



General  
**Social Care**  
Council

# **GSCC targeted inspections of Approved Mental Health Professionals (AMHP) courses in England (2011-12)**

Research report

© 2012 General Social Care Council

The text of this document (this excludes, where present, the Royal Arms and all departmental and agency logos) may be reproduced free of charge in any format or medium providing that it is reproduced accurately and not in a misleading context.

The material must be acknowledged as General Social Care Council copyright and the document title specified. Where third party material has been identified, permission from the respective copyright holder must be sought.

This publication is available for download from our website at [www.gsc.org.uk](http://www.gsc.org.uk) until 31 July 2012. After this date please visit the National Archives at [www.nationalarchives.gov.uk](http://www.nationalarchives.gov.uk).

Authors: Gwynne Jones, Kenneth Bayley, Linda Christian, Nasreen Hammond, Lel Meleyal and Helen Wenman

Design and production: Trisram Dawahoo

# Contents

|                                                                                                                              |    |
|------------------------------------------------------------------------------------------------------------------------------|----|
| <b>Introduction</b>                                                                                                          |    |
| The General Social Care Council                                                                                              | 04 |
| Background to this report                                                                                                    | 05 |
| The inspection process                                                                                                       | 06 |
| <b>Executive summary</b>                                                                                                     | 08 |
| <b>Review of AMHP Inspections</b>                                                                                            |    |
| 1. Recruitment and progression of nurses, psychologists, occupational therapists and social workers                          | 10 |
| 2. The design, delivery, timing and academic credit of AMHP training                                                         | 16 |
| 3. Teaching, learning and assessment of mental health law                                                                    | 20 |
| 4. Teaching, learning and assessment of child and adult protection procedures in relation to the AMHPs wider role and duties | 23 |
| 5. Teaching, learning and assessment of the social perspective on mental distress and mental health needs                    | 26 |
| 6. Teaching, learning and assessment of cultural sensitivity                                                                 | 26 |
| 7. The involvement of people who user services and carers                                                                    | 30 |
| 8. Approval of graduates as AMHPs by local social service authorities                                                        | 33 |
| 9. Practice assessors and practice educators                                                                                 | 38 |
| <b>Conclusion</b>                                                                                                            | 43 |
| <b>References</b>                                                                                                            | 44 |
| <b>Appendix</b>                                                                                                              |    |
| Appendix A – Acknowledgements                                                                                                | 46 |
| Appendix B – List of Programmes running AMHP training                                                                        | 47 |
| Appendix C – The Ten Essential Shared Capabilities                                                                           | 48 |
| Appendix D – The GSCC AMHP Inspection Team                                                                                   | 49 |

# Introduction

## The General Social Care Council

The General Social Care Council (GSCC) is a non-departmental public body of the Department of Health which regulates the social work profession and social work education in England. It aims to protect the public by requiring high standards of education, conduct and practice of all social workers.

Following a decision from Government, the GSCC will close on 31 July 2012 and the regulation of the social work profession and education will transfer to Health Professions Council (HPC). To reflect this, the HPC will change its name to the Health and Care Professions Council (HCPC).

As part of our continued commitment to the sector, we are working to ensure that the GSCC's knowledge of regulating the social

work profession is not lost and is captured in two research reports, of which this is one. The research reports are: **The supply of social work practice placements: Employers' views;** and **GSCC targeted inspections of Approved Mental Health Professionals (AMHP) courses in England (2011-12)**. We will also publish three learning reports: **Regulating social workers (2001-12); Regulating social work education (2001-12);** and **Involving people who use services and their carers in the work of the General Social Care Council (2001-12)**. These reports will focus on the GSCC's learning in key areas over the last 10 years.

We hope you find this series of reports a useful overview of our work over the last decade.

## Background to this report

From March 2011 to February 2012 the General Social Care Council (GSCC) undertook targeted inspections of all 22 approved courses in England offering the training for the Approved Mental Health Professional (AMHP) role as defined by the Mental Health Act 2007. This report presents the findings of the inspections.

The GSCC has duties under Section 63 of the Care Standards Act 2000 to approve, monitor and inspect provision for social work education and training. Section 19 of the Mental Health Act 2007 extends these duties to include the approval of AMHP training. The GSCC also approves AMHP training on behalf of the Nursing and Midwifery Council (NMC) for nurses and the Health Professions Council (HPC) for occupational therapists and psychologists. Under the Mental Health (Approval of Persons to be Approved Mental Health Professionals) (England) Regulations 2008 local social services authorities can only approve professionals who have successfully completed AMHP training approved by the GSCC to work in this role.

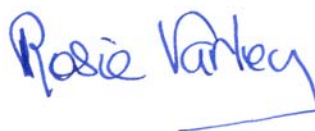
The standards and requirements for AMHP training are defined in *Section 3 of Specialist standards and requirements for post-qualifying*

*social work education and training, 'Social work in mental health services'* (Revised May 2010). The original standards, introduced in 2007, followed work by the GSCC with a group of people who use mental health services and their carers. The group advised on their development throughout to ensure that the standards and requirements should reflect, and have strong focus on experiences and perceptions from service users. Their comments and advice helped to inform and shape the standards and requirements for AMHP training.

Following the abolition of the GSCC on 31 July 2012, responsibility for the regulation of AMHP training will pass to the Health Professions Council (HPC). AMHP training courses are integrated in the GSCC post-qualifying (PQ) framework for social work education. This framework will end with the closure of the GSCC. In preparation for closure the inspection process sought to confirm that each approved university offered AMHP training as a coherent and self contained course that could in future be independent of the PQ framework.



Penny Thompson  
**Chief Executive**



Rosie Varley  
**Chair of the General Social Care Council**

## The inspection process

The principal purpose of any regulatory intervention by the GSCC is to ensure that higher education institutions (HEI) offering courses approved by the GSCC are meeting all the requirements and standards. In developing our inspection methodology for AMHP we consulted with stakeholders and specialists.<sup>1</sup> This was to ensure that the inspection process paid particular attention to those requirements and standards that addressed the issues stakeholders identified as most important. These were as follows and are requirements specifically related to training for practice rather than those relating to the administration of courses.

1. Recruitment and progression of nurses, psychologists, occupational therapists and social workers.
2. The design, delivery, timing and academic credit of AMHP training.
3. Teaching, learning and assessment of mental health law.
4. Teaching, learning and assessment of child and adult protection procedures in relation to the AMHPs wider role and duties.

5. Teaching, learning and assessment of cultural sensitivity.
6. Teaching, learning and assessment of the social perspective on mental distress and mental health needs.
7. The involvement of people who use services and carers in all aspects of the provision.
8. Approval of graduates as AMHPs by local social services authorities.

Additionally the GSCC in the inspection visits also gave particular attention to:

9. The role of practice assessors/educators.

In preparation for the visit by the GSCC inspection team, each university provided documentation relevant to the delivery and quality assurance of their programme. This included a proforma detailing evidence of how their course met the requirements and standards for AMHP training. These documents were scrutinised against a risk assessment framework which considered whether they provided evidence of adherence to requirements.

---

1. Appendix A

Wherever possible the GSCC visited when the course was being delivered, so that we did not increase the regulatory burden upon universities. During the inspection visit we met with representatives of the following groups:

- Current candidates.
- Course graduates.
- Academic staff, practice educators and assessors.
- People who use services and carers who contribute to the design, delivery and evaluation of the course.
- Employer representatives, including those who nominate and support AMHP candidates and representatives from local social service services authorities (LSSA) who approve and authorise AMHPs.
- Senior university staff responsible for quality assurance

To ensure consistency, inspection visits were 'scripted'. Each group was asked a set of questions specific to their involvement in the course and responses were recorded on a standard template. Participants were given the opportunity to report any special concerns and assured that contributions would be reported collectively and that no individual would be quoted in any report. A key aspect of this was the involvement of service users and carers in the process which greatly enhanced the quality of the inspection process.

## Inspection reports

The GSCC issues a final report at the end of the inspection process. This includes a risk rating for each course as defined in *Risk management and Regulation of Social Work Education* (GSCC: 2011). Details of the 22 universities offering AMHP training and links to the inspection reports published on the GSCC website are included in Appendix B.

# Executive summary

**22**

**AMHP programmes across England**

**936**

**candidates have successfully completed AMHP**



**two thirds are women**

The General Social Care Council (GSCC) has duties under Section 19 of the Mental Health Act 2007 to approve Approved Mental Health Profession (AMHP) training. This function will transfer to the Health Professions Council on 31 July 2012. The GSCC carried out a targeted inspection between March 2011 and February 2012 of all 22 AMHP programmes across England. This was to ensure at the point of transfer all courses were sufficiently meeting standards. There had been a number of issues and concerns raised about inconsistencies in the quality of AMHP programmes. The inspection process involved consulting all stakeholders concerned in delivering and using the programmes, including AMHP candidates, service users and carers. Each programme has their inspection report on the GSCC website.

The key findings of these inspections are that the majority of the 22 programmes are meeting the standards expected and where they are not, action has been taken to ensure that prior to transfer of the GSCC's AMHP inspection function, all programmes will meet the standards and not require regulatory intervention. There is inconsistency in the length and attached credit of each AMHP programme, although this did not seem to impair the threshold standard required for being competent in the AMHP role. This composite report features the overall outputs from the inspections.



Since its introduction in November 2008, 936 candidates have successfully completed AMHP training of which two thirds are women and 84 per cent from the social work profession. Although 15 per cent were recruited from nursing, to date no candidate from the psychologist profession has been recruited. Despite concerns that health professions would not understand the social model of mental health, these were unfounded. Similarly in safeguarding and law teaching, health professions were generally equally competent as social workers.

A key success of AMHP training is the involvement of service users and carers in the training. All programmes apart from two had sufficiently involved them in their programmes and their general experience had been positive. This report raises a number of issues for the profession and in particular, issues for The College of Social Work to take forward. The GSCC involved service users and carers as lay visitors to the inspection process which greatly enhanced the quality of the findings.

**84%**  
from the social work profession

**15%**  
recruited from nursing

**20**  
programmes involving service users  
and carers

# Review of AMHP Inspections

## 1. Recruitment and progression of nurses, psychologists, occupational therapists and social workers

For each of the nine areas highlighted for particular attention we have asked:

- Why is this important?
- What did we find?

And in the light of the closure of the GSCC we have identified:

- Issues for the future

### Why is this important?

As well as social workers, the Mental Health Act 2007 broadened the range of professionals empowered to carry out functions under the Act to include nurses, psychologists, and occupational therapists. The GSCC approves and regulates AMHP training on behalf of the Nursing and Midwifery Council (NMC) for nurses and the Health Professions Council (HPC) for occupational therapists and psychologists. The opening up of the AMHP role was part of a wider strategy to *'further develop and modernise the workforce to create and enhance career pathways for staff and to improve the experience of service users and carers.'* (NIMHE 2008:5)

As the lead regulatory body, the GSCC has a responsibility to ensure that the approved courses are accessible to psychologists, nurses and occupational therapists and that those courses fully meet the training and development needs of *all* mental health professionals eligible to train as AMHPs.

In 2006 the Association of Directors of Social Services undertook a survey of Approved Social Workers (ASWs) in England prior to the implementation of the 2007 Mental Health Act and the introduction of the AMHP role. It was estimated that there were 3,900 whole time equivalent ASW posts in England. Thirty-nine per cent of ASWs were reported to be 50 years or older. Females

represented 61.9 per cent of the total number of ASWs. Seventeen and a half per cent of ASWs reported themselves to be other than of white British background (ADSS, 2006).

With the introduction of the AMHP requirements in 2007 training was raised to Masters level. Concerns were expressed during the development of the AMHP requirements that experienced non-graduate professionals who had previously qualified at diploma level would not be able to access AMHP training. A small scale research project that evaluated the first year of one AMHP programme had identified that more students were struggling to initially reach the required Masters academic level (Parker, 2010).

## What did we find?

### Recruitment

Recruitment and selection is led primarily by employers in partnership with the university programmes. To be considered for AMHP training an individual has to be nominated by the employer who commits to support and resource the training opportunity. Thus at the point of application to the course those who come forward for AMHP training have been 'pre-selected'. Although the GSCC is responsible for regulating the training of AMHPs it does not have any statutory responsibility for what happens during 'pre-selection'. This is determined by employers' workforce development strategies.

Nineteen of the 22 courses have had some success in recruiting across the professions, with nurses the largest non-social work group supplemented by a small number of occupational therapists

It remains the responsibility of the university, in partnership with the nominating employers, approving authorities and other stakeholders including people who use services and carers, to ensure that the right people, with the right knowledge, experience, values and potential are accepted onto AMHP courses. We found that all AMHP courses were willing and able to accept applications from all professional groups. However not all professional groups were represented in those being put forward for training by their employers.

Nineteen of the 22 courses have had some success in recruiting across the professions, with nurses

the largest non-social work group supplemented by a small number of occupational therapists. As yet no psychologist has been recruited for AMHP training. The recruitment of health professionals in some parts of England is hampered by the lack of formal agreements between local authority sponsors and local NHS Trusts and a clear understanding of the AMHP role.

### Progression

AMHP training courses are successful at ensuring candidates complete the course. The attrition rate for AMHP training courses is very low. This can be attributed to a number of reasons: stringent and

robust selection procedures which ensure that the right people are recruited, the total commitment demonstrated by the candidates, the determination of employers to ensure that staff complete, or a combination of all three. From the evidence of the inspections we know that those who undertake AMHP training are able to achieve the master's level academic and professional learning outcomes. Where candidates experience difficulties for health or personal reasons,

programmes and employers are able to ensure that those individuals have further opportunities to complete their course.

As of 3 February 2012, the AMHP programmes reported to the GSCC on the total numbers of mental health professionals that had successfully completed AMHP training since the role was introduced in November 2008. Together the four largest courses account for 55 per cent of successful completions.

**From the evidence of the inspections we know that those who undertake AMHP training are able to achieve the master's level academic and professional learning outcomes**

## Successful candidates by profession

### Professional group

|                         |            |              |
|-------------------------|------------|--------------|
| Social workers          | 788        | 84%          |
| Nurses                  | 140        | 15%          |
| Occupational therapists | 8          | less than 1% |
| Psychologists           | 0          | 0%           |
| <b>Total</b>            | <b>936</b> | <b>100%</b>  |

## Successful candidates by gender

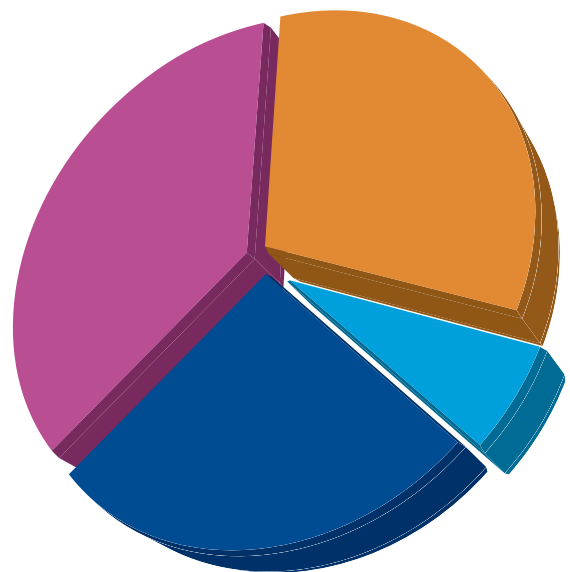
Of the 936 who have successfully completed AMHP training 653 (70%) are women and 283 (30%) men.



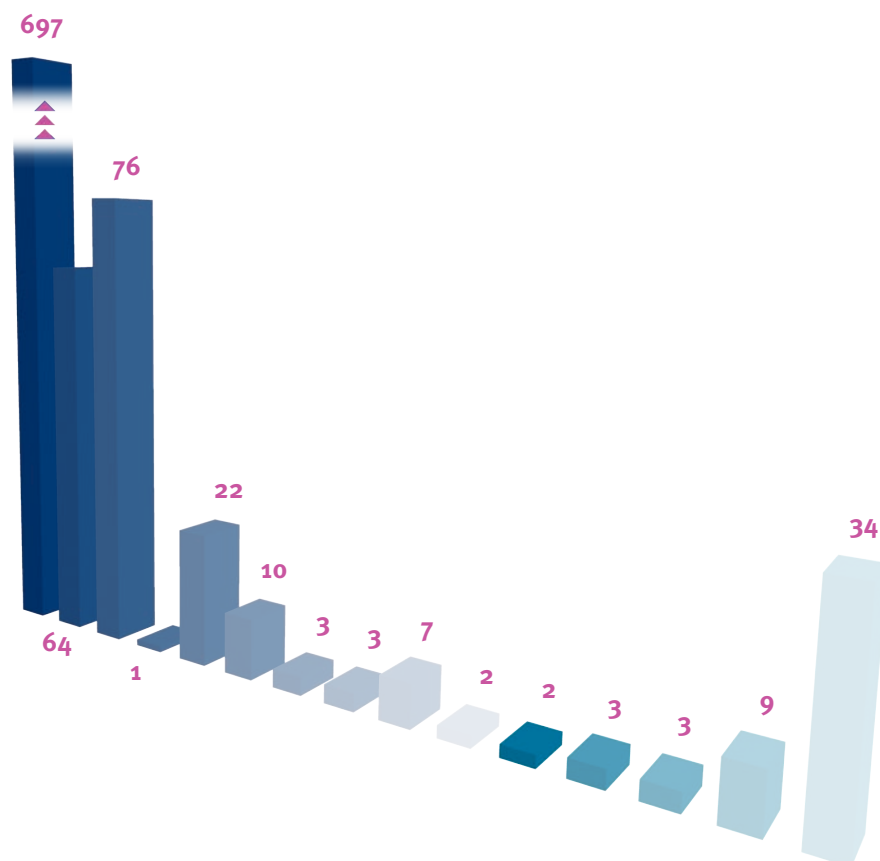
## Successful candidates by age

### Age range

|              |            |             |
|--------------|------------|-------------|
| 25 - 34      | 243        | 26%         |
| 35 - 44      | 348        | 37%         |
| 45 - 54      | 287        | 31%         |
| Over 55      | 56         | 6%          |
| <b>Total</b> | <b>936</b> | <b>100%</b> |



## Successful candidates by ethnicity



### Ethnic grouping

|                                    |            |
|------------------------------------|------------|
| White                              | 697        |
| Black or Black British-Caribbean   | 64         |
| Black or Black British-African     | 76         |
| Other Black background             | 1          |
| Asian or Asian British-Indian      | 22         |
| Asian or Asian British -Pakistani  | 10         |
| Asian or Asian British-Bangladeshi | 3          |
| Chinese                            | 3          |
| Other Asian background             | 7          |
| Mixed – White and Black Caribbean  | 2          |
| Mixed – White and Black African    | 2          |
| Mixed – White and Asian            | 3          |
| Other Mixed background             | 3          |
| Other Ethnic background            | 9          |
| Not known                          | 34         |
| <b>Total</b>                       | <b>936</b> |

## Issues for the future

We are unable to determine whether the profile of successful AMHP candidates reflects the make-up of the existing AMHP workforce and how far that workforce reflects the communities AMHPs serve. There are no published data and matters relating to the AMHP workforce are

beyond the statutory remit of the GSCC. We hope that the evidence from our inspections will assist others in the sector to further investigate whether modernisation and new ways of working have enhanced career pathways for mental healthcare staff and improved the experience of service users and carers.

## 2. The design, delivery, timing and academic credit of AMHP training

To gain approval from the GSCC to offer AMHP training, universities had to demonstrate that courses are designed, developed and delivered in partnership with employers and other stakeholders including people who use services and their carers

### Why is this important?

When the GSCC took over responsibility for the training of Approved Social Workers (ASWs) from the Council for Education and Training in Social Work (CCETSW) in 2001 there was a requirement that a course should be a minimum of 600 hours of learning, with one quarter of this time, or a minimum of 150 hours, allocated to the taught element. With the introduction of the GSCC new post-qualifying framework for social work education in 2003 this requirement was retained. In 2007 the GSCC developed the requirements for the new AMHP role and, following extensive consultations with the sector retained the requirement for 600 hours. It is not the role of the GSCC to be specifically concerned with the number of academic credits that AMHP training

attracts or to decide whether the training is associated with a discrete academic award. That responsibility lies with the university. The GSCC does however specify the academic level of post-qualifying training courses. Previously ASW training equated to the third year of an undergraduate degree programme. The GSCC has ensured that AMHP training is now delivered at Masters level.

To gain approval from the GSCC to offer AMHP training, universities had to demonstrate that courses are designed, developed and delivered in partnership with employers and other stakeholders including people who use services and their carers. The mode of delivery is expected to meet and balance the learning needs of participants with the operational needs of mental



health services. Thus courses across the country will vary in how, when, and where they are delivered depending upon the needs of the partnership.

To ensure courses met the AMHP training requirements we asked universities to set out in their course material how the different elements of learning are structured, the length of study and what academic credit the course attracts.

### **What did we find?**

Seven courses (over a third) require pre-AMHP assessed academic evidence e.g. Consolidation Module, pre-AMHP modules as an entry requirement and to prove the candidates' ability to study at Masters level. The majority of other courses involved employers in conducting pre-selection preparation of

suitable applicants. Frequently this involves applicants in submitting written work (between 2,000-3,000 words) e.g. Critical Career Review and shadowing a number of mental health assessments with experienced AMHP colleagues.

Most stakeholders described undertaking AMHP training as intensive, thorough and worthwhile but often described the curriculum as crammed into a short period of time. The time taken to complete AMHP training varies widely across the country. Courses range from three months full time (where candidates are released from all normal duties), to two years part-time where candidates have day release for the academic component and practice learning is undertaken by block release. The median course length delivered by a third of universities was six months.

**Without exception none of the stakeholders, including representatives of nominating employers and authorising authorities, wished to reduce the length of AMHP training**

All the universities inspected met the minimum 600 hours learning requirement. Without exception none of the stakeholders, including representatives of nominating employers and authorising authorities, wished to reduce the length of AMHP training. Where any comment was made about the number of hours it was always to stress that more time was needed.

### **Diversity in course AMHP modules, academic credits and exit awards**

All courses issue successful candidates with a transcript on completion of AMHP modules for use by their employers. The chart below highlights the range of academic credits awarded and potential exit academic awards a candidate might expect if they were to 'cash-in' their academic credit. Some universities link exit awards directly to GSCC Approved Higher Specialist Professional Practice Awards.

All AMHP candidates have the opportunity to extend their studies to achieve a Masters academic award. The majority of universities link this to a GSCC Approved Higher Specialist or Advanced Professional Practice Award. Senior academic managers confirmed that all universities could re-package the AMHP course as a discrete academic award if required.

### **Issues for the future**

It was beyond our brief to investigate how well people outside the mental health sector, especially the general public, understand AMHP training. It is clear however that the training courses vary enormously in length, timing, number of modules and academic credit, and this is confusing. We recommend the development of a nationally recognised, standardised, academic and professional award that a mental health professional must hold to be considered for appointment as an AMHP.

| Academic Exit Award | Number of AMHP courses | Academic credits on completion of AMHP modules |
|---------------------|------------------------|------------------------------------------------|
| PG certificate      | 14                     | 60                                             |
|                     | 2                      | 80                                             |
|                     | 1                      | 90                                             |
|                     | 3                      | 100                                            |
| PG Diploma          | 2                      | 120                                            |

The curriculum for AMHP training is shaped by the standards and requirements for AMHP training defined in Section 3 of the *Specialist standards and requirements for post-qualifying social work education and training, 'Social work in mental health services'* (GSCC 2010). These include the professional competences developed by the GSCC and defined in Schedule 2 of the Mental Health (Approval of Persons to be Approved Mental Health Professionals) (England) Regulations 2008, the knowledge base of AMHP and the value base embedded in the GSCC PQ framework.

When the GSCC closes, these training requirements will be made available to the HPC and the College of Social Work (TCSW). The HPC will develop their own criteria for approving AMHP programmes, as outlined in the Health and Social Care Act. It is suggested that they take the existing requirements into account in developing their criteria. As the professional body for social workers in England, we recommend TCSW develop and promote curriculum guidance for AMHP providers.

### 3. Teaching, learning and assessment of mental health law

#### Why is this important?

Mental health law is one of the principal areas of the knowledge base underpinning competent AMHP practice. All approved AMHP courses are required to provide teaching, learning and assessment of mental health law. Included in the teaching and learning requirement of mental health legislation are related codes of practice, national guidance, local policies and procedures relating to statutory mental health functions. Also included is other significant legislation which impacts on assessments under the Mental Health Act 2007, significantly the Mental Capacity Act 2005 and Deprivation of Liberty, the Human Rights Act 1998 and Child Care Law.

People who use mental health services and carers need to be assured that AMHPs through their initial training and further professional development have a thorough knowledge and understanding of mental health and other relevant law and are able to demonstrate this in practice.

#### What did we find?

An open-ended question was posed to all groups about how teaching, learning and assessment were provided to ensure a wide range of responses. Without exception students reported that the volume of knowledge required to be assimilated was challenging and that the

law module was tough but enjoyable. Knowledge and understanding of mental health law is integrated throughout all modules of the AMHP courses. In general, practice assessors reported that students came to their placements well prepared in mental health law. This was confirmed by employers who reported that they were confident that graduates were proficient in their knowledge and practice of mental health law.

The inspection teams found that the teaching and assessment of mental health law is delivered via a range of different methods by course providers, which included the interface with other relevant

legislation. The assessment of legal knowledge is typically undertaken through open book tests, formal exams with case studies and formative classroom work. Unscheduled classroom tests are also used to ensure students keep abreast of their learning on mental health law. Where no formal mental health law exam is provided students are required to provide an analysis of legal practice which is assessed in portfolios. All candidates on AMHP courses are required to demonstrate their understanding and application of mental health law in their practice on placement and evidence their competence in their portfolios.

**In general, practice assessors reported that students came to their placements well prepared in mental health law**

**There is a consensus about what the law curriculum contains, which will provide valuable evidence to the Health Professions Council (HPC) when they develop their new criteria to approve AMHP**

The normal pass mark for a Masters (M) level university module is either 40 per cent or 50 per cent. However, this has been questioned by some providers and employers on the grounds that as knowledge and application of mental health law is fundamental to the AMHP role it should attract a higher pass level. The dilemma posed was whether a 40 per cent or 50 per cent pass at M level could incorporate 100 per cent of the law that an AMHP is required to know. Where this was raised the GSCC sought and gained assurance that candidates were appropriately assessed in their knowledge and competence.

The coverage of the law is one of the great strengths of AMHP training.

## **Issues for the future**

Teaching, learning and assessment of mental health law form the cornerstone of AMHP training programmes. There is a consensus about what the law curriculum contains, which will provide valuable evidence to the Health Professions Council (HPC) when they develop their new criteria to approve AMHP programmes as required by the new legislation.

The HPC will develop their own criteria for approving AMHP programmes, as outlined in the Health and Social Care Act. As the professional body for social workers in England, we recommend TCSW develop and promote curriculum guidance for AMHP providers. It is recommended that they incorporate the existing law curriculum into any new standards.

## 4. Teaching, learning and assessment of child and adult protection procedures in relation to the AMHPs wider role and duties

### Why is this important?

Training should address a role for AMHPs which is wider than that of simply responding to requests for admission to hospital or for supervised community treatment and ensuring compliance with the law. It includes being aware of the needs of vulnerable adults and children who may be affected by the mental health legislative process or outcome.

AMHPs have a professional responsibility to ensure those family members, carers and others that may be directly affected by statutory mental health interventions are protected and their rights and well-being safeguarded.

Each of the professional groups eligible to become AMHPs receives some

training in safeguarding legislation. Traditionally social workers are expected to have access to and knowledge of local policies on child protection and adult protection procedures, and have the skills to identify such vulnerable groups (NIMHE 2008:31). As the lead regulatory body the GSCC protects the public by requiring high standards of education of all AMHPs. AMHPs work with some of the most vulnerable people in society, so it is vital that we ensure that only those social workers, nurses, psychologists and occupational therapists that are properly trained and committed to high standards can be considered for approval as AMHPs.

**AMHPs have a professional responsibility to ensure those family members, carers and others that may be directly affected by statutory mental health interventions are protected**

## What did we find?

Although it is not a specified entry requirement, AMHP courses correctly assume that candidates from their partner agencies will have undertaken mandatory training in child protection and the safeguarding of vulnerable adults prior to the course. As part of their current role candidates are expected to have a good understanding of the relevant legislation and local safeguarding procedures. They are expected to demonstrate an appreciation of their own role and responsibilities with regard to protecting vulnerable children and adults. Those AMHP candidates drawn from practice specialisms outside of mental healthcare including children's, older people and learning disabilities services have day-to-day experience of safeguarding procedures and practice.

The teaching, learning and assessment of child and adult protection procedures on AMHP courses is primarily focused on enhancing and developing existing knowledge and applying it to the practice of the AMHP. During the inspection visits some concerns were raised that while such an approach is traditionally suited to social workers, other mental health professionals, because of their different roles and responsibilities, may not have such a comprehensive understanding of safeguarding. Such views proved to be unfounded as the inspection teams found that the nurses and occupational therapists undertaking AMHP training had all received appropriate and relevant training in this area.



A small minority of candidates expressed the view that courses could do more to strengthen the formal input on safeguarding. Usually safeguarding is specifically taught within the law module on an AMHP course. We did find good evidence that practice educators ensure that AMHPs in training understood their wider role and responsibilities. Practice educators play a critical role in the way that they support AMHP candidates to apply their legal knowledge and critically evaluate the outcomes of their interventions in relation to their responsibilities under Community Care, Child Care, Mental Capacity, Equality and Human Rights legislation while undertaking their role under the Mental Health Act.

Representatives from AMHP approving and authorising local social services authorities (LSSA) who participated in the inspection visits consistently expressed the view that AMHP

courses adequately cover issues of child and adult protection. AMHP courses are not considered to be an alternative or substitute for employers' own safeguarding training. Their primary purpose is to get candidates, whatever their professional background or specialist area of work, to understand the wider safeguarding implications of their AMHP practice.

### Issues for the future

Courses will need to continue to monitor the level of knowledge and understanding of adult and children's safeguarding practices and procedures that candidates bring with them to AMHP training in response to any new requirements introduced to improve practice in this area.

We recommend that potential candidates' knowledge of safeguarding be tested during the recruitment and selection process.

**Practice educators play a critical role in the way that they support AMHP candidates to apply their legal knowledge and critically evaluate the outcomes of their interventions in relation to their responsibilities under Community Care, Child Care, Mental Capacity, Equality and Human Rights legislation**

## 5. Teaching, learning and assessment of the social perspective on mental distress and mental health needs

Regardless of their professional background AMHPs need to feel confident and able to assert an alternative social perspective to the medical view, and to act independently in order to provide a holistic assessment of need

### Why is this important?

The ability to articulate, and demonstrate in practice, the social perspective on mental disorder and mental health needs is a key competence of AMHP practice. Training must enable AMHPs to articulate the social perspective through the specific role, responsibilities and duties laid upon them by legislation, codes of practice and policy frameworks. Regardless of their professional background AMHPs need to feel confident and able to assert an alternative social perspective to the medical view, and to act independently in order to provide a holistic assessment of need when undertaking an assessment under the Mental Health Act. All AMHP candidates are required to

demonstrate their competence in understanding individual needs across cultures, gender, religion and age and to challenge discrimination and inequality in relation to AMHP practice.

In the guidance which accompanied the introduction of the AMHP role it was stated that staff from different professional backgrounds will have different learning needs and all candidates - once accepted for AMHP training - will need to '*demonstrate what are, in effect, social work values and practice*' (NIMHE, 2008:30). It was argued that developing a social perspective was part of qualifying training for social workers but such emphasis was not expected from occupational therapists

and nurses at the point of qualification. It was recommended that courses should evidence how they will support non social workers ‘*to evidence competence in areas of experience not traditionally part of their role*’ (NIMHE, 2008:31).

### What did we find?

The inspection teams found a range of teaching and assessment methods to meet this requirement. The social perspective on mental distress and mental health needs is typically embedded and integrated in all modules and teaching sessions on all courses. Included in this is specific teaching on different models of mental disorder and mental distress. The psycho-social and environmental

perspectives are included to emphasise how social issues impact on mental distress and mental ill health. All courses provide sessions on anti-oppressive practice, ethics and values and the service user and carer perspective. These sessions are provided by a wide range of professionals to inform students of the variety of approaches that are used to deal with mental distress and to ensure that they are confident in challenging the medical model where appropriate. Students reported that these sessions challenged their previously held assumptions and ways of working. Nurses on some AMHP courses confirmed that their qualifying training had covered social perspectives, contrary to the assumption that this was not the case.

**The social perspective on mental distress and mental health needs is typically embedded and integrated in all modules and teaching sessions on all courses**

**The significance of the service user perspective is seen as central in AMHP training and people who have used mental health services are key contributors, working alongside students to ensure that their perspective on mental health act assessments and practice is kept in focus**

Whereas other nurse students confirmed that the sessions on the social perspective introduced a steep learning curve for them.

The inspection teams found variation across courses in relation to styles and methods of providing this component of the course. Case studies and ‘live’ scenarios were typically used to emphasise how different perspectives are often interplayed during mental health act assessments.

In recognition of the importance and significance of an appropriate awareness and understanding of the social perspective on mental health needs and mental distress, some courses assess this at interview. Candidates whose response to questions on this is found to be inadequate or inappropriate are not offered

a place. The significance of the service user perspective is seen as central in AMHP training and people who have used mental health services are key contributors, working alongside students to ensure that their perspective on mental health act assessments and practice is kept in focus. As a balance to traditional methods of assessment and psychiatric intervention in mental disorder, many courses offer contributions from the more radical approaches, such as the Hearing Voices Network, Critical Psychiatry and the Recovery Model. All AMHP students are required to provide evidence of their understanding and application of the social perspective on mental health needs and mental distress in their portfolios.

## Issues for the future

Traditionally social workers have been viewed within mental health services as the champions of the social perspective model of mental distress. This is developed in their initial training and is embedded in social work practice. AMHP training sat securely within the GSCC PQ Framework because the social perspective was enshrined within the requirements and standards for mental health social work. Asserting the social model is a key

competence of AMHPs. It will become the responsibility of all professional bodies representing AMHPs to continue to champion the social perspective model. The Health Professions Council will continue full approval of all AMHP programmes after transfer, which in reality will mean accepting the current standards and curriculum guidance as the basis for monitoring quality until such time it has developed its own criteria for approval.

## 6. Teaching, learning and assessment of cultural sensitivity

### Why is this important?

Recent research has confirmed what has been known for some considerable time that people from black and minority ethnic (BME) groups are overrepresented within in-patient mental health services, and higher rates of people from BME groups are subject to treatment under the Mental Health Act. The numbers of detained patients under the Mental Health Act are higher than average among the Black, White/Black Caribbean Mixed and Other White groups (but not in other ethnic groups). The rates for detained patients who were placed on a community treatment order (CTO) are higher among south Asian and black groups (Care Quality Commission, 2011).

AMHPs are required to demonstrate in their practice an understanding of the significance of and sensitivity to gender, culture, religion and spirituality in relation to the experience of mental distress. They should also demonstrate that their practice is based on *‘a critical evaluation of a range of research relevant to evidence-based practice, including that on the impact on persons who experience discrimination because of mental health’* (AMHP Key Competence Area 2 (e) ii).

Values are particularly important in the field of mental health with its complex interplay of issues around trust, power, responsibility, risk, safety, duty of care and empowerment for people who use services.

The Ten Essential Shared Capabilities (DH, 2004) framework comprises the values and principles that should underpin the achievement of outcomes of all mental health practice including social work and AMHP practice.

### What did we find?

Emphasising the importance of practice that is person centred, ethical, respects diversity and challenges inequality are the underpinning values and principles of AMHP training. In most courses this value base is embedded in all aspects of the taught component, interweaved in the learning and assessed in all assignments. The application of values to the AMHP

role is one of the five key competences that candidates have to demonstrate. Nurses and occupational therapists undergoing AMHP training were as able as social workers to demonstrate competence in this area.

Issues relating to gender, culture, ethnicity, class, sexuality, disability and religious beliefs are covered on AMHP courses. The majority of candidates, graduates, practice assessors and employers report favourably on the quality of teaching and adequacy of learning and assessment opportunities concerned with cultural sensitivity. Emphasis is placed in training on the application and integration of values to the role, functions

**Emphasising the importance of practice that is person centred, ethical, respects diversity and challenges inequality are the underpinning values and principles of AMHP training**

and duties of the AMHP rather than on the development of skills and knowledge. This is often linked to another training requirement and core theme in AMHP training - the consideration of the impact of all forms of discrimination and oppression on mental health.

AMHP training allows candidates the opportunity to develop and critically reflect upon their own value base and how they apply values in practice. This is particularly highlighted during practice learning placements when the practice educators have a central role to play in developing the professionally skilled and reflective practitioner.

## Issues for the future

Although in training great emphasis is placed upon the value-base that underpins the role and practice of AMHPs it is difficult to establish where that value-base is articulated. It is partly defined by the Ten Shared Capabilities. It is partly defined within the PQ Framework for social work education and training but that specifically relates to social workers and social work practice. With the closure of the GSCC and the PQ Framework responsibility for defining the value-base of AMHP will rest with the professional bodies representing AMHPs.



## 7. The involvement of people who use services and carers in all aspects of the provision

### Why is this important?

The GSCC standards and requirements for AMHP training were developed with people who use mental health services and their carers to ensure that AMHP education produced graduates able to deliver an ‘individualised person-centred yet holistic’ approach. Paragraph 62 of the GSCC requirements state that users of social care services and carers must be involved in all aspects of AMHP training. Involvement must be a feature of programme design and delivery including selection, teaching, assessment and course planning.

The involvement of service users and carers in social work education has been central to the development of social work education and training for the last decade and is widely perceived to enhance teaching and learning and to have a wide range of benefits (Sadd, 2011).

Participation is also one of the five key principles in the *Mental Health Act 1983 Code of Practice* (DH 2008) and the emphasis on people’s involvement in their own care, treatment and recovery is a prominent feature of other guidance for the mental health sector. *Monitoring the Mental Health Act in 2010/11* report highlights the continued need to focus on involvement of mental health services users in their own care and treatment (CQC, 2011:2). Guidelines have been developed by the National Institute for Health and Clinical Excellence on service user experiences in adult mental health to improve the experience of care for people using adult NHS mental health services (NICE, 2011a), accompanied by a Quality Standard for service user experience in adult mental health (NICE, 2011b).

**Out of a total of 22 AMHP courses, two failed to meet this requirement. All courses acknowledged that it was critical to maintain a sufficient pool of service users and carers and attention was needed to successfully meet all aspects of this requirement**

Some concerns had been expressed that the requirement to involve people who use services and carers in the training of AMHPs was being met in a tokenistic or minimal way. The inspection process and the involvement of GSCC service user and carer visitors in particular enabled checks to be made on whether all aspects of this requirement continued to be met.

## **What did we find?**

### **Meeting the requirement**

Out of a total of 22 AMHP courses, two failed to meet this requirement. All courses acknowledged that it was critical to maintain a sufficient pool of service users and carers and attention was needed to successfully meet all aspects of this requirement. The loss of service users or carers who had initial involvement in programme design was cited as a key problem. Some courses found it more difficult

to secure involvement in activities which required ongoing engagement such as course planning. Involvement of marginalised or excluded groups such as travellers, young people and black and other minority groups present in local communities was also identified as a key challenge.

### **Profile of service users and carers**

Some of the people who use services and carers we interviewed were involved with earlier Approved Social Worker courses. Others were recruited from university groups supporting the social work degree or were invited as members of local mental health groups or networks. Most were working age adults who had recent or ongoing experience of mental health sector services. A few had regional and national expertise in education and training and all provided an ‘experts by experience’ contribution.

### Reimbursement, reward and support

Service users and carers reported satisfaction with the arrangements for financial reimbursement and other forms of reward and support. Universities were taking involvement seriously and had clear policies and procedures for payments. Individuals or their organisations had travel expenses reimbursed and teaching sessions were usually paid for at the university's usual visiting or associate lecturer rate. Other forms of recognition included access to online resources and support with preparation for teaching. Service users and carers were largely positive about their dialogue with course teams and felt their suggestions for improvement were heard.

### Models of involvement

A range of models were found for the involvement of service users and carers in the design

and delivery of AMHP courses. Universities commissioned teaching sessions from self employed expert speakers or mental health service user or carer led organisations. Some universities called on a pool of service users and carers supported in involvement across different educational programmes to secure input to their AMHP course. Often a service user coordinator was employed or a member of the course team undertook the development and support needed to maintain involvement. Sometimes a formal contract with a local service user network secured representation in course design, assessment and planning roles.

### Course design and delivery

The initial success in involving service users and/or carers in AMHP course design had waned in some places. Course teams often reported that service users and carers who had played

a fundamental role at the start had moved on. People's personal circumstances and responsibilities also affected their engagement and most courses were attempting to address the gaps they had identified, including through consultation with service user and carers.

### Candidate selection

Just over half the courses demonstrated that their recruitment and selection processes also included direct input from service users or carers, an area of work most service users and carers welcomed and believed to be a significant role. Often however where employers played a lead role services users or carers were not routinely involved in interviewing prospective candidates.

### Teaching, assessment and planning

The most frequently achieved aspect of involvement in course delivery was

through the provision of lectures, workshops and group discussions. Other contributions to assessment and course planning included being candidate mentors, participant observers in teaching sessions, providing formative feedback on student presentations, or sitting on assessment panels, boards and committees.

### Evaluation

Service users and carers consistently reported that they felt valued and supported through their involvement with the AMHP course. If anything, they wanted more opportunities to inform the teaching and learning of AMHP candidates.

Candidates said that the contribution of service users and carers was invaluable and critical to their learning. Their inputs challenged thinking and encouraged them to more fully appreciate the impact of their role as AMHPs.

## Issues for the future

The inspections revealed the many ways in which service user and carer involvement is being delivered, yet there are no clear measures for determining the content, quality or impact of involvement. More precise guidance about what involvement means in respect of AMHP training would support its future development.

Universities have developed a range of positive ways to engage service users and carers in AMHP education. These should be shared more widely amongst courses and other professional groups in order to enhance the teaching and learning experience for candidates and ultimately for the benefit of the people to whom they will be providing AMHP services in the future.

Social work has a tradition of involving people who use services and carers in the initial and post qualifying training. During its lifetime the GSCC has been in the vanguard of service user involvement.<sup>2</sup> The requirement that people who use services and carers should be involved in AMHP training is a GSCC requirement. We hope that the requirement will be continued by the HPC and note that this would be supportive of the Council for Healthcare Regulatory Excellence's requirement that all health care regulators look at how patient involvement can be enhanced in their regulatory work. This is something that is also supported by the Social Care Institute for Excellence in a recent report (2011:1).

**During its lifetime the GSCC has been in the vanguard of service user involvement.<sup>2</sup> The requirement that people who use services and carers should be involved in AMHP training is a GSCC requirement.**

## 8. Approval of graduates as AMHPs by local social service authorities

### Why is this important?

The GSCC has statutory responsibility for regulating the training of AMHPs. We do not have any responsibility for the appointment of AMHPs by local social services authorities (LSSA). LSSAs are responsible for ensuring that sufficient AMHPs are available within their area to undertake statutory roles under the Mental Health Act.

One measure of the quality of the AMHP training courses is how confident LSSAs are in approving their graduates and how confident those graduates themselves are to undertake AMHP duties.

### What did we find?

A transcript issued by the university verifies successful completion of AMHP training and this entitles the individual to be eligible for appointment as an AMHP. It was notable that each LSSA exercised its own system and procedures for approval of AMHP graduates. The time taken from graduation to appointment varied depending upon the local system but there were no significant delays between graduation and approval. Most graduates reported that they were approved within three months. There were exceptions however. Some LSSAs expected graduates to undertake the role as soon

---

2. See GSCC Learning Report on Service User involvement (April 2012)

as possible after completing their training while others had a longer period of induction into the role that also included being accompanied by an experienced AMHP.

If we can take the appointment of graduates as AMHPs as a measure of the quality of the training, then all the courses we inspected are meeting the specific workforce planning and development needs of partner employers and ensure a continuing supply of AMHPs who are fit for approval.

### Issues for the future

Courses will need to continue working with their partners to ensure that the training of

AMHPs remains fit for purpose. The evidence clearly shows that those who are selected for training do go on to become AMHPs. Just over 84 per cent of the 936 who have successfully completed AMHP training are social workers, 15 per cent are nurses, less than 1 per cent are occupational therapists and there are no psychologists. Whether these AMHPs represent the breadth of professional expertise that should be embedded in AMHP practice is for others to determine. What is needed is some measure that the training of AMHPs does lead to an improvement in services offered to those whose care is subject to the Mental Health Act.

**Just over 84 per cent of the 936 who have successfully completed AMHP training are social workers, 15 per cent are nurses, less than 1 per cent are occupational therapists and there are no psychologists**

## 9. Practice assessors and practice educators

### Why is this important?

To demonstrate competence a candidate must present to the assessment board of an approved programme evidence to meet all the learning outcomes, which make up AMHP training requirements.

### Evidence must include:

- (a) A portfolio prepared by the candidate which includes a self-evaluation of his/her abilities and which offers evidence of their competence against each of the required learning outcomes, including active involvement in the assessment, planning, negotiation and management of compulsory admission to hospital.
- (b) A report by a practice assessor or practice supervisor from the

programme, based on observation of the candidate's application of learning.

- (c) A formal statement of competence from a practice assessor or practice supervisor from the programme declaring whether sufficient or insufficient evidence has been demonstrated in all of the required learning outcomes (GSCC, 2011: para 61).

More than half the training for AMHPs is undertaken in practice learning placements under the direction of a practice assessor. To ensure that practice assessment across AMHP courses was of an equitable standard, we asked courses to describe how they undertook the quality assurance of practice assessment and their practice assessors/educators/supervisors.



## What did we find?

On all courses practice assessors/educators are required to be qualified, experienced and practising AMHPs. Some AMHPs have specific responsibility for the training and development of AMHP candidates written into their contract of employment. All the practice assessors that we met on the inspection visits were social workers committed to sharing their knowledge and expertise and ensuring that AMHP candidates were competent and confident to undertake the role.

Very few courses require their practice assessors to hold specific practice education qualifications but all provide some training opportunities and continuing support. The take up of these opportunities is at best patchy.

Although we found that the assessment of practice on all AMHP courses met the regulatory requirements,

there were differences in the ways that universities quality assured practice assessment. The work of the assessors is principally monitored through the outcomes of the panels or similar groups that assess the portfolios of practice evidence submitted by AMHP candidates. These portfolios will have been assessed, endorsed and signed off by the practice assessor. Practice assessors make assessment decisions on behalf of a university. Some universities formally report back to practice assessors on their performance as part of the quality assurance and monitoring processes but this was by no means the norm. Practice assessors have reported that they only knew that they were doing a good job through their informal networks or because they had heard nothing to the contrary.

We found that the term practice assessor is perhaps a misnomer. Without exception those working with trainee

AMHPs on their practice learning placements have duties and responsibilities that go beyond simply assessing competence. In reality a more appropriate title for those fulfilling this role would be practice educator. Much of what practice educators undertake on AMHP courses is appreciated by candidates but not formally recognised by the universities. In addition to assessing competence these individuals play a critical role in supporting candidates:

- in their application of knowledge acquired through the taught curriculum;
- in their learning of new practice-based knowledge;
- in their development of new skills and areas of competence;
- in their development as reflective, evidence-based and ethical practitioners; and
- in developing their practice portfolios.

## Issues for the future

The AMHP workforce will continue to broaden to include nurses, occupational therapists and perhaps in time psychologists. Up to now practice assessors and educators have been drawn mainly from social work AMHPs. There is a clear commitment within the GSCC PQ framework for social work education to the development of knowledge and skills in mentoring, practice teaching and assessment. With the demise of the PQ framework following closure of the GSCC this commitment will be lost but we are confident that this area will be taken on by The College of Social Work in implementing the 'Professional Capabilities Framework', which incorporates these functions at 'Advanced Practitioner' level. The College of Social Work now own the 'Practice Educators' standards which were developed by Skills for Care (2011), which could easily extend to AMHP practice educators.

# Conclusion

The GSCC is now confident that at the stage they transfer the AMHP function over to the Health Professions Council all programmes will be in good shape, in that they meet the required standards. The AMHP role is an essential function in the protection of vulnerable people suffering mental distress. It is critical that those professionals being trained for this role are competent to the same minimum standard, irrespective of their professional background. This will then give employers greater confidence prior to them issuing the 'AMHP warrant'.

# References

Association of Directors of Social Services (ADSS) (2006) *Survey of Approved Social Workers in England 2006*

[www.google.co.uk/  
url?sa=t&rct=j&q=survey%20of%20approved%20social%20workers%202006&source=web&cd=1&ved=oCDAQFjAA&url=http%3A%2F%2Fwww.spn.org.uk%2Ffileadmin%2Fspn%2Fuser%2F\\*.pdf%2FNWW\\_EXECUTIVE\\_SUMMARY.doc&ei=wPdUT468L8Tn8QPS34TwBQ&usg=AFQjCNGS07c34fgAd\\_pRezC43V4\\_x3TGWw](http://www.google.co.uk/url?sa=t&rct=j&q=survey%20of%20approved%20social%20workers%202006&source=web&cd=1&ved=oCDAQFjAA&url=http%3A%2F%2Fwww.spn.org.uk%2Ffileadmin%2Fspn%2Fuser%2F*.pdf%2FNWW_EXECUTIVE_SUMMARY.doc&ei=wPdUT468L8Tn8QPS34TwBQ&usg=AFQjCNGS07c34fgAd_pRezC43V4_x3TGWw)

Care Quality Commission (2011) *Monitoring the Mental Health Act in 2010/11: The Care Quality Commission's annual report on the exercise of its functions in keeping under review the operation of the Mental Health Act 1983*

[www.cqc.org.uk/public/reports-surveys-and-reviews/reports/mental-health-act-annual-report-2010/11](http://www.cqc.org.uk/public/reports-surveys-and-reviews/reports/mental-health-act-annual-report-2010/11)

Department of Health (2004) *The Ten Essential Shared Capabilities: A Framework for the Whole of the Mental Health Workforce*. London: The Sainsbury Centre for Mental Health, the NHSU (National Health Service University), and NIMHE (National Institute for Mental Health England).

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4087169](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4087169)

Department of Health (2008) *Mental Health Act 1983 Code of Practice*

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_084597](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_084597)

General Social Care Council (2010) *Specialist standards and requirements for post-qualifying social work education and training: Social work in mental health services (Revised May 2010)*

[www.gsc.org.uk/cmsFiles/Education%20and%20Training/PQ%20documents/Social%20work%20in%20mental%20health%20services%20revised%202010.pdf](http://www.gsc.org.uk/cmsFiles/Education%20and%20Training/PQ%20documents/Social%20work%20in%20mental%20health%20services%20revised%202010.pdf)

General Social Care Council (2011) *Risk management and Regulation of Social Work Education* (Revised March 2011)

[www.gsc.org.uk/page/126/Regulating+social+work+education.html](http://www.gsc.org.uk/page/126/Regulating+social+work+education.html)

Mental Health (Approved Mental Health Professionals) (Approval) (England) Regulations 2008 SI 1206

[www.legislation.gov.uk/uk/si/2008/1206/contents/made](http://www.legislation.gov.uk/uk/si/2008/1206/contents/made)

National Institute for Health and Clinical Excellence (NICE) (2011a) *Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services* NICE clinical guideline 136, Issued: December 2011

<http://guidance.nice.org.uk/CG136/NICEGuidance/pdf/English>

NICE (2011b) *Quality standard for service user experience in adult mental health*

[www.nice.org.uk/guidance/qualitystandards/service-user-experience-in-adult-mental-health/index.jsp?domedia=1&mid=37017DAD-19B9-E0B5-D4B7377ACC260C89](http://www.nice.org.uk/guidance/qualitystandards/service-user-experience-in-adult-mental-health/index.jsp?domedia=1&mid=37017DAD-19B9-E0B5-D4B7377ACC260C89)

National Institute for Mental Health in England (NIMHE) (2008) *Mental Health Act 2007 New Roles*

[www.dh.gov.uk/en/Healthcare/Mentalhealth/InformationontheMentalHealthAct/DH\\_106650](http://www.dh.gov.uk/en/Healthcare/Mentalhealth/InformationontheMentalHealthAct/DH_106650)

Parker, Jo (2010) Approved social worker to approved mental health professional: evaluating the impact of changes within education and training, *The Journal of Mental Health Training, Education and Practice* Volume 5 Issue 2 June 2010

Sadd, June (2011) 'We are more than our story': service user and carer participation in social work education,' Social Care Institute for Excellence, *Report 42*:

[www.scie.org.uk/publications/reports/report42.asp](http://www.scie.org.uk/publications/reports/report42.asp)

Skills for Care (2011) Practice Educator Professional Standards for Social Work

[www.skillsforcare.org.uk/socialwork/practiceeducation/sw\\_development\\_of\\_practice\\_educator\\_framework\\_for\\_social\\_work.aspx](http://www.skillsforcare.org.uk/socialwork/practiceeducation/sw_development_of_practice_educator_framework_for_social_work.aspx)

# Appendix

## Appendix A - Acknowledgements

The General Social Care Council Social Work Education Group would like to thank the following people who acted as advisers on specialist topics:

**Claire Barcham**

Approved Mental Health Professional (AMHP)  
Lead National Network

**Professor Keith Brown**

Head of Centre for Post Qualifying Social Work  
University of Bournemouth

**Lucy Butler**

Assistant Director for Integrated Learning  
Disabilities and Mental Health Services,  
Hampshire County Council; Secretary, Mental  
Health, Drugs and Alcohol Network, Association  
of Directors of Adult Social Services (ADASS)

**Angela Downing**

Approved Mental Health Professionals  
Association (AMHPA)

**Dr Frank Keating**

Senior Lecturer, Department of Social Work,  
Royal Holloway, University of London

**Malcolm King**

National Mental Health Development Unit

**June Sadd**

Survivor Activist

**Anne-Marie Smith**

Governor, Hertfordshire Partnership NHS  
Foundation Trust, Carer

**Genevieve Smyth**

Professional Affairs Officer - Mental Health and  
Learning Disabilities, College of Occupational  
Therapists

**Dawn Talbot**

Service User Consultant/Trainer

**Dr Clive Travis**

Expert Patient

**Martine Tune**

Professional Adviser (Adult)  
Nursing and Midwifery Council

**Jo White**

Social Care Practice Manager,  
North Essex Partnership NHS Foundation Trust

## Appendix B - Universities offering AMHP training England in 2011 and links to GSCC inspection reports

The report of the targeted inspection of the Approved Mental Health Professional (AMHP) training programme for the following universities can be accessed downloaded at:

Anglia Ruskin University

[www.gsccl.org.uk/courseSearchUpq.php?id=1](http://www.gsccl.org.uk/courseSearchUpq.php?id=1)

Birmingham City University

[www.gsccl.org.uk/courseSearchUpq.php?id=2](http://www.gsccl.org.uk/courseSearchUpq.php?id=2)

Bournemouth University

[www.gsccl.org.uk/courseSearchUpq.php?id=3](http://www.gsccl.org.uk/courseSearchUpq.php?id=3)

Canterbury Christ Church University

[www.gsccl.org.uk/courseSearchUpq.php?id=7](http://www.gsccl.org.uk/courseSearchUpq.php?id=7)

Leeds Metropolitan University

[www.gsccl.org.uk/courseSearchUpq.php?id=19](http://www.gsccl.org.uk/courseSearchUpq.php?id=19)

Middlesex University

[www.gsccl.org.uk/courseSearchUpq.php?id=26](http://www.gsccl.org.uk/courseSearchUpq.php?id=26)

Northumbria University

[www.gsccl.org.uk/courseSearchUpq.php?id=28](http://www.gsccl.org.uk/courseSearchUpq.php?id=28)

Sheffield Hallam University

[www.gsccl.org.uk/courseSearchUpq.php?id=34](http://www.gsccl.org.uk/courseSearchUpq.php?id=34)

University Campus Suffolk

[www.gsccl.org.uk/courseSearchUpq.php?id=41](http://www.gsccl.org.uk/courseSearchUpq.php?id=41)

University of Birmingham

[www.gsccl.org.uk/courseSearchUpq.php?id=45](http://www.gsccl.org.uk/courseSearchUpq.php?id=45)

University of Bradford

[www.gsccl.org.uk/courseSearchUpq.php?id=46](http://www.gsccl.org.uk/courseSearchUpq.php?id=46)

University of Brighton

[www.gsccl.org.uk/courseSearchUpq.php?id=47](http://www.gsccl.org.uk/courseSearchUpq.php?id=47)

University of Central Lancashire

[www.gsccl.org.uk/courseSearchUpq.php?id=49](http://www.gsccl.org.uk/courseSearchUpq.php?id=49)

University of Chester

[www.gsccl.org.uk/courseSearchUpq.php?id=50](http://www.gsccl.org.uk/courseSearchUpq.php?id=50)

University of Cumbria

[www.gsccl.org.uk/courseSearchUpq.php?id=52](http://www.gsccl.org.uk/courseSearchUpq.php?id=52)

University of East Anglia

[www.gsccl.org.uk/courseSearchUpq.php?id=55](http://www.gsccl.org.uk/courseSearchUpq.php?id=55)

University of East London

[www.gsccl.org.uk/courseSearchUpq.php?id=56](http://www.gsccl.org.uk/courseSearchUpq.php?id=56)

University of Hertfordshire

[www.gsccl.org.uk/courseSearchUpq.php?id=60](http://www.gsccl.org.uk/courseSearchUpq.php?id=60)

University of Huddersfield

[www.gsccl.org.uk/courseSearchUpq.php?id=61](http://www.gsccl.org.uk/courseSearchUpq.php?id=61)

University of Lincoln

[www.gsccl.org.uk/courseSearchUpq.php?id=66](http://www.gsccl.org.uk/courseSearchUpq.php?id=66)

University of Manchester

[www.gsccl.org.uk/courseSearchUpq.php?id=67](http://www.gsccl.org.uk/courseSearchUpq.php?id=67)

University of Wolverhampton

[www.gsccl.org.uk/courseSearchUpq.php?id=83](http://www.gsccl.org.uk/courseSearchUpq.php?id=83)

## Appendix C - The Ten Essential Shared Capabilities for Mental Health Practice

### Working in Partnership

Developing and maintaining constructive working relationships with service users, carers, families, colleagues, lay people and wider community networks. Working positively with any tensions created by conflicts of interest or aspirations that may arise between the partners in care.

### Respecting Diversity

Working in partnership with service users, carers, families and colleagues to provide care and interventions that not only make a positive difference but also do so in ways that respect and value diversity including age, race, culture, disability, gender, spirituality and sexuality.

### Practising Ethically

Recognising the rights and aspirations of service users and their families, acknowledging power differentials and minimising them whenever possible. Providing treatment and care that is accountable to service users and carers within the boundaries prescribed by national (professional), legal and local codes of ethical practice.

### Challenging Inequality

Addressing the causes and consequences of stigma, discrimination, social inequality and exclusion on service users, carers and mental health services. Creating, developing or maintaining valued social roles for people in the communities they come from.

### Promoting Recovery

Working in partnership to provide care and treatment that enables service users and carers to tackle mental health problems with hope and optimism and to work towards a valued lifestyle within and beyond the limits of any mental health problem.

### Identifying People's Needs and Strengths

Working in partnership to gather information to agree health and social care needs in the context of the preferred lifestyle and aspirations of service users their families, carers and friends.

### Providing Service User Centred Care

Negotiating achievable and meaningful goals; primarily from the perspective of service users and their families. Influencing and seeking the means to achieve these goals and clarifying the responsibilities of the people who will provide any help that is needed, including systematically evaluating outcomes and achievements.

### Making a Difference

Facilitating access to and delivering the best quality, evidence-based, values-based health and social care interventions to meet the needs and aspirations of service users and their families and carers.

### Promoting Safety and Positive Risk Taking

Empowering the person to decide the level of risk they are prepared to take with their health and safety. This includes working with the tension between promoting safety and positive risk taking, including assessing and dealing with possible risks for service users, carers, family members, and the wider public.

### Personal Development and Learning

Keeping up-to-date with changes in practice and participating in life-long learning, personal and professional development for one's self and colleagues through supervision, appraisal and reflective practice



## Appendix D - AMHP Inspection Team

### Operations Manager

Gwynne Jones

### Lead Inspectors:

Kenneth Bayley  
Linda Christian  
Nasreen Hammond  
Helen Tyers

### AMHP Team Administrators

Mary Barratt  
Emma Pigott

### Visit Administrators

Janice Gibson  
Shona Hammond  
Rebecca Rooker

### Education Inspection Team

Graham Ixer  
Lel Meleyal  
Helen Wenman

### Education Support Team

Arti Angel  
Emily Bolland  
Becki Howard  
Amy McTeigue  
Beverley Treadgold  
Brian Wakeham  
Alex Walker  
Carol Walker

### GSCC Visitors

|                  |                                                        |
|------------------|--------------------------------------------------------|
| June Sadd        | Service User                                           |
| Anne-Marie Smith | Carer                                                  |
| Clive Travis     | Service User                                           |
| Claire Barcham   | AMHP Leads Network                                     |
| Angela Downing   | Association of Approved<br>Mental Health Professionals |
| Penny Thompson   | Chief Executive, GSCC                                  |

# Further information

If you would like more information on the work of the GSCC or to access an electronic version of this and the other reports in the series please visit:

[www.gsccl.org.uk](http://www.gsccl.org.uk)

Please note the GSCC will close on 31 July 2012 and the regulation of the social work profession and education will transfer to the Health Professions Council (HPC). To reflect this, the HPC will change its name to the Health and Care Professions Council (HCPC) from 1 August 2012.

After this time the GSCC website and all of its content will be archived for reference. To access an archive of the website please visit the National Archives:

[www.nationalarchives.gov.uk](http://www.nationalarchives.gov.uk).

You can contact the HPC through their website:

[www.hpc-uk.org](http://www.hpc-uk.org)



This report is part of a suite that focuses on the GSCC's learning and research and key areas over the last 10 years.

The reports in the series are:

### **Learning reports**

**Regulating social workers (2001-12)**

**Regulating social work education (2001-12)**

**Involving people who use services and their carers in the work of the General Social Care Council (2001-12)**

### **Research reports**

**The supply of social work practice placements:  
Employers' views**

**GSCC targeted inspections of Approved Mental Health Professionals (AMHP) courses in England (2011-12)**