

ASW Leads Network 5th National Conference

Thursday 10th July 2008: Conference Aston, Aston University

Workshop 5: Developing a Skilled Workforce - Recommendations for a National Standard for pre-AMHP training

Summary from both Morning and Afternoon Workshop Sessions

Workshop participants were asked to introduce themselves and present a short synopsis of where their agency is with regard standards for pre-AMHP training.

Both workshops benefitted from having participants from diverse professional backgrounds across Health and Social Services, in settings including NHS Trusts, LSSAs, and HEIs. Participants included ASW leads, practitioners, service managers (both operational and developmental), trainers, and programme coordinators.

The views expressed by workshop participants were wide and diverse, and reflected polar points of view. This included the adoption of rigorous formalised Standards to seemingly adopting none at all, other than a post nomination suitability interview conducted by the HEI programme coordinator.

Both workshops were asked to consider the need for a common Standard across the three key constituent groups from where AMHP nominations would be drawn. These being:

- (i) Mental health social workers employed within LSSAs or NHS Trusts;
- (ii) Children and Adult services social workers, but not mental health specialist, employed by LSSAs or NHS Trusts;
- (iii) Mental health specialists, non social workers, including nurses, occupational therapists, and psychologists employed by NHS Trusts.

A potential fourth group was identified but not discussed in detail:

- (iv) Mental health professionals, any designated profession, employed by the independent sector.

Both workshops expressed comment concerning the development of the Best Interest Assessor role within the Deprivation of Liberty Safeguards.

Key Outcomes

1. There was broad agreement in support of the “Principles for selection for entry onto an AMHP course” presented by Sue Roche. (Note the change to Principles 3, 8, & 9).
 - (i) Experience of working with people with mental disorder.
 - (ii) Experience of working in a community setting.
 - (iii) A basic understanding of the key aspects of mental health law, mental capacity and consent, human rights, children and adults safeguarding, and of other relevant statutes, common law, codes of practice, and related guidance, policies and procedures.
 - (iv) A broad understanding of the social perspectives of mental disorder and the ability to view people holistically, taking account of social, physical, environmental and developmental factors.
 - (v) An understanding of the value base of the AMHP role, and the ability to work within it.
 - (vi) An ability to work assertive and constructively in a multidisciplinary context.
 - (vii) An ability (or potential) to make independent decisions.
 - (viii) The ability to work in an anti-racist, anti-oppressive and anti-discriminatory manner.
 - (ix) The ability to benefit from performing at a post-graduate level.

In addition to the above, workshop participants identified that practitioners nominated for AMHP training ought to have working competence in:

- (x) The Ten Essential Shared Capabilities for professional practice.
 - (xi) The Mental Capacity Act Code of Practice Principles.
 - (xii) The Mental Health Act Code of Practice Principles.

2. There was considerable debate around “how” and “by whom” the above principles could be evidenced. These were not resolved, though there was consensus that there ought to be a flexible, common shared framework. Suggestions included the following.
 - (i) Nominees to have a minimum of two years post qualification relevant experience in a community setting. (This might need to be amended as is it likely to fall foul of age discrimination guidance. Probably better to say something like “appropriate post qualification experience in an appropriate community mental health setting”. The meaning of “Appropriate” would need to be agreed.
 - (ii) Nominees to have written endorsement from their operational manager, employee development and training section, and their employer.
 - (iii) Nominees to be supported to spend five days in a community setting shadowing an ASW/AMHP with the purpose of writing a “Reflective Account” of their experiences in relation to the 10 ESC, the Guiding Principles of the MHA and the MCA, and the application of statutory powers.

- (iv) Nominees to be supported to spend three days on an acute admission ward with the purpose of writing a “Reflective Account” of the consequences and impact of the use of statutory powers on people and their families, networks and carers in relation to the 10 ESC, the Guiding Principles of the MHA and the MCA.
- (v) Nominees to demonstrate their ability or potential to study at an academic post-graduate (M) level and benefit from such a learning opportunity. In particular, nominees will need to evidence learning aptitude including the identification of any special learning needs and support requirements.
- (vi) Nominees to produce a “Critical Career Review” and a “Post Registration Training and Learning – Record of Achievement” as supportive evidence.
- (vii) Nominees to submit a number (?) of anonymised Social Circumstance Reports prepared for the MHRT, or Social Supervision (s37/41) Reports for the Ministry of Justice, as evidence as being able to perform at this level.
- (viii) Nominees to evidence competence in “Risk Assessment and Risk Management”, including “Structured Professional Judgement” and “positive risk taking”, in accordance with the “Best Practice Guidance – June 2007”.
- (ix) Nominees to evidence competence in working within the “Care Programme Approach”. This being the foundation upon which all mental health services are delivered.
- (x) Nominees to evidence competence in “Record Keeping”.
- (xi) Nominees to evidence an appropriate placement with an accredited practice assessor and support from their managers. This is particularly so where there may be cost implications for programmes and placements, including “backfill”.
- (xii) Nominees to evidence support from the LSSA.

3. The workshop participants considered what, in addition to the above, pre-AMHP training might consist of. Suggestions included the following.

- (i) Completion of the PQ Consolidation Module or an equivalent certificated award. (Does completion of the PQ Consolidation Module evidence readiness to undertake AMHP training? Does this module focus too much on Adult Services at the expense of mental health? Is the Consolidation Module more suited to LSSA pay progression policies? Would non-social workers be able to access the module? Would completion of a PQ Consolidation in Children’s Services be sufficient? What might be an equivalent certificated award? PSI? CBT? Community Practitioner? Dementia Care? Medical Science?
- (ii) Completion of a Mental Health Pre-AMHP Foundation Module. Possibility of three routes (mental health social workers; non-mental health social worker; non-social workers) depending on where the nominee is coming from. (There was recognition that the needs of the three groups were different, especially as nominees would increasingly come from ever specialised service areas. For example, mental health

social workers may benefit from teaching and learning in the medical and pharmacological perspectives of mental health; non-mental health social workers may benefit from teaching and learning in models of mental disorder, classification of illness, diagnosis, treatment regimes. Whereas the non-social workers may benefit from teaching and learning in the social care agenda, personalisation, independent decision making. **There was universal agreement that the AMHP programmes were not the place to teach generic frameworks of mental health.** Also, it was mentioned that agencies that require specialisation either by service model, age, or diagnosis may need to consider how they ensure practitioners develop an integrated, joined up view of the services they work for.

- (iii) HEIs to set pre-AMHP standards and for programme coordinators to manage and assure quality and governance issues.
4. The workshop participants considered what the agencies need to consider to promote pre-AMHP training, nomination and selection. Suggestions included the following.
- (i) Shared policies and procedures regarding nomination and selection.
 - (ii) Funding issues regarding training programmes and placements.
 - (iii) Funding issues regarding “back fill”.
 - (iv) Support for “practice assessors”.
 - (v) Agenda for Change pay and remuneration considerations.
 - (vi) Contractual arrangements considerations.
 - (vii) Access to independent legal advice considerations.
 - (viii) Access to AMHP professional support and supervision arrangements.
 - (ix) Career pathways linking the AMHP role and progression to the RC role;
 - (x) Recruitment and retention considerations.
 - (xi) “Single Status” and “Job Evaluation” considerations.
 - (xii) Continuing support to practitioners to complete the Higher Specialist (Post Grad. Diploma) and Advanced Award (MSc/MA).
 - (xiii) Cross agency “Information Day” or “Open Day” to explain and explore the AMHP role to prospective nominees.
 - (xiv) Support and access to SHA commissioning to help fund training and placements.
5. The workshop participants made the following requests regarding the DoLS BIA training, and role.
- (i) Clarity and focus around the competency framework of the BIA.
 - (ii) Clarity and focus around the training routes for both AMHP BIAs and non-AMHP BIAs. Including:
 - (a) Length of the training programmes;
 - (b) The content and curriculum of the training programmes;
 - (c) The desired learning outcomes of the training programmes;
 - (d) The quality assurance of the training delivered and of the assessment of the trainees;

- (e) The level of the award; (M level appeared to be preferred as the academic credits could be APCL into the Higher Specialist award and Post Grad. Diploma)
- (f) The academic credit rating of the training programmes; (AMHP to BIA "Bridging Module" could be 5 days, which is equivalent to either 15 or 20 academic credits depending on the HEI.
- (g) Which HEIs are likely to be delivering BIA training programmes.

6. Above all, the workshop participants amplified the following:

- (i) Keep the process flexible;
- (ii) Keep the process simple;
- (iii) Ensure the process has consistency;
- (iv) Ensure the process selects appropriate nominees to the HEIs;

Alwyn Davies
17th July 2008