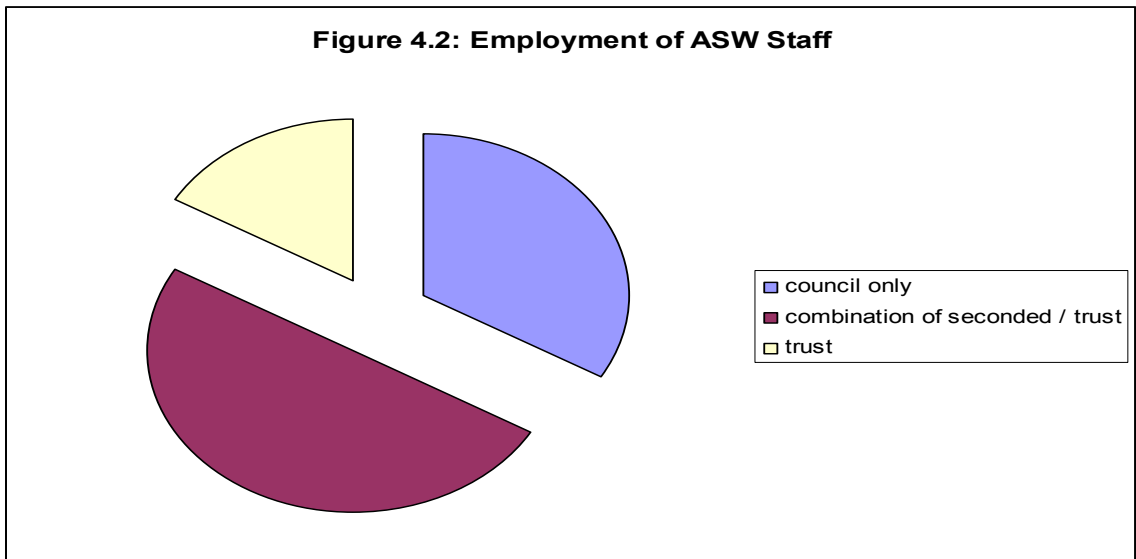
open the training to non social workers, 12 said yes they were intending to in the next year however this was likely to be on a limited or pilot basis and 3 authorities were unsure. Only 3 authorities were enabling open access to any professional as a recruitment process. The issues around how non-social workers would be remunerated for AMHP duty once qualified is yet to confirmed by any of the authorities.

Remuneration for ASW duty:

The method of remuneration for taking part in ASW duty varies across the country – these range from £500 bonus per annum to 5 spine point increments on top of the substantive terms and conditions. The average rate of payment across England is 2 spine point increments or an honorarium of £1700 per annum. This is for taking part in the rota and maintaining a live warrant in the majority of cases, and not solely for having the Mental Health Social Work Qualification.

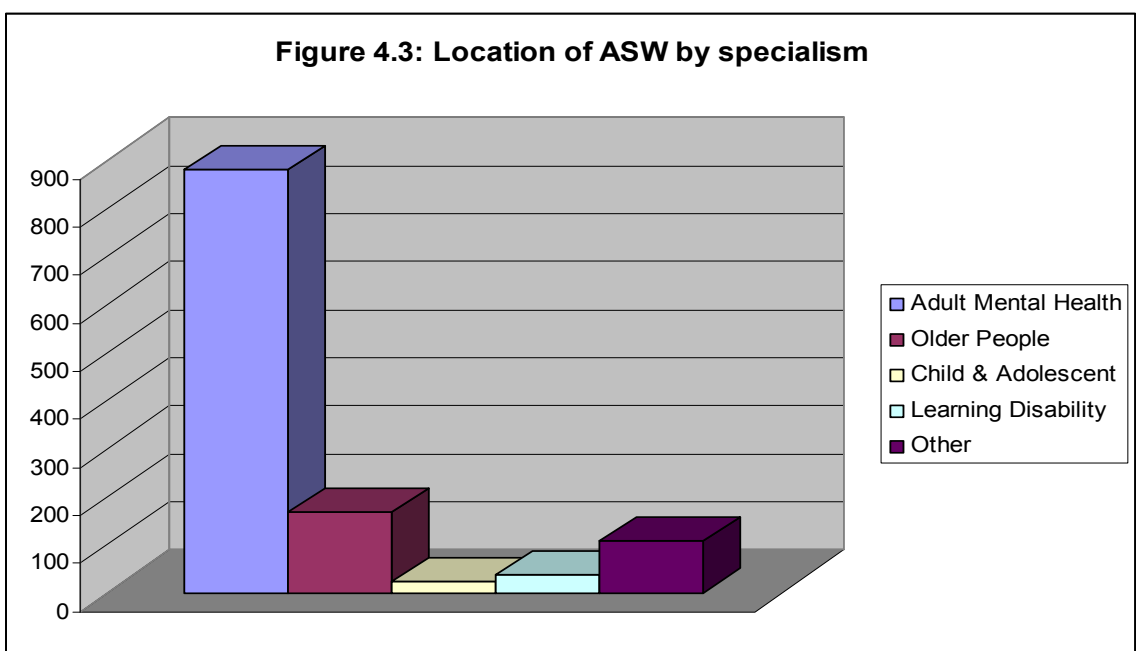
ASW Employment status and location of operation:

The most common basis of employment for ASW teams is that of a combination of directly employed local authority staff, with mental health team based ASW's seconded into CMHT arrangements. In these cases the local authority retains the responsibility for providing the ASW service as well as the accountability for the provision. In 30% of respondent cases the local authority retained social care provision in its entirety, and as such ASW's are based within social care teams. In some areas this is due to the lack of a health and social care integrative process and in others integration occurred and then was reversed due to performance issues and relationship concerns.



Very few authorities have a significant number of ASW staff that work outside of the mental health services, regardless of whether these are provided by the local authority, partnership trusts or a combination of the two. There is a significant national issue in terms of the skill base of the ASW workforce and the wider client groups that an ASW may come into contact with during the course of their duties.

Figure 4.3 illustrates the workforce split according to area of employment for ASW staff across 46 authorities in England.



Whilst it would be expected that adult mental health would constitute a significant amount of the ASW workforce this proportion is above what would be recommended when considering the range of presenting symptoms, needs and client groups that the ASW staff come into contact with for the purposes of Mental Health Act assessments.

Out of Hours / Linkage with CRHT:

In terms of linkage with CRHT services only one of the respondent areas in this survey had opted for a fully integrated model, one area was in the process of scoping the possibility of full integration, two areas were operating a joint-working protocol and four had opted for separate service provision but co-location of services. Emergency duty teams were in operation across all of the authorities surveyed and these were largely stand-alone services, with only one authority providing an ASW provision that was 24 hour within one service.

There are a number of issues highlighted in terms of CRHT – ASW integration, these are:

- Differing criteria for access – age, diagnosis, referral sources
- Differing contractual obligations between ASW and CRHT staff
- Differing commissioning arrangements, remits and accountability structures

These aspects are difficult to reconcile, but not impossible, however significant work is required in terms of the current national provision of both types of services.

Emergency duty teams across England are largely teams that respond to a wide range of out of hours situations, and not solely requests for Mental Health Act assessments. As such the ASW provision in the majority of

geographical areas is separated in daytime specific services and out of hours generic emergency provision.

Conclusions on the National Picture:

The overall view of national provision of ASW services is very mixed, with authorities approaching and interpreting the duties in many different ways. There does not appear to be a consensus of the service model which is best fit for ensuring the necessary access to Mental Health Act assessments, however there are a number of common themes that can be drawn from the information provided by authorities as part of both this survey and the larger survey commissioned by the ASW Leads Network, these are as follows:

- Most ASW staff are employed within community mental health teams rather than other social care services, this puts a high degree of pressure on mainstream mental health provision and narrows the skill mix available for undertaking Mental Health Act assessments
- Many ASW staff are operating within a health environment, however most of these are employed directly by the local authorities rather than the NHS. This is set to change and local authorities will need to draw on the experience of the transferred partnership trusts to ensure that they are able to meet the legal requirements of appointing AMHP's that they do not directly employ.
- The integration of CRHT and ASW services has not happened, with one exception, the issues of joining these two services together are complex and relate to models, remits, commissioning, eligibility, access, and population served. These issues are not insurmountable, however significant input would be required to ensure that CRHT retains its fidelity to model and still enable access to ASW provision for all groups.

- Most authorities still retain an out of hours hours generic emergency duty team to meet the 24 hour access to social care responses. These are separate from day time and CRHT provision, and respond to the whole range of possible situations, not just requests for Mental Health Act assessments. Staff are employed specifically within these teams and any day-time staff that take part in the services are purely on a voluntary basis. This situation means that joining up the day-time and evening provision of Mental Health Act assessments would be problematic in most authorities and would require specific scoping and service review to be achieved.
- Workforce issues remain current for the majority of authorities. There is a limited amount of areas that are able to meet the sufficiency requirements laid down by the SSI (2001), and issues such as an increasingly aging workforce, a lack of contractual obligations to take part in the ASW duty system and the reluctance of managers to release their staff from core team business for training and rota duty, all contribute to the pressures that are evident.

Many Thanks to all the ASW Leads that took part in this exercise and to Claire Barcham for sharing the draft report from the 2008 ASW Leads survey.

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