

BASW's response to NHS England Consultation on Medium and Low Secure Mental Health Services (Adults)ⁱ

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Date May 2nd 2017

The British Association of Social Workers (BASW) is the independent and member-led professional association of social workers in the United Kingdom. We have over 22,000 members and we are part of the international community of social work and as such are active members of the International Federation of Social Workers (IFSW) and its European Region. We have offices in each of the four countries of the UK. BASW England have a group of professional members who focus on issues affecting social work with adults and a sub group of that group who focus on issues relating to social work with people with a learning disability. We also have groups focusing on forensic social work and social work with people with mental health problems. This response is a composite of the views of these groups. The consultation asks some specific questions – these are answered in Appendix 1

1. General points:

The commissioning documents are broadly welcomed and seen as a detailed and purposeful attempt to improve the lives of people placed in secure accommodation.

BASW England would like to raise some general points and some specific points

- a) NHS England commission and pay for people in secure accommodation and this creates a structural / financial tension with non secure services that are paid for by councils and / or local NHS commissioning. The tensions between national and local commissioning cannot be underestimated particularly in relation to budget allocation, decision making, bureaucracy and fragmented commissioning processes.
- b) BASW members welcome the aspiration to support people to move from secure accommodation to community services in a timely manner, this has implications for the commissioning of community services in terms of finding suitable housing and suitable community support services. The lack of affordable housing generally is a problem in society, this is exacerbated by problems associated with placing people who have been detained under the Mental Health Act, who may have had challenging behaviour and may also have criminal records. (Securing accommodation for certain types of crime such as sex offences and arson is particularly difficult). There needs to be a commissioning strategy for housing. Recruiting and retaining high quality staff for community services with skills in working with people who have been placed in, or are at risk of being placed in secure accommodation is also extremely challenging.

- c) It is acknowledged that the commissioning documents are being developed specifically for the purpose which they set out, nevertheless we feel that unless there is at least acknowledgement or reference to the wider societal context and issues associated with supporting people who may be at risk of being admitted to secure accommodation, or are ready to be discharged to services commissioned by CCGs or local authorities then it will be difficult for the commissioning policies for secure accommodation to meet their aims and objectives.
- d) For people with a learning disability, autism, or neuro-developmental disorders admission to a medium or low secure unit should be made with the upmost care. The capacity for people with these conditions to cope with significant change, particularly to facilities that are often far removed from their communities is almost inevitably traumatic and can create the vicious circle of a downward spiral, with people responding negatively to the change and therefore potentially escalating behaviour challenges and placement needs.
- e) It is a proposal that for those people with a learning disability who are accommodated in secure accommodation or are being considered for secure accommodation that the “Named Social Worker” role be implemented. Social workers were part of the clinical team in hospitals for people with a learning disability and it is our view that similar arrangements need to apply for medium and low security forensic facilities.
- f) BASW have concerns that there may be a perception in the sector that people have to move sequentially from ‘medium secure’ to ‘low secure’ to ‘locked rehab’ and then to the ‘community’. This perception could be part of the problem that keeps some people in secure, forensic beds longer than is necessary and creates the vicious circle that the longer people are placed in secure settings the harder it is to move people on to non secure settings in the community.

There is a social work Professional Capabilities Framework for Forensic Social Work https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/569389/Forensic_SW_Capabilities.pdf The framework provides good detail about the standards that social workers working in the area of forensic social work need to adhere to.

2. Specific points

a) Needs of people whose first language is not English, or have difficulty communicating

The needs of deaf people are acknowledged, but the needs of other people with language needs are not sufficiently recognised. This includes the needs of refugees and asylum seekers. Refugees and Asylum Seekers may well have a history of additional trauma and therefore that need needs to be recognised and met.

b) Need of people with communication difficulties

There needs to be more recognition of the challenges of communication with people who have difficulty communicating in the spoken or written form. Speech and

language therapy can help substantially with this, however all staff need to be trained in communication with people who have diverse forms of communication or communication difficulties.

c) Flexibility in commissioning

The commissioning document differentiates between people with a variety of different needs, including women, people with learning disabilities etc. This is welcomed however we feel there needs to be an overall recognition that people are individual that there needs to be flexibility in the system to cope with people from a person centred perspective. For example the negative impact of moving someone to a specialist unit at the other end of the country needs to be balanced by the gains of placing the person nearer their family and friends in a unit that may not be a perfect fit in terms of category.

3. Specific comments Medium Secure Units

a) Point 2.1.2 “Access to social, educational and occupational opportunities that are meaningful and support rehabilitation and recovery (minimum 25 hours per week)” Reference to access to these services is welcomed, however if only the minimum number of hours is provided that is still a large number of hours in a week where potentially residents will have little or no activity. We feel that there needs to be an additional statement of “access to informal social, education and occupational services to cover the many hours in the week over and above the minimum 25, particularly at week-ends and evenings”.

b) 2.1.12 Acceptance Criteria

It is not clear whether the list given means that all the criteria listed should be met, or whether some of them and if some of them which ones. The list is as follows:

- Presence of a mental disorder which is of a nature and/or degree warranting detention in hospital for medical treatment and appropriate treatment is available.
- Detained under the MHA 1983.
- Individuals will predominantly present a serious risk of harm to others and to manage this risk requires medium secure in-patient care, specialist risk management procedures and specialist treatment interventions.
- Those suitable for transfer from prisons will generally be charged with, or have been convicted of, a specified violent or sexual offence as defined in Schedule 15 of the Criminal Justice Act 2003 or another serious offence, such as arson.
- Individuals may be accepted without criminal charges pending, where there is clear evidence of a serious risk to others in the context of mental disorder. There will generally be a pattern of assaults and escalating threats.
- Potential to benefit from the treatment/assessment provided or to prevent deterioration.
- The individual is not safely managed in a less secure or non-secure environment.

- Individuals may present a risk of escape which cannot be managed in low security.
- Individuals with a mental disorder directed to conditions of medium security by the MoJ.
- c) “2.2.6 There will be a well-managed interface with child and adolescent mental health services (CAMHS), in particular CAMHS forensic mental health in-patient services, to ensure smooth transition in provision for high-risk young people to adult services”.

The above statement is welcomed, however we are still concerned about the potential major impact of moving a person when they become 18 into a fully adult secure unit. There are specialist units for women, people with a learning disability, neuro-developmental disabilities etc. We feel there should be the option of specialist secure units for people say 18 to 25. There is also a concern about the transition from residential schools. These schools may have an element of “security” (for example schools generally provide a degree of protection for the students from the public). There is no equivalent protection for young people over 18 or 19, so when they transition to adult facilities the reduction in security could lead to potential placement breakdown and possible escalation to secure units for adults.

- c) Individuals with Learning Disability (LD) (Page 14 of Medium Secure Units Document) – role for social workers

The commissioning document says:

“Specialist LD medium secure services will have a clinical team with skills and competence in working with people with LD, including access to appropriately trained psychiatrists, psychologists, occupational therapists, speech and language therapists, dysphagia specialists, sensory integration trained therapists, and an appropriate mixture of registered learning disability and mental health nurses”.

We feel there would be substantial benefit of having social workers as part of the multi-disciplinary team. Social workers are trained in holistic assessment and an understanding of the socio and psychological dimensions of “illness”, disability, mental health and treatment and follow a person centred and strengths based approach to the individual. Social workers have a good understanding of the law in relation to relevant legislation, for example the Mental Health Act, Mental Capacity Act, Court of Protection etc. and have knowledge and experience of community support and the importance of maintain links with family and friends.

- d) 3.2.5 Women’s Services – comments on gender

Recognition of the need to have specialised women’s services is welcomed.

“Women’s medium secure services should provide gender sensitive / specific care reflecting the different needs of women who access these services. In practice this should include;

- There should be an emphasis on dignity, empowerment and relational security so that women feel safe and secure to enable them to engage in treatment.

However we feel that the phrasing, which is good, needs to apply equally for men and also there needs to be recognition that the LGBT community should be supported in the same way.

e) Care and Treatment Reviews. (CTR)

There is a concern that these are not always properly implemented, for example they may be joined onto a CPA meeting. That creates the danger that the CTRs may not be sufficiently person centred. CTRs need to be separate and create the opportunities for adaptive treatment programmes which-are truly in the best interest of the service user

Appendix 1

The consultation will seek responses to the following questions:

1. To what extent do you agree that the specification clearly describes the service to be provided?

(A sliding scale of 1-5 which ranges from strongly agree, agree, neither agree/disagree, disagree, strongly disagree)

Response On a scale 1-5: "4" – see comments above for details

Please state any areas where you feel the description of services could be improved.

See comments in the body of the response

2. To what extent are you satisfied that all the relevant information for this service specification has been included?

(A sliding scale 1-5: very satisfied, satisfied, neither satisfied/dissatisfied, dissatisfied, very dissatisfied)

Response: "4"

Please state any information you feel needs to be included. – see comments in main body of the response

3. Are there any parts of the specifications that are unclear and would benefit from greater clarification?

(Yes/No) Some clarification needed – see comments in BASW response

Please identify the areas you feel are unclear within the specification.

4. Is it clear that the specification represents part of a whole patient pathway?

(Yes/No) **Yes**

Please state where you feel it is unclear that the specification represents the whole patient pathway.

5. Is it clear how these services work with other organisations?

(Yes/No) **Yes** on the whole

If no - what would help to describe this more clearly?

6. Do you think that these specifications represent the latest evidence in secure care?

(Yes/No) **Yes**

If no, what needs to be included?

7. Please state any views on how the service specification can contribute to promoting equality and reducing health inequalities faced by patients.

Please see comments in BASW response relating to gender, young people and people with communication issues, including English not as a first language, or little or no spoken or written language

Can you state any potential impact on specific groups?

8. Do you think that the specification adequately describes the secure services in respect of patients who may have longer term needs? (Yes/No)

No. All the documents are about short to medium term, with a focus on moving people out of the medium or low secure units. There needs to be more reference to people who have longer term needs, who don't improve. The former National Development Team, supporting "Valuing People" undertook interesting work with people with complex learning disabilities and challenging behaviours – people who were considered too challenging to help. They enabled a good number of people to live outside institutions.

If no, what evidence could be used to further develop this work?

The views of families, patients and professionals about the needs of this group.

ⁱ <https://www.engage.england.nhs.uk/consultation/serv-specs-adult-med-low-secure-mh-services/>