

# Leadership of social work in mental health

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Key recommendations from the SCIE  
report

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# What are the current challenges for MH Social Work and Social Care?

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- Embedding new mental health legislation
- Delivering better on all duties of the Local Authority
- Personalisation
- (Reductions in public spending.....)

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- New forms of health and social care integration
- Changes in role and job design
- New relationships between services and people using services and their friends and families
- New forms of leadership and management

# Why are we so concerned about leadership at the moment?

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- A perennial issue in social work...
    - Voice and Influence
    - Confidence and identity
  - Big ideas, big opportunities, big challenges ....now
    - Professionalisation of social work
    - Change of philosophy in social care
    - Devolved and pluralised powerbases
    - Citizen driven services
    - Spending squeeze
    - Ethical issues
    - Global challenges
- = Need for Vision and Steerage

# Leadership fit for the times...

| Approach   | View of people  | Roles  | Knowledge/power<br>r locus                          | Leadership<br>approach  |
|--|---|--|---|---|
| Segregated<br>Institutional<br>Medical/custodial                               | Cases<br>Patients   | Doctors<br>Nurses<br>Clergy<br>Lay visitors  | Doctor knows<br>best                                | <b>Charismatic/mo<br/>ral/imperial/uni<br/>professional/ste<br/>ep hierarchy</b>                                |
| Community Care<br>MDTs, 'care and<br>cure' duality of<br>health\social<br>care | Clients and<br>service users                                    | Multidiscipl'<br>professionals   | Professional and<br>manager know<br>best            | <b>MDT team-<br/>/transactional<br/>management/he<br/>roic leadership</b>                                       |
| Recovery and<br>personalisation<br>Social model of<br>disability               | People/citizens<br>with rights,<br>control and<br>opportunities | Educators/advoc<br>ates/facilitators/<br>peer support<br>workers/evidenc<br>e based<br>practitioners | Co-creation of<br>expertise and<br>co-production of | <b>Customer<br/>leadership/hosti<br/>ng facilitating<br/>and mentoring<br/>leadership/ethic<br/>s of rights</b> |

# National Skills Academy for Social Care

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- ***‘Social Care deserves the best managers and leaders. Liberating and affirming services delivered in partnership with people who rely on social care, calls for people with imagination, excitement and enthusiasm. We need confident, skilled and creative leaders and managers in order to raise standards throughout the adult care sector. The Skills Academy will transform the quality of leadership at all levels. ‘***

# Implementing personalisation

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- The four dimensions:
  - Universal services
  - Choice and control
  - Social capital
  - Earlier intervention and prevention

# Implementing personalisation

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- Deinstitutionalise mental health services – and staff....
- Challenge stigma and exclusion
- Get a more level playing field in mental health's share of resources
- Build citizen leadership and choice
- Get mainstream services to deal better and earlier with mental health issues

# SCIE position paper

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- Covers:
  - An overview of personalisation opportunities for mental health,
  - An overview of the leadership tasks
  - A reflection on leadership styles and approaches that might be most relevant

# Key leadership tasks

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- Tackle stigma and promote social inclusion.
- Create the conditions for citizens to make real choices in care and support.
- Facilitate citizen involvement and leadership in shaping services
- Facilitate effective cross-sector partnerships, including NHS/LA innovation
- Enable greater transparency, fairness and consumer satisfaction with entitlements.
- Reform and develop the workforce.
- Ensure professional leadership is fit for purpose.
- Lead from a strong personal value base,
- Innovate for a more diverse and creative provider market.
- Create new formal and informal leadership development opportunities for new types of leader
- Expect pressurised public resources and can develop capacity in unexpected places.

# 1. Develop and demonstrate leadership that tackles stigma and promotes social inclusion

*'I ...had the joy of working with caring professionals who were just as appalled (as I was) at "The System" and wanted to change it for the better of both 'patients' and staff, though (for NHS staff) their hands were mostly tied by being employed by the very Establishment they were trying to reform.'*

*(Kate's story from rethink's Time To Change anti-stigma campaign)*

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2. Create the conditions for citizens with entitlements to social care resources to be empowered to meet their personal aspirations and make real choices.

*‘We stopped talking about my ‘needs’ and started talking about how I wanted to live my life’*

Person with a progressive neurological condition using direct payments

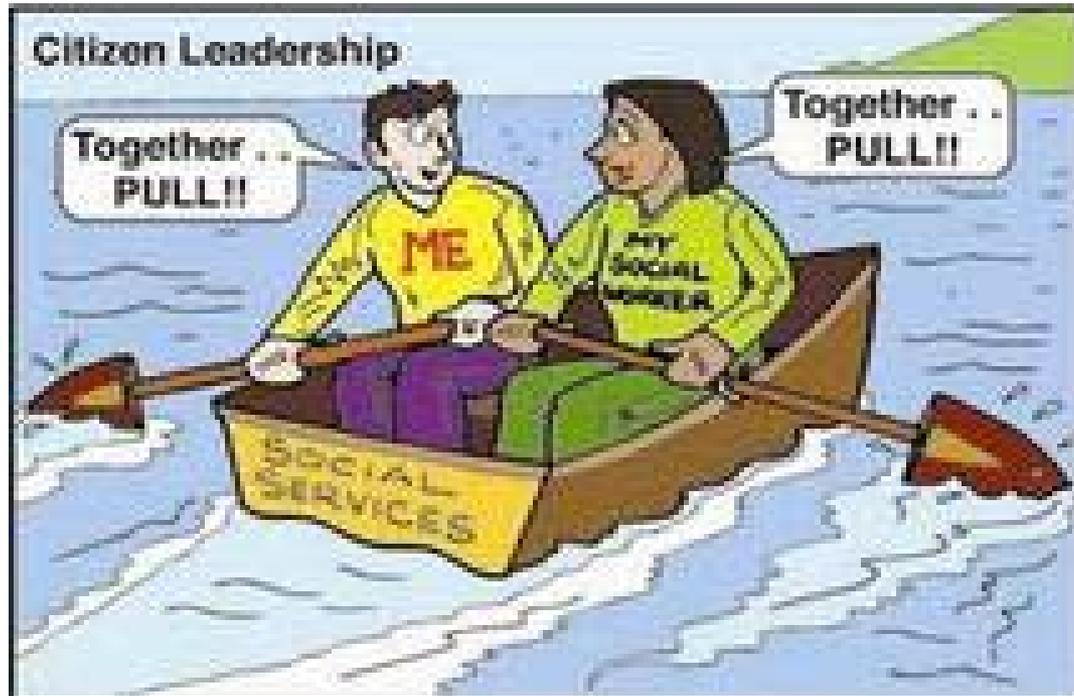
### 3. Facilitate citizen involvement and leadership in determining the overall shape and delivery of mental health support systems.

*“Citizen Leadership is an activity... it happens when citizens have power and influence and responsibility to make decisions. Citizen Leadership happens when individuals have some control over their own services. It also happens when citizens take action for the benefit of other citizens.”*

*Scottish Consortium for Learning Disabilities*

# ...at the individual level...

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# ...recognising leaders across the system...

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**Principle 1 - Potential**  
**Everyone should have their leadership potential recognised.**

# ...enabling strategic influence...

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## Principle 3 - Early Involvement

**People who use services and carers must be involved at all stages of developing and delivering services.**

## 4. Facilitate effective cross-sector partnerships, including developing innovative engagement between councils and the NHS in relation to mental health.

*“Ultimately, every locality should seek to have a single community-based support system focussed on the health and well-being of the local population. Binding together local government, primary care, community-based health provision, public health, social care and the wider issues of housing, employment, benefits advice and education/training.”*

*Putting People First (2007)*

# Leading partnership with conviction

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- *‘Professionals are frequently enthusiastic about integration and some have done conspicuously well in making the promised advantages a reality, but elsewhere they have been made to struggle by a lack of practical support. This has been visible, for example, in negative management attitudes or a lack of training, IT or resources. **Leadership matters.**’*

CSIP/ ICN (2008) Bringing Local Government and the NHS Together, A Practical Guide to Integration

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## 5. Enable greater transparency, fairness and consumer satisfaction with systems of entitlements.

- *Leaders and managers will need to demonstrate the utmost integrity and clarity in their role as developers and administrators of systems of entitlements. They are charged with delivering equality of access to people with mental health needs while making realistic decisions about balancing prevention, early intervention and meeting severe needs. Engaging local stakeholders meaningfully in the process of setting local access processes is a vital leadership task within this.*

» *Allen, R., Gilbert P., Onyett S., (2009) Leadership for personalisation and social inclusion in mental health. p42*

## 6. Reform and develop the workforce

1. Radicalising ourselves: Changing the sort of relationships that we all have with those whom we serve: being 'on tap not on top'
2. Changing existing roles: New roles and clarified old roles: using skills and resources most effectively
3. Developing and facilitating a new workforce: including greater roles for those with lived experience – peer supporters

***'.....spending time with a peer support worker....'***

*"The peer support worker understands what it is like."*

*"She listened and was sympathetic because she had been through things herself."*

*"You cannot always rely on the doctors for help as they do not understand how it feels - the peer support worker does. "*

*"Being able to discuss my personal issues and also doing a comparison with her own. Realising that there is life after mental illness."*

*"Chatting about our problems - being with someone who has been through it themselves."*

*"It helped me to feel more hopeful and believe I could still do things because I could see they had."*

## 7. Ensure professional leadership of all relevant staff groups – including social workers – is fit for purpose

*'... there is a lack of clarity about the leadership expectations and/or requirements of social workers [and that] ... leadership needs to be sustained and delivered in order to deliver priority outcomes of social care within mental health services.'*

*New Ways of Working for Social Work (2007)*

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*‘Social work has the opportunity to bring the best of its facilitative, rights-based and humanistic culture and practices to new forms of personalised and inclusive support systems in highly relevant ways. The potential value of professional social work in driving forward personalisation has been identified in research and policy (see for example Ray et al, 2008). However, realising this potential will require authoritative professional practice and strategic representation and leadership, at national, regional as well as local levels.’*

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8. Lead from a strong personal value base, bringing oneself explicitly and effectively into one's leadership practice

*... to be a more effective leader, you must be yourself – more – with skill.*

*Goffee and Jones, 2003, p 17*

## 9. Create new formal and informal leadership development opportunities that will grow innovative new leadership across the system

*'.....development initiatives... still tend to offer leader development according to formal authority and the role of participants. So, while people with experience of using services are supposed to be driving reform, formal leaders and citizen leaders rarely, it seems, learn to explore their leadership practice together.'*

*What may be needed (is for) ...more commitment to join leader and leadership development opportunities across all old silos and boundaries....*

*Allen, R., Gilbert, P., Onyett, S., (2009)*

## 10. Open up new support and care solutions, including innovation for a more diverse and creative provider market.

*‘Growing the supply side of health and social care – the providers – needs to be shaped to match the changes we are seeing in demand. If we don’t do that, we risk repeating the dreadful mistake of community care – closing long-stay hospitals and just expecting the market to provide.’*

(James, 2008)’

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11. Develop leadership strategies that expect pressurised public resources and can develop capacity in unexpected places.

*e.g. 'co-production' with people using services; cross-sector collaborations eg with the arts and business; linkage between representative organisations. 'Never waste the opportunities of a crisis'*

# Developing leaders and leadership

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- Developing leaders ....

- *‘It is not strategies that change things. It is people’*

- » *Ann James (2008)*

# Developing leaders and leadership

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## Developing leaders..

- ... if we consider leadership as a collective process rather than an individual property then we need to challenge the traditional approach of sending only senior management on leadership development programs, and encouraging others in the organisation to “follow the leader”. (Bolden, 2005, p 7)

# Developing leaders and leadership

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- Developing leadership
  - *‘leadership is conceptualised as an effect rather than a cause. Leadership is therefore an emergent property of effective systems design. Leadership development from this perspective consists of using social (ie relational) systems to help build commitments among members of a community of practice.’*
    - » Day (2001) p593

# Implications for AMHPs

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- Relating the AMHP role and perspective to wider personalisation agenda
  - Ethically resolving ‘control vs choice’
  - Rights-protection driven approach to the law
  - Widening the influence of AMHPs and social workers within mental health services
  - Seeing AMHP core tasks in the context of personalised and recovery driven approaches

# National leadership for mental health social work and AMHPs

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- Leads network
- BASW
- ADASS
- Skills academy
- SCIE
- Skills for Care
- Social Care Strategic Network for mental health
- AMHP leads network
- ...a College of Social Work?

## Successful national leadership modelled by the AMHP leads network

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- Crucial elements of the Leads Network
  - Practical
  - Organised
  - Committed
  - Credible
  - Relevant
  - Visible and influential
  - Collective/collegiate
  - Practice-led
- Where do you go from here?
  - Link overtly with personalisation?
  - Develop citizen involvement?
  - Create leadership development opportunities for members?
  - Develop collaborations with other leading organisations?
  - Influence organisational development and form?