

2022



BASW
England

The professional association for
social work and social workers

Analysis of the British Association of Social
Workers (BASW) Mental Health Thematic Group
Section 117 (Mental Health Act 1983) Survey

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August 2022

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Document Control

Title	BASW s117 Survey Report		
Reference:	BASW/s117/August2022		
Author(s):	Daisy Long Tony Deane	Director AMHP and MH Lead (PSW)	09/08/2022
QA Review:	Chloe Whittall	Director	10/08/2022

1. Introduction and Context

This report details the analysis of survey responses provided by members of BASW. The survey was designed by members the s117 subgroup of the Mental Health Thematic group and is part of ongoing work of that group, which also includes partnership working with the DHSC to develop practice guidance on s117. The chairs of the thematic group would like to express their thanks to all those involved in the development of the survey and to all those who gave their time to respond, with particular thanks to Ellen Thomas for her significant contributions to this report and the work of the s117 group.

Individuals detained for compulsory treatment under certain sections of the Mental Health Act 1983 (s3, 7, 17A, 37, 45A, 47/48) become entitled to aftercare once discharged from hospital under section 117 of the Mental Health Act (MHA), supported by section 75 of the Care Act 2014. These provisions set out the duties and responsibilities of both health and social care commissioners to provide this aftercare. It is a joint responsibility between health and social care and should be monitored and reviewed on a regular basis, keeping need and entitlements in focus.

Section 117 of the MHA has, over an extended period, vexed many a Local Authority. It never seems to be quite settled and the latest instalment is the “Worcestershire case” - R (Worcestershire County Council) v Secretary of State for Health and Social Care and Swindon Borough Council [\[2021\] EWHC 683 \(Admin\)](#). Which has helpfully brought greater clarity to the notion of Ordinary Residence, and what that means in relation to S.117.

There have been limited studies carried out relating to the use and effectiveness of section 117 in practice. One small study has previously investigated awareness amongst groups of staff, Dibben et al (2009) surveyed psychiatric consultants and found that whilst 74% of those surveyed were aware of their patients’ entitlements, only 52% of the psychiatrists surveyed contributed to the care plan, and over a 5-year period only 4% of the service users eligible for s117 were discharged.

Other evidence about the use and effectiveness of s117 in practice, includes lessons and recommendations arising from inquiries and safeguarding adult reviews (for example see Cooling, 2002; Coffey, 2011; McGrath and Oyebode, 2002; Worcestershire SAB, 2020 for examples), and anecdotal discussions between peers and colleagues in the field about the

role, remit, and practice for managing and monitoring s117 arrangements in both Local Authority and Health contexts. Service users and carers also provide valuable insight into how s117 aftercare is implemented in practice and highlight priorities for the recipients of s117 aftercare, which may be different to the focus of practitioners assessing and delivering it.

Section 117 is important because it is about both social justice, and how society supports those in need of care and support, and probably most importantly and cynically, it is about money, sometimes huge amounts of money. It is an entitlement to free aftercare, from both the NHS & LAs for those that qualify & that is a very important entitlement of modern service delivery.

The Government have recently published the draft Mental Health Bill and parliament are currently considering and consulting on that – watch this space and there is a call for evidence here <https://committees.parliament.uk/call-for-evidence/2720/>

The BASW Mental Health Thematic Group, in partnership with the Department of Health and Social Care (DHSC) are looking at a response to the proposed changes around S.117 in the draft Mental Health Act Bill. Service user representatives highlighted difficulties with obtaining their s117 entitlements and the group recognised that there are widespread problems with s117 implementation. It was felt that, in addition to providing a response to the MHA bill there was a more general need to look at s117 and provide support to the sector. To that end, a subcommittee of service users and social workers was set up to focus on s117 and they set out to establish peoples understanding of this important area of legislation. The co-chair of the group penned an article for BASW Professional Social Work magazine in May 2022. In that article, social workers & LAs were urged to see past the technicalities of administering s117 & seek to use and view S.117 as...

“an empowering and enabling piece of legislation, intended to be a social contract, one which ensures people who have previously had their liberty curtailed in hospital while receiving treatment for mental disorder can be provided with the support they need to live successfully outside hospital.”

2. Methodology

The Mental Health Thematic Group sub-committee for s117 aftercare, which included social workers and service users, designed a survey via the survey monkey platform and released it via Twitter. They promoted it there, and via the BASW Professional Social Work Magazine and via other professional networks. Following closure of the survey, the raw data was extracted from the BASW system and provided to DCC-i to undertake an analysis of the findings and develop recommendations based on that analysis. The analysis and report were undertaken by two members of the DCC-i team, both AMHPs and members of the BASW Mental Health Thematic Group.

The survey comprised of twenty-one (21) questions (see Appendix 1 for survey questions), four (4) of which were free text to encourage respondents to share their views and experiences. Respondents were able to skip questions where these were not relevant to their roles or they otherwise did not wish to answer. The questions were developed by the Mental Health Thematic Group sub-committee, with the intention of exploring current levels of awareness across the profession and identify where additional practice support and guidance would be useful.

The data collected via this survey, which included quantitative and qualitative data, has been analysed to identify themes, patterns, and trends, the quantitative and thematic findings are set out in section 3, and the data analysed in section 4 of this report to identify themes and key messages for the Mental Health Thematic Group to take forward. Quantitative data was input into Microsoft excel and formulae run to generate visual data representations (as presented in section 3). For the three free-text questions key words were identified by both evaluators reading the responses and identifying common themes and key words. The responses were then input into Microsoft word as plain text, and key word searches undertaken to identify the number of responses that matched each theme. Where answers were not codable in this way due to complexity of answer or participant language use, these were read manually by one of the reviewers, who then added the response quantitatively into the appropriate thematic category. Whilst considered a strong response, 154 responses were received and the sample self-selecting, as such the data, whilst identifying key issues, cannot be considered representative of the profession but rather has been undertaken to identify common themes and highlight areas for further work or guidance.

3. Findings

In total 154 responses were received to this survey, however not all respondents answered every question. Survey respondents were self-selected, and the survey was published via BASW and members of the Mental Health Thematic Group within BASW on social media, most notably twitter.

Only 2 questions were completed by all those who replied to the survey, these were questions 2 and 4, both relating to the professional role of the respondent. Across the remaining questions the number of submissions ranged from 44 – 153 responses, with an average of 133 responses per question and a median of 139 responses per question across the data set.

For most questions, a selection of answers from which to choose were available, where free-text answers were required (questions 3, 14, 20 and 21) these skew the distribution, as such both average and median values are provided for each question set.

Q#	# Responses	Q#	# Responses	Q#	# Responses
1	153	8	139	15	139
2	154	9	138	16	139
3	44*	10	139	17	139
4	154	11	139	18	139
5	153	12	136	19	136
6	139	13	138	20	111*
7	139	14	133*	21	96*

* Free text responses

The 21 questions within this survey have been grouped into several categories, for the purposes of collating and analysing the information provided. Whilst targeted at social workers due to the nature of the association, other stakeholders also contributed.

In relation to areas of focus for the survey, the questions were grouped as follows:

- Questions 1- 4: Profile of respondents (126 average responses, 153 median)
- Questions 5 – 8: Knowledge and relevance to role (141 average, 139 median)

- Question 9 – 14: Local knowledge and arrangements (137 average, 138 median)
- Question 15 – 18: Interface with health and clarity of funding (139 average/median)
- Questions 19 – 21: Additional support, training, or concerns (103 average/median)

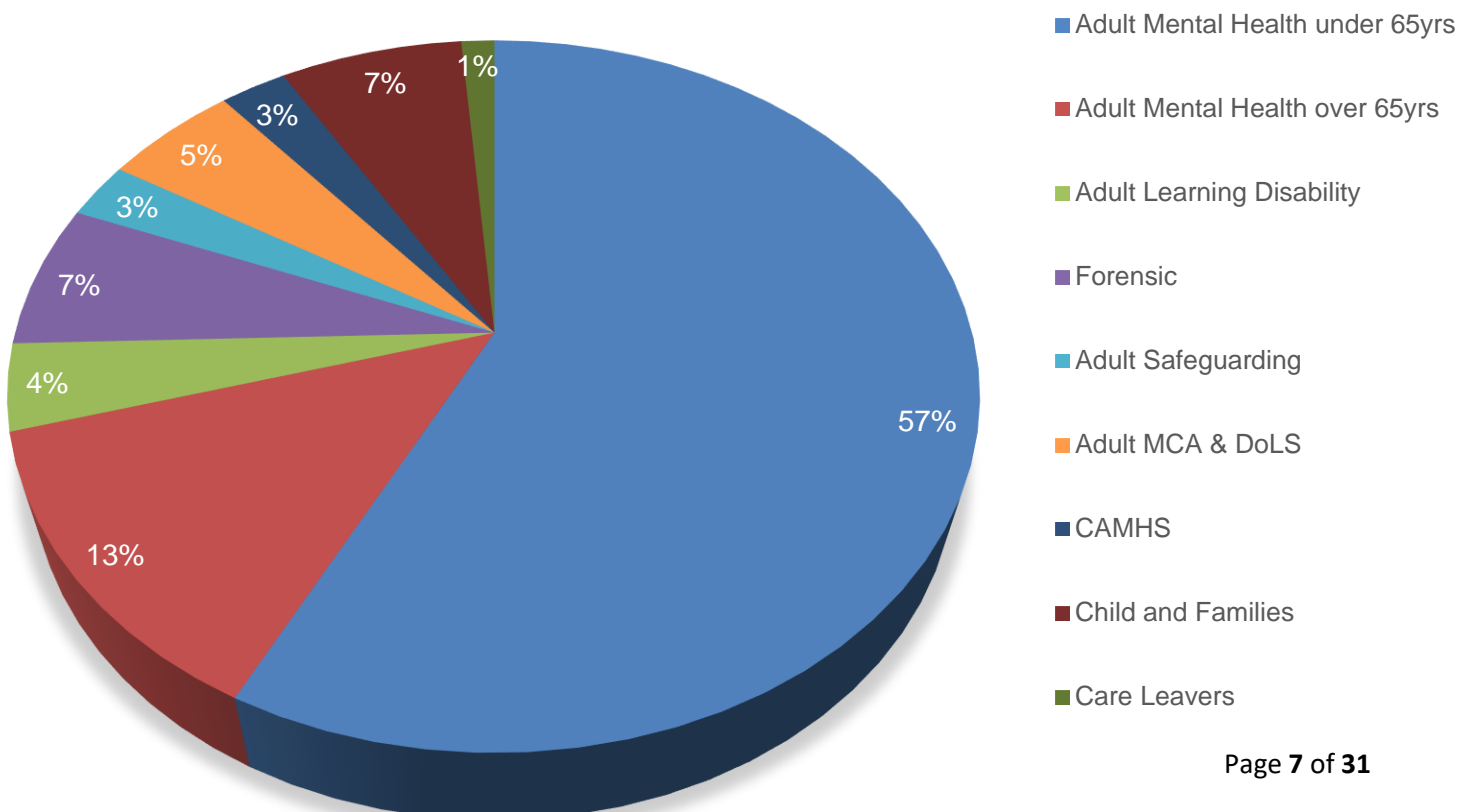
The results of each question are set out here to illustrate the data that was collected for the purposes of this survey, where questions are related figures have been combined to provide comparative information that will be considered further in section 4 of this report to analyse findings and extrapolate conclusions and recommendations for BASW in relation to section 117 policy and practice.

Respondent profile

Question 1. Which service user group do you currently work with? (153)

Most respondents to this survey are working in mental health service settings, with 57% reporting adult mental health and 13% reporting older people’s mental health as their areas of practice. Forensic mental health and Children and Families Practitioners represent around 7% (10/11) of responses respectively, and Adult Mental Capacity and DoLS service practitioners a further 5% (8).

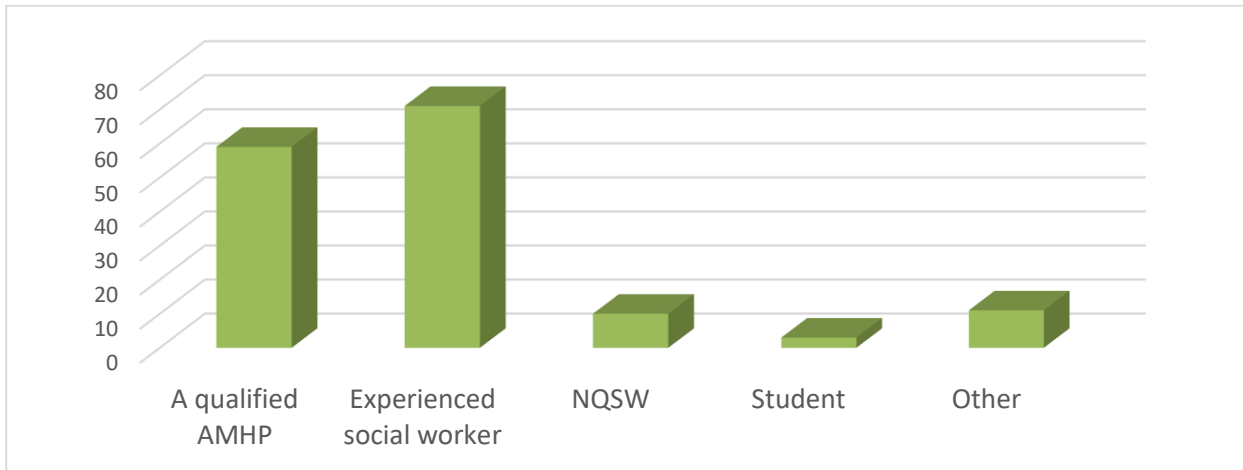
Figure 1: Practice Context of Respondents: By Service User Group



Question 2: What is your role? (154)

Over 46% (71) of those that responded to the survey identified as experienced social workers, with a further 38% (59) identifying as Approved Mental Health Professionals (AMHP) and students and newly qualified social work professionals comprising a further 9% (13) of those who contributed to the survey.

Figure 2: Professional Roles of Respondents



Question 3: Follow-up Question. If you chose other for question 2, please state. (44)

This was a follow-on question, and whilst only 11 indicated ‘other’ to describe their role in question 2, 16 respondents provided further details, with other categories of role including Managers, from first line to strategic and professional leads (8), BIAs (2), a Support worker (1), an Independent Reviewing Officer (1), an Advocate (1) and retired AMHPs (3).

Question 4: Are you currently... [types of roles] (154)

All respondents were either currently employed or in one case a retired practitioner. Just under 88% (135) were employed in permanent roles, with interim/locum staff representing just under 10% (15) of respondents, and just under 2% (3) from an academic background.

Knowledge and relevance to role

Questions 5 and 6: Knowledge and Experience in Practice (152/121)

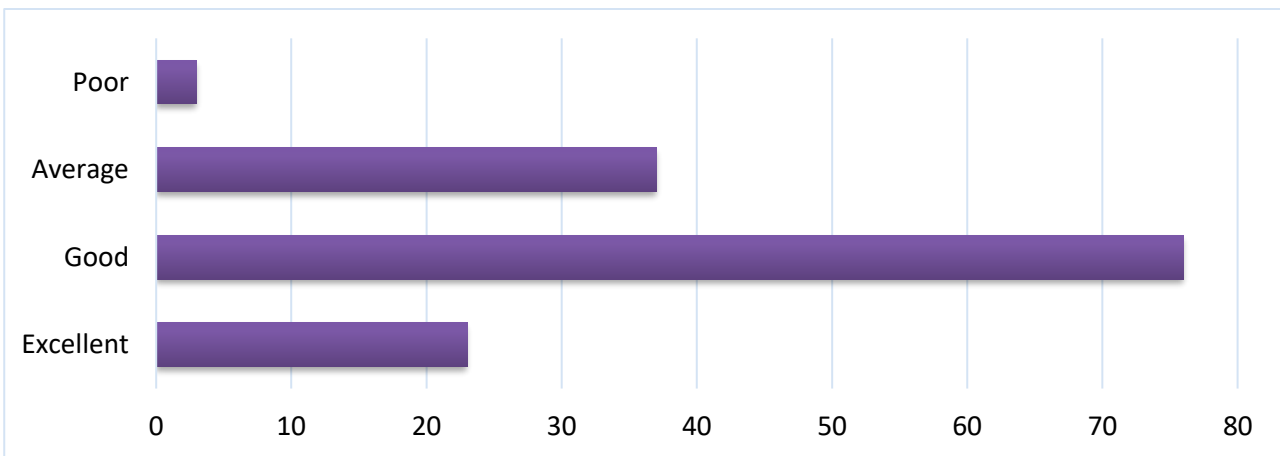
Neither question was completed by all participants, however response rates of 99% (152) and 87% (121) were collected respectively, which indicated that 99% (152) of those responding had previously been aware of section 117 prior to completing the survey, and

79% of total respondents (121) are currently working with individuals who are eligible and in receipt of section 117 aftercare services in practice.

Question 7: Self-rated Knowledge (139)

90% of respondents answered this question, and of those 71% (99) rating their knowledge of section 117 as good or excellent, with just under 27% (37) reporting average knowledge, and 2% (3) rating their own knowledge as poor.

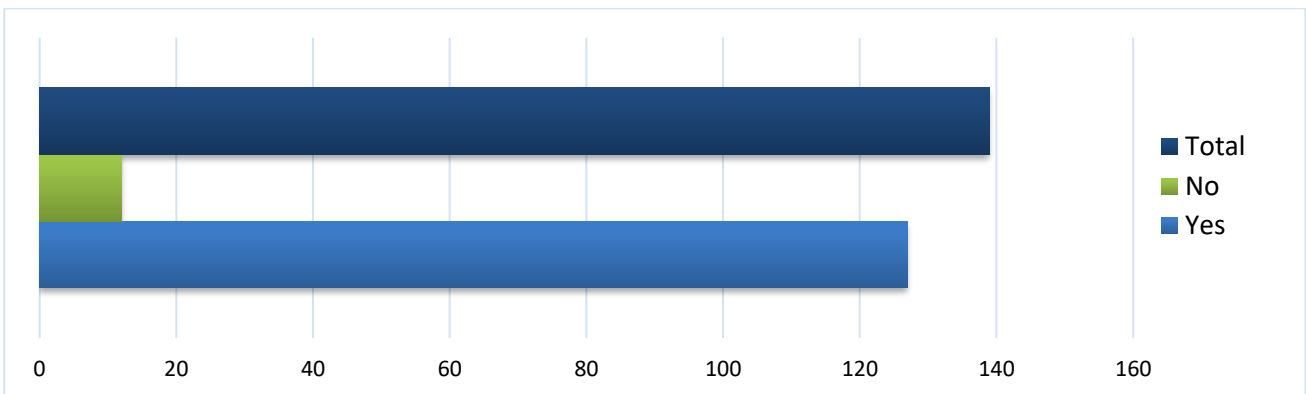
Figure 3: Self-Rated Knowledge



Question 8: Relevance to current role (139)

Over 91% (127) of respondents to this question reported that section 117 was relevant to their currently role, this is slightly higher than the 79% who responded they were currently working with people eligible for section 117 services. Just under 9% (12) of responses to this question stated that knowledge of section 117 was not relevant to their current role.

Figure 4: Relevance to Role

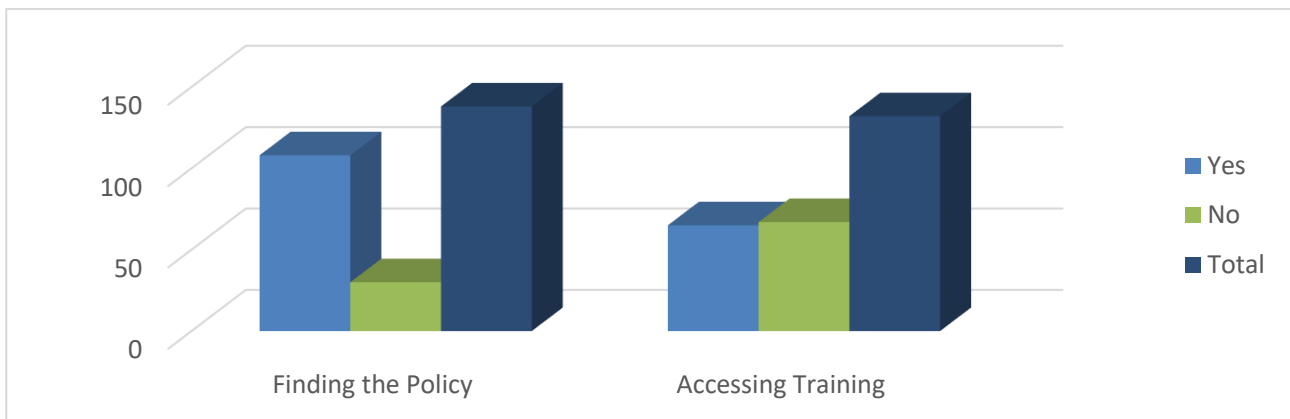


Local knowledge and arrangements

Questions 9-10: Relevance and knowledge of... (138/139)

Questions 9 and 10 asked respondents about their local arrangements, specifically in relation to knowledge about locating the local area section 117 policy and whether employers provided training on section 117 policy and practice in their organisations. From those who responded to these two questions, which comprised approximately 90% of the total sample, 78% (108) knew how to find their local policies, and just over 47% indicated that there was some training and/or updates provided by their employers.

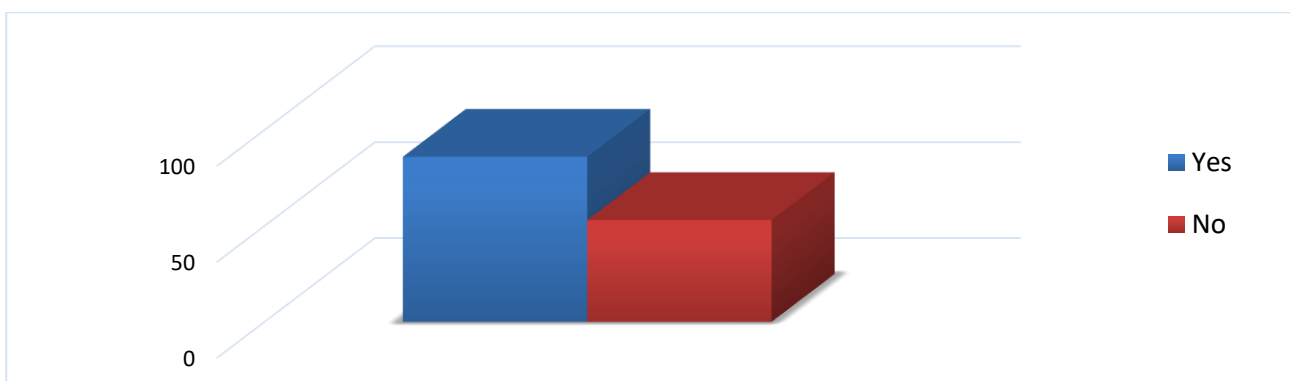
Figure 5: Areas of Knowledge



Question 11: Awareness of Personal Health Budgets as a s117 service (139)

The link between health and social care in the provision of section 117 services was the focus for question 11, 90% of respondents answered this question, and of those 62% (89) confirmed that they were aware that personal health budgets (PHBs) could be used as part of an individuals' section 117 aftercare services.

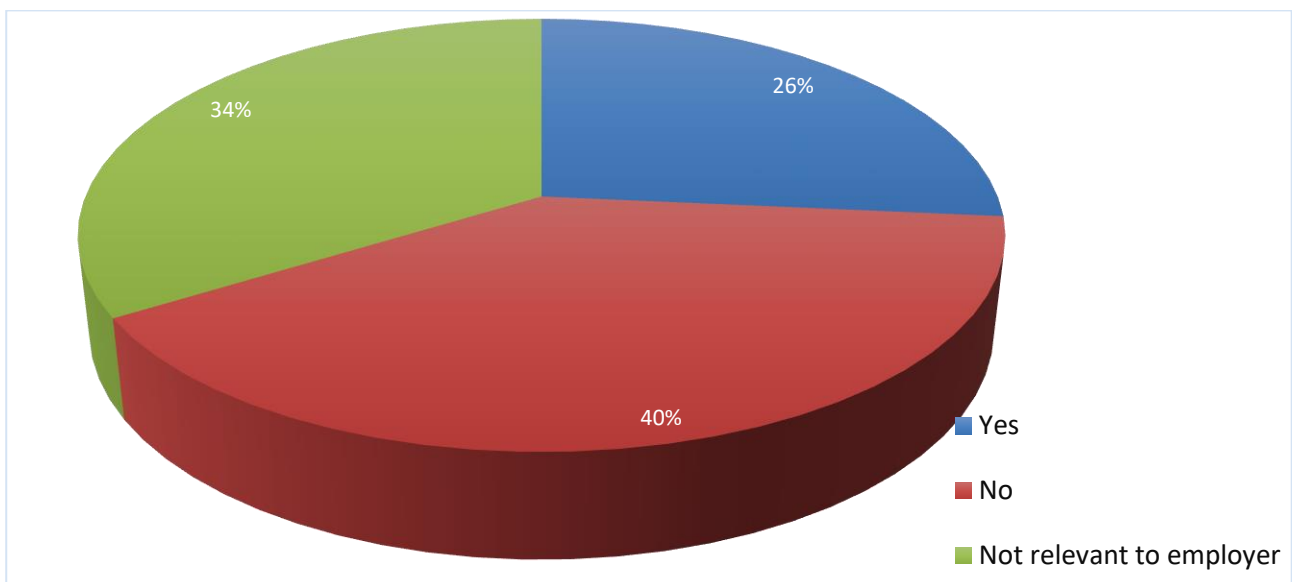
Figure 6: Awareness of PHBs as part of section 117 aftercare



Question 12: Does your employer offer PHB's (136)

Whilst an earlier question had asked respondents about their knowledge of using PHBs within a section 117 aftercare package, question 12 asked specifically about whether respondents' employers were offering PHBs as part of the care and support. 136 responses were received for this question, many of which reported the question not relevant, the survey did not ask for further clarification to allow for a drill down into the reasons why not applicable had been selected; however, of those for who PHBs were an available option, only 26% reported that they were being offered to service users as part of the aftercare package.

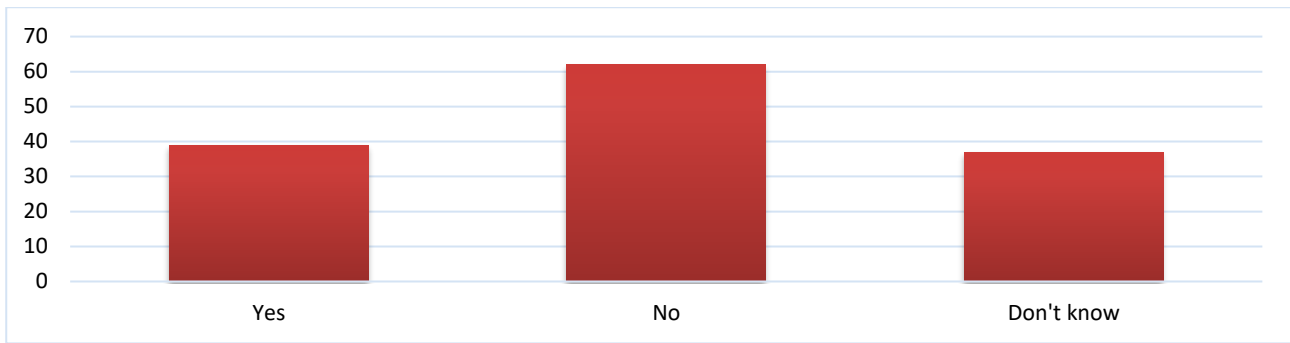
Figure 7: Availability of PHBs Locally



Question 13: Separate s117 assessment forms (138)

How section 117 is assessed is an area that has been identified by the Mental Health Thematic Group as one where many inconsistencies are evident. For example, an integrated adult MH service might complete CPA, Care Act and s117 assessments all on the same documentation. As such question 13 asked respondents to confirm whether section 117 entitlements and aftercare needs were assessed via a separate assessment form. For 76% (99) respondents to this question, the answer was either no or that they did not know. With only 28% (39) reporting that separate assessment forms were in use.

Figure 8: Separate Assessment Forms

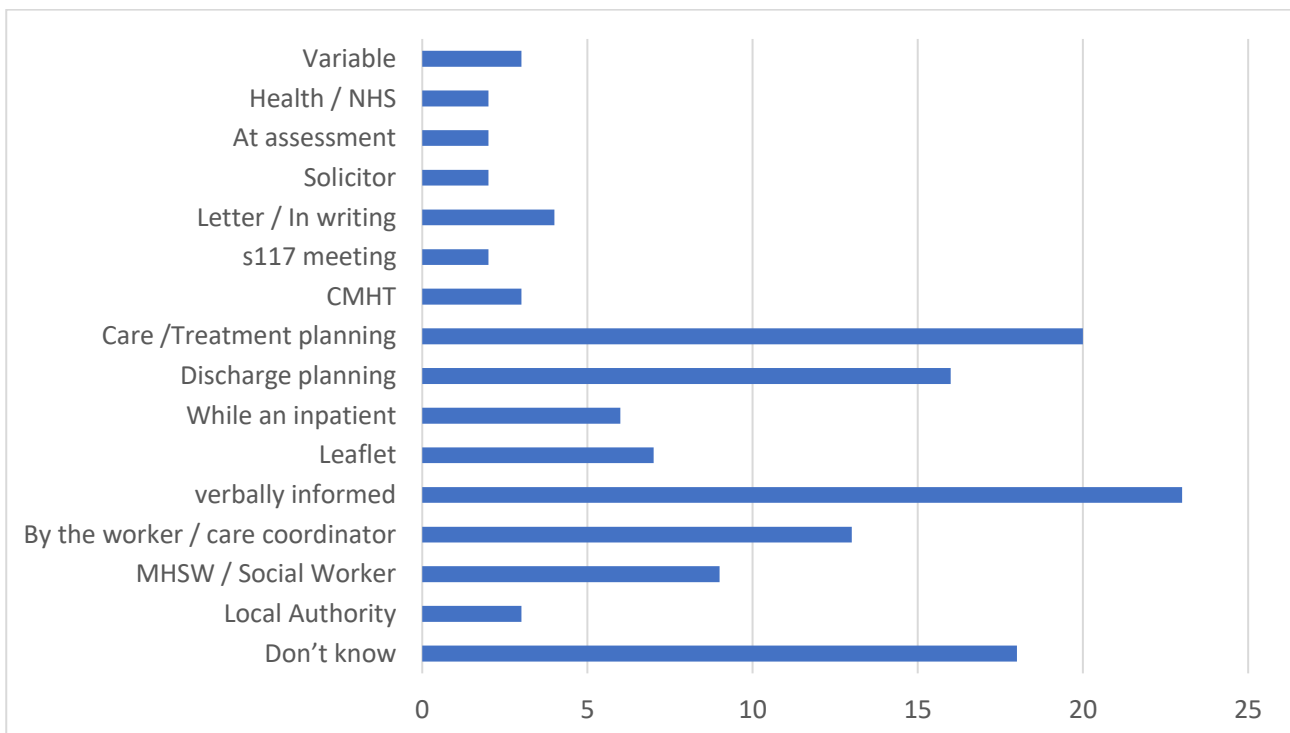


Question 14: How are service users made aware of their entitlements (133)

This question was included in the co-produced survey as a priority particularly relevant to service users experience of s117 aftercare.

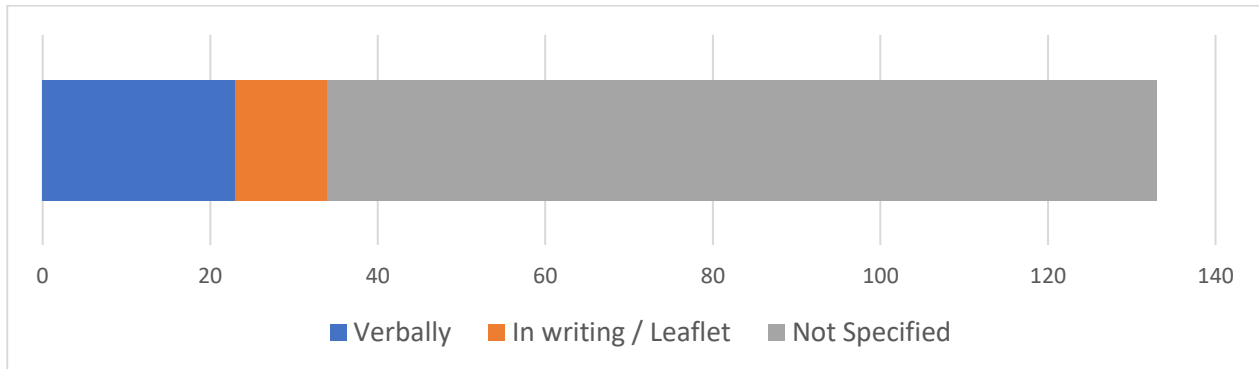
The answers provided by respondents in relation to how individuals were given information about their rights and entitlements under section 117 was posed as a free text answer, with 133 responses ranging across a wide number of themes. These answers have been reviewed and categorised into themes, as described in the section 2 of this report, to provide an overview of the types and range of responses received. Figure 6 below summarises these themes.

Figure 9: How are individuals made aware of entitlements



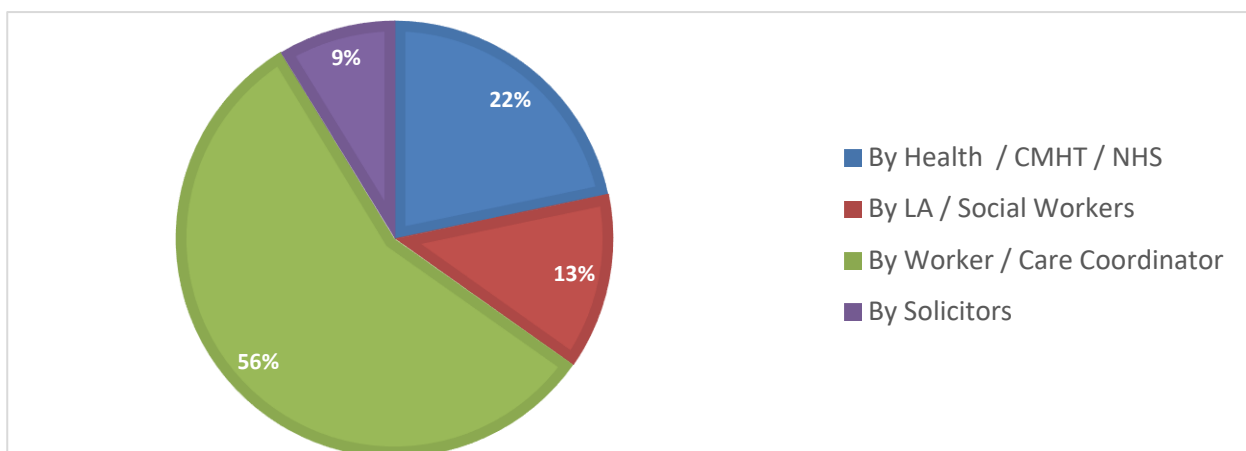
Due to the qualitative nature of this question, it is possible to breakdown responses into different categories to consider issues such as how people are informed, who by and when. Making information available in writing, and available leaflets are noted by only 11 (8%) of the 133 respondents to this question, with 23 (17%) reporting verbal exchanges were the standard means of sharing the necessary information.

Figure 10: Form of information provided



Whilst a small number of respondents took ownership for providing information to the people they work with, the identification of who is responsible and when it should be provided received a wide range of responses which suggest that there is a great deal of inconsistency in practice based on the responses in this sample.

Figure 11: Who provides the information

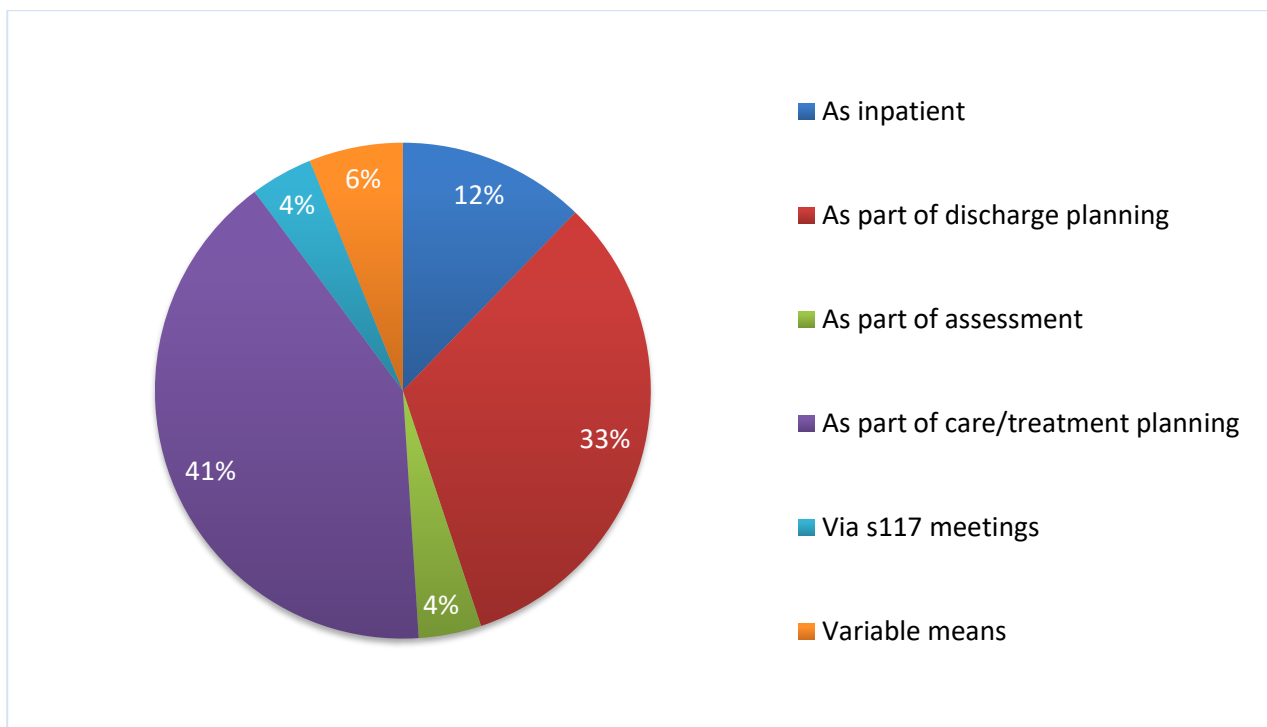


In addition to the format of information and who was responsible for providing it, a significant number of respondents also commented on where in the care and treatment

process information should be provided, with 41% (20) of respondents stating that section 117 entitlements should be communicated and assessed via the care and treatment planning processes (e.g. Care Programme Approach (CPA) Care and Support planning under the Care Act 2014) and 33% (16) identifying discharge planning from inpatient stays where the appropriate points in the process.

It is also of note that 13% (18) respondents stated that they did not know how service users were informed, when it should happen or who is responsible for providing it.

Figure 12: When is information provided

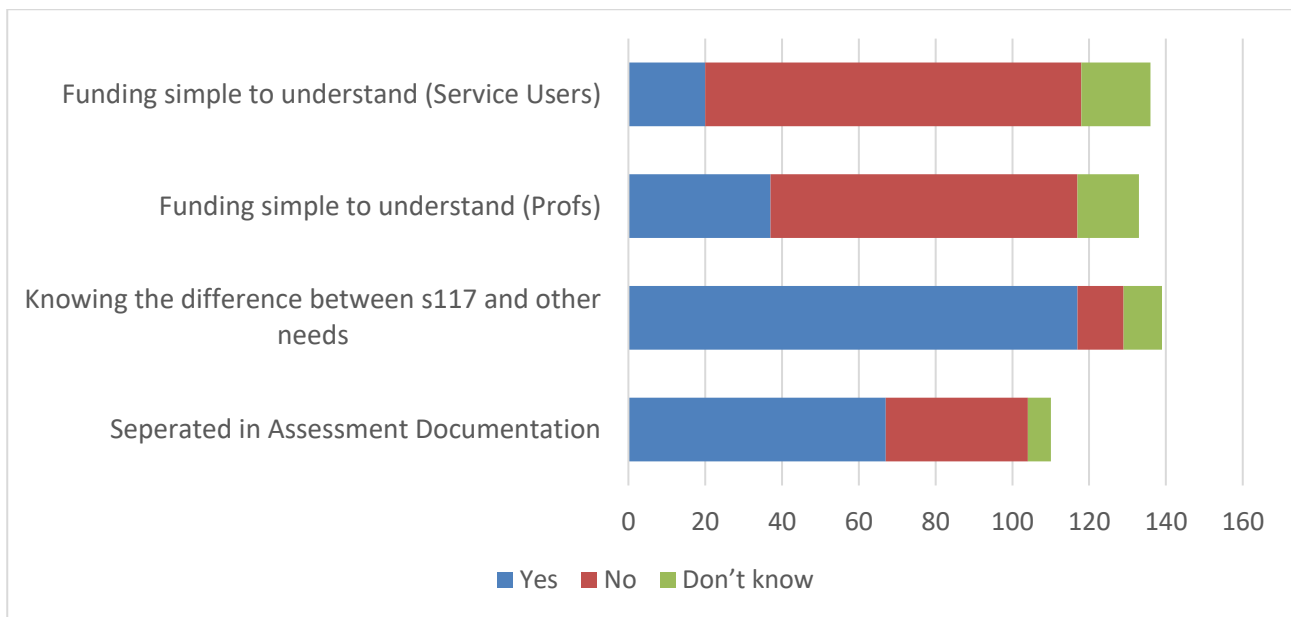


Section 117 interface with health provision and clarity of funding streams

Questions 15-18: Section 117 and Continuing Healthcare (139)

Questions 15-18 built on previous questions in relation to PHBs and asked participants about their knowledge and understanding of issues such as whether funding arrangements were easy to understand for both professionals and service users in their local areas, whether they knew the difference between section 117 and other needs (for example CHC eligible needs) and whether these entitlements were assessed separately in discreet documentation.

Figure 13: Section 117 and CHC Knowledge and Practice



Additional support, training, or concerns:

Question 19: Would advice be welcomed? (138)

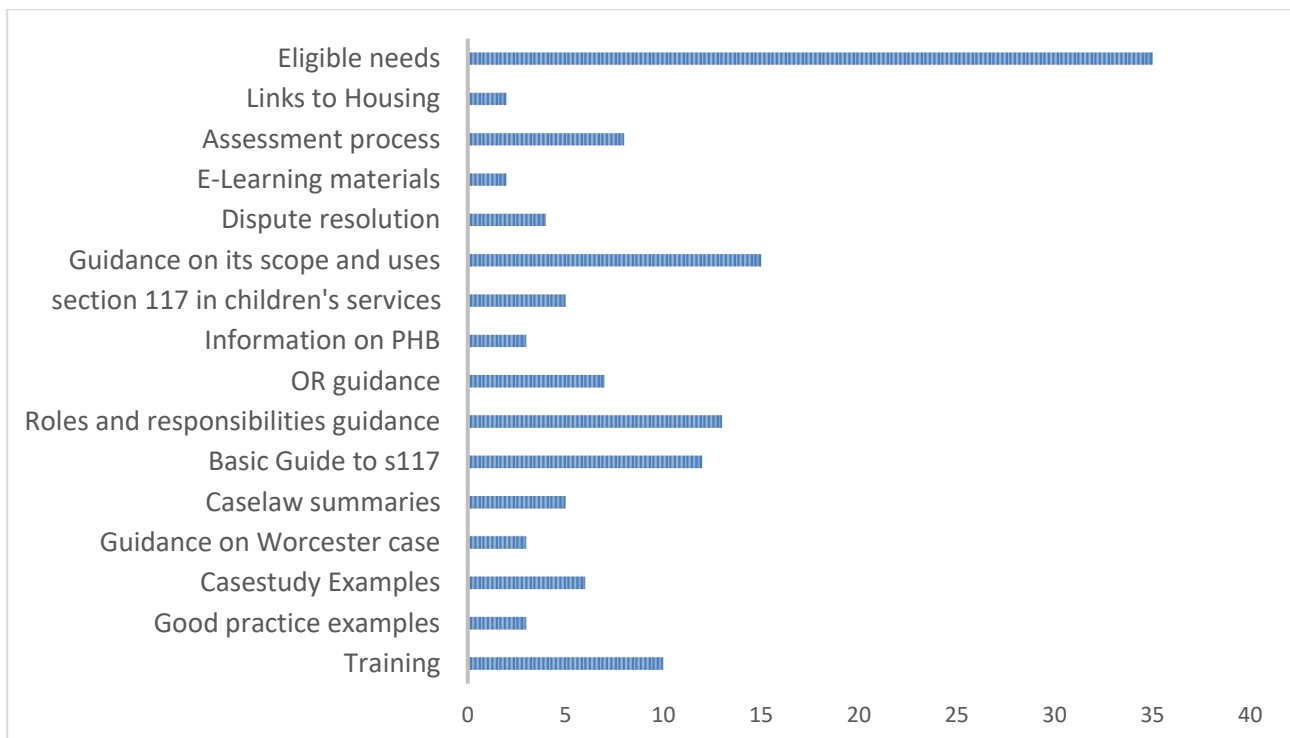
138 answers were received for this question. Of those who responded 88% (121) stated that additional advice and guidance would be welcomed, just under 11% reporting it was not welcome and 1 (0.7%) respondent stating it was not an applicable question for them.

Question 20: What would you like to know about s117? (111)

Building on question 19, this question went on to ask respondents what information they would find helpful in relation to supporting them in practice with section 117 provision. Of the 121 who had stated that advice would be welcome, 111 (72%) added details of a wide range of requests and suggestions.

As detailed in section 5 methodology, free text answers have been coded and themed to create categories across the qualitative answers. Figure 14 below illustrates the range and frequency of different support types and focus detailed in the responses.

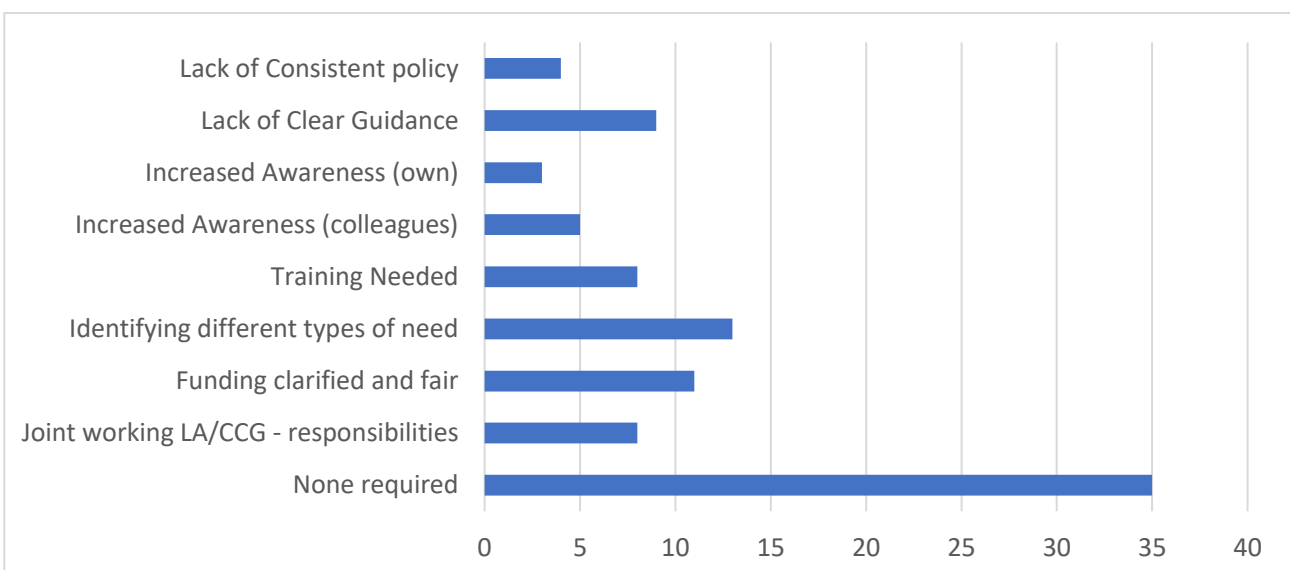
Figure 14: Types of support and information requested by respondents



Question 21: Any other issues of concern (96)

63% (96) of responses were received for this question, of those that provided an answer 36% (35) stated that they did not wish to raise any further issues. For those that commented further on their experience of s117 in practice a wide range of issues were raised, these were themed into categories by key word to identify the range of issues highlighted as per figure 15 below.

Figure 15: Issues of Concern



4. Analysis

Each of the question sets considered provides a richness of information that when combined and compared enables the formulation of themes and hypotheses based on the data sample. Key elements from each area will now be considered before extrapolating the themes into a set of recommendations for the Mental Health Thematic Group to consider further.

Respondent profile

The profile of respondents to the survey were overwhelming representatives of mental health services, with adult mental health and older age mental health constituting the largest group, and specialist mental health services (for example forensic services) also contributing to the survey sample. Whilst mostly comprised of social workers at various levels of experience, and AMHPs, the respondent group did extend to other stakeholders which is reflective of the multi-disciplinary nature of this area of practice, however despite the joint responsibility between health and the local authority, social workers often remain the lead professional in relation to section 117 aftercare and this is represented in the submissions that were received.

Whilst it is possibly not surprising that mental health social workers and practitioners are the largest group, the representation from services such as adult learning disabilities and child and adolescent practice is very small, and in the context of the proposed changes set out in the Draft Mental Health Bill 2022, is concerning. These two groups are due to experience significant change in terms of working practice within the MHA, and it will be vital that as these changes occur the entitlements of those transitioning between frameworks are recognised. 11 respondents (7% of those who took part) indicated they were from children and families' backgrounds which is encouraging data, as it suggests that the level of awareness of section 117 aftercare in this area of practice is starting to increase.

Whilst most respondents were working in permanent roles, just under 10% were in locum positions, this raises several questions in terms of how locum staff access training and how effectively temporary staff can develop knowledge of local processes and provisions

as they move between assignments and according to which level they operate (e.g., front-line social worker, manager etc.

Knowledge and relevance to role

As would be expected from a survey such as this one, over 90% of respondents to this set of questions reported that section 117 knowledge was relevant to their current roles, however more than 30% of those reported that their knowledge on the subject was poor or average, with 21% being unaware of where and how to access the local section 117 policies and procedures and approximately half of the sample unable (or unaware of how) to access training or guidance on the issue.

The key factor in relation to this area of analysis is that if workers are not clear on how and when entitlements are triggered, accessed, and reviewed. It is unlikely that service users and carers will be fully informed and given the complexities of the application of section 117, it appears many professionals routinely working in this area are not as informed as they need to be to support individuals to access their entitlements. As such, we would suggest that training and information needs to be available to all professionals working with people for whom this entitlement is potentially available.

Participant awareness of aspects such as the use of Personal Health Budgets (PHBs) as part of an individual's aftercare package appears to be well known, however the lack of data on section 117 provision and how needs are met, means that there is no way of measuring whether this is translating into mental health practice settings at the current time, anecdotally there is limited evidence of this in practice, and whilst knowledge of PHBs was present, only a quarter of those responding reported that their employer was able to offer PHBs as standard practice. Whilst this is possibly representative of a greater number of Local Authority employed, rather than health organisation employed respondents, and this represents an area for further research if any meaningful analysis is to be identified.

Local knowledge and arrangements

What is clear across the responses to this survey is the level of inconsistency of provision, both in terms of participants awareness of their own local arrangements and the lack of clear policy and process across an overwhelming majority of the qualitative responses. As briefly discussed in section 1 of this report, section 117 is an area that has seen a great deal of confusion and caselaw over the last decade and it may be that changes brought about by the Draft Mental Health Bill 2022 will offer an opportunity to develop a more coherent and consistent national and local position.

The key question for us as social work professionals relates to how people are made aware of their entitlements to section 117 services. This question (#14) in the survey generated 133 unique answers and was interpreted by respondents in several ways. Whilst making quantitative analysis and comparison more complex, these responses also provide a depth and insight into practice in relation to who, when, and how, information and entitlements are shared with service users. Some of the key themes for practice arising from this analysis and extrapolated from the questions responses included:

- i. A lack of availability of written information (leaflets etc) is noted across several responses, and practitioners are more likely to verbally provide information than provide information in writing. This requires them to both know and understand s117 entitlements and arrangements and inform individuals of what those are. In both cases responses to this survey suggest that information is inconsistent and variable in both its availability and use across different areas of practice.
- ii. There are inconsistencies across responses in relation to who is responsible for providing information and at what stage in the process. Discharge planning and care and support planning processes are the most likely point at which section 117 is considered, however this is variable and whilst social workers and care coordinators are most often noted as the responsible practitioner this is far from clear across the responses and varies both according to service user group and most likely geographical as well as organisational differences. This inconsistency may well increase as care co-ordination/CPA is phased out. This level of inconsistency was noted by several respondents, with health and social care partners taking different roles, comments in relation to this area included:

“...there should be clear and standardised policies for supporting understanding of S117 for those eligible at the point of preparing to leave hospital from relevant section. In my area health care take charge of sorting post-hospital support in supported accommodation and then give social care a bill...having social care involved earlier and joint conversations with the individual about what they want and would best support ongoing wellness would be far preferable.”

“Health do not get involved and expect social care to lead the whole process- from arranging assessments, completing assessments to applying for funding. It is social care led when it should be joint. CCG don’t even get involved...with complex cases”.

“[It] differs, not set out process, usually done as part of their discharge meeting from inpatient units. Bit hit and miss, no clear s117 aftercare plans documented.”

- iii. Social workers and those involved in inpatient and discharge planning services are the most likely professionals to inform service users of their entitlements, as per (i) above, this is usually verbally, and given the inconsistencies and variability of approach that is emphasised by respondents throughout all responses, but most markedly in relation to this area of practice, it is likely that incomplete or inaccurate information is being provided and in many cases information is not being provided at all to eligible individuals. A consistent approach and clear roles/responsibilities in relation to section 117 processes is likely to improve this position which is supported by several responses where new policies and procedures are highlighted as helpful in ensuring a more equitable approach is delivered.

The inconsistencies in local knowledge and practice creates several issues that are likely to impact on the services offered to individuals requiring aftercare support. Additionally, how service users are monitored, reviewed, and potentially discharged, from health and social care organisations appears to variable, and there is a need to clarify roles and responsibilities to ensure these processes are effectively managed.

Section 117 interface with health provision and clarity of funding streams

The responses to this survey reflect an apparent lack of joined-up approach between health and social care, and despite recognition of a joint responsibility, nevertheless, s117 aftercare does not appear to be delivered, monitored, or discharged in a joint/multi-agency way which is likely to be detrimental to service user care.

Funding streams, and the interface of section 117 with Ordinary Residence (OR) is a clear area of confusion, and several respondents noted that the Worcestershire case had confused rather than clarified the issues, with regular disputes occurring between Local Authorities in particular, in relation to section 117 packages. Whilst some health colleagues in integrated services (for example community mental health teams) and inpatient environments appear to lead the processes, this is a minority in the sample group considered here, and social workers (within both LA and CMHT settings depending on the service structures in each local area) are often leading the process which may, or may not, be combined with care and treatment pathways such as CPA, CTR or Care Act Care & Support assessments/plans.

Where new policies are being developed, it appears that separate documentation is also being introduced to better monitor and keep track of what is being delivered, however this is the case for only a quarter of respondents, with variable methods of assessment and planning being reported within this survey.

Additional support, training, and concerns

Respondents highlighted a wide range of methods and themes where they would benefit from further support or where greater clarity and integration was required to deliver section 117 in practice. This represents several areas where BASW could either develop products or lobby as part of the Mental Health Bill parliamentary processes and more broadly. Training and guidance were the most identified support requests, followed by the topic areas that required more clarification and guidance.

Whether a need is a mental health aftercare, CHC or Care Act need was highlighted as an area of concern in this final free-text question set, and whilst 30% of respondents stated their knowledge was good or excellent the list of potential training needs and knowledge gaps identified in the final elements of the survey suggests that basic knowledge and

awareness remains a concern amongst this respondent group despite/in contrast to their self-reported perception of their knowledge level. For example, some of the comments received included:

“Which needs are social care, health and other needs as all needs seem to fall under social care i.e., care package to prompt medications. Why is ECT not a health need? Nothing ever seems to get through the s117 panel as a mental health need”.

“Examples of after care services, what this may look like for people. More details on what can be provided through s.117 funding. Whose responsibility it is to find different services.”

“The eligibility criteria for what we would consider a need in relation to their mental health. How we separate this out from any other needs they have that isn't due to mental health. What sort of provisions should we be considering? For example, some people ask if transport costs should be included. It is very easy to put everything under S117 funding but also nothing? How are we separating this out from care needs assessments.”

“Having more information on personal health budgets as these are never offered by health in my area for MH ONLY for physical health needs. There is split health/social care s117 funding in my area but limited guidance on how to separate out which needs are to be met by social/ health budgets so national guidance would be useful”

Whilst a small number stated they would not welcome/do not require additional information and support, the overwhelming response was that advice, guidance, and training across the whole range of areas identified in this survey would be a welcome addition to the resources available to support section 117 in practice.

Overall, the themes of this survey highlight a level of confusion, ambiguity and inconsistency in terms of both knowledge and application, and whilst some state they do not require support or that their knowledge was already good or excellent, the findings of the survey are contradictory to this position, identifying lack of policy and process,

difficulties in joint-working arrangements between health and social care and an overall lack of clarity in terms of whose role it is and where in the care and treatment/support processes it should be considered. This position means that the services and entitlements that service users (and carers) are supported to access is inconsistent and depends on how and by which service the person is case managed from as to whether they entitlements are accessed.

It also appears from the responses to this survey, and supported by previous small sample study (Dibben et al, 2009) that review, and discharge are areas that receive very little focus in practice, a factor which may have some correlation to the position where section 117 entitlements are not routinely reviewed and as such discharge is a rare occurrence. A position echoed in this survey, as queried by one respondent '*Why is section 117 so difficult to discharge?*' and several identifying discharge processes as an area in which they required further advice and guidance.

How, when, where and by whom information is provided and s117 processes are applied in practice appears inconsistent, and this means that from a rights-based perspective inequity is evident. Whether a person is informed, whether different assessments or processes are required and how services are provided and monitored are all areas where a wide range of different practice is reported. Without clear advice and guidance for those operating the systems it is likely that inequalities have developed across the country.

5. Conclusions

Whilst this survey is a small, self-selected sample of association members and those active on social media platforms such as twitter, what it does highlight is the inconsistencies and paucity of knowledge that respondents identified. As discussed, some of the data is contradictory, for example high self-assessment on knowledge balanced against the range of support that is requested in relation to basic understandings of s117 eligibility and needs.

Policy, process, and funding streams are less than clear in all responses submitted, with clarity of policy, roles, organisational responsibilities between health and social care, and how to determine what type of need should be funded by which budget a commonly

reported theme. What is clear however is that whether entitlements are considered, and the types of support accessed via these entitlements, varies according to both area and the degree of knowledge held by the worker providing most of the support (in this case often a mental health social worker or care coordinator), and these determine in whether an individual service user is made aware of, and facilitated to access section 117 entitlements as a standard part of their care and treatment. Currently, the only clear part of the process is the trigger for eligibility, which goes some way to explain why staff in inpatient settings and discharge co-ordinators are often perceived as the responsible professional for ensuring needs are assessed and entitlements are provided. Often information is provided at a time when the person is in crisis (e.g., on admission), and as such they may be unable to understand and retain the information about their entitlements at the time information is given, even if it is clear, which is not always the case.

Whilst section 117 is a joint health and social care duty, it appears from responses collected that there is a lack of joint working in practice, with either health or social care taking the lead and the other partner taking a step back. Several examples of this were provided in the qualitative data, and this is one of the key aspects contributing to the ambiguity and confusion that appears to persist in practice.

A wide range of suggestions have been made for further guidance and support, and these include several areas where BASW could seek to develop their offer / presence further, this includes options such as:

- **Development of training / Training Materials:** Basic understanding of s117 entitlement and aftercare needs is one of the areas highlighted by the survey responses. A full range of CPD products could be developed to support this area further. Both e-Learning and classroom training are identified as an option by respondents, but it should be noted that many LA employers are already providing section 117 training, and it may be that BASW may want to promote consistency by developing of national section 117 aftercare CPD materials or an e-Learning resource to support basic knowledge and understanding of its members in this complex area.

- **Development of guidance:** Practice guidance and accessible information, including information for service users and carers has been identified as a need by respondents. There are currently a wide range of sources of information from different organisations and it may be a more effective use of time to collect these together as a resource for members rather than replicating resource. Nevertheless, if BASW developed guidance based on practice examples that social workers could consider and apply to their own practice contexts this could potentially be a positive addition to the resources available to support social workers to navigate the complex interfaces between section 117 and multiple other processes outlined earlier e.g., ordinary residence and care act eligible needs.
- **Lobbying for clarity in policy and process:** Nationally as part of the Draft Mental Health Bill evidence process, and beyond, there is a need to map and bring together the various professional groups who operate in and around section 117 provision, and to agree the key principles, if not the actual policy, of section 117 entitlements. Whilst most areas have a section 117 policy, the use of these in practice is variable and, in some cases, completely absent. This is an area that requires lobbying and coordination of the key stakeholders to develop a shared understanding and basic standards of practice if section 117 entitlements are to be implemented equitably across the country and between different service user groups.
- **Further areas of research:** To be fully representative a larger sample-size would be required, reflecting the user groups to which section 117 entitlement may apply. In addition, some of the questions asking for participant self-rating could be further developed to provide a benchmarking and standardised approach to test what these self-ratings mean and the reliability of the ratings respondents submitted.

As noted in the analysis, participants were largely from mental health services and whilst a major stakeholder, other practice areas, such as learning disabilities, autism and child and adolescent mental health, are likely to yield similar results and are areas where a rights-based approach to section 117 would be beneficial as part of the overall approach to care

and treatment. To make section 117 accessible we need to move beyond a concentration of adult mental health service and social workers and establish the entitlement as a core part of all-age services and social work practice.

Overall the respondents to this survey were a group of interested and engaged people, who wanted to share their experience, however they represent a small proportion of the workforce for whom section 117 entitlements may be relevant. Whilst training would be beneficial, the systemic issues raised by respondents in relation to policy and practice inconsistencies and ambiguity need to be resolved if a coordinated and managed approach to section 117 is to be achieved in the future.

6. Recommendations

Based on the analysis set out within this report, the reviewers would make the following recommendations to the Mental Health Thematic Group and BASW as a professional association. We would encourage these recommendations to be implemented with/informed by the involvement of, and where possible co-production with, service users and carers as is consistent with BASW's commitment to co-production and raising the voice of service users in its work.

- i. A more considered and consistent approach to knowledge acquisition for social work and other staff at all levels is required. Ad hoc training commissioned by various organisations is unlikely to deliver an improved experience for those in receipt of section 117 entitlements, and as such we would recommend BASW seek to engage colleagues in NHS England, Royal College of Psychiatrists, and mental health representatives of HEI and Other professional disciplines (e.g., Nursing and OT), alongside people with lived experience of s117 eligibility, to establish an agreement in relation to the core capabilities required by those operating the section 117 systems and processes in practice.
- ii. Consider development of rights-based practice guidance and standards by BASW, aligned to PCF (Professional Capabilities Framework) 4 Rights & Justice, and the requirements of the KSS (Knowledge & Skills Statements) 9, organisational context, to enable social workers to be clear on the statutory rights and duties that underpin

section 117 entitlements and to embed these entitlements into the professional frameworks as standard. To establish section 117 entitlements as a core part of the narrative of social care practice.

- iii. To increase member awareness of s117 and its reach in practice focused communications would be beneficial. Currently those that are engaged in this debate, i.e., those in mental health settings or who are working with individuals where section 117 is an area of dispute, tend to be those that have a specific interest rather than being part of the rights-based conversations as standard. This needs to change if section 117 is to be effectively used and managed. We would propose promotion, monitored for effectiveness, that includes translating why this is important to practitioners, service users and carers alike in accessible and easy-read formats.
- iv. To collate the available section 117 service user information and leaflets and make these available via the BASW website for members and non-members. Reaching out to voluntary sector organisations such as Rethink and MIND to Identify gaps in the available resources and seeking to address these as appropriate to the association's role and scope.
- v. To include the findings and analysis of this survey in the BASW response to the Joint Committee on the Draft Mental Health Bill, to highlight the professions concerns about the inequities that have been highlighted.
- vi. To promote service user and carer involvement and inclusion within in aspects of s117 delivery from involvement in service design to establishing a culture of shared decision making in their own care and support within the s117 entitlements.
- vii. BASW to consider whether additional lobbying / campaigning is possible within the wider strategic plan to promote service user, carer and public awareness of rights and entitlements of section 117 more generally.

- viii. Consider the viability of undertaking a wider piece of work targeting employers as well as those receiving s117 aftercare services, seeking to clarify and benchmark areas such as knowledge, skills, and local variations in practice.

7. References

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Worcestershire SAB (2020) SAR Re: Jane (June 2020)

<https://www.safeguardingworcestershire.org.uk/wp-content/uploads/2020/06/JANE-SAR-for-publication-19.06.2020.pdf>

8. Appendix 1: Survey Questions

1. Please indicate which service user group you currently work with...
 - Adult Mental Health under 65
 - Adult Mental Health over 65
 - Forensic Mental Health
 - Children & Families
 - Adult Safeguarding
 - CAMHs
 - Adult Autism
 - Adult Learning Disabilities
 - Care Leavers

2. Are you....
 - An Experienced Social Worker
 - A qualified AMHP
 - An NQSW
 - A Student
 - Other

3. If you chose other, please state [Free Text]

4. Are you currently....
 - Working in a permanent role(s)
 - Working in agency / interim role(s)
 - Working in academia
 - Retired
 - Unemployed

5. Have you heard of section 117 of the Mental Health Act (MHA) previously?
Yes/No

6. Are you currently working with individuals that are eligible for s117 aftercare?
Yes/No

7. Would you say your knowledge of s117 is.... Excellent – Good – Average – Poor



-
8. Is knowledge of s117 relevant to your role? Yes/No
9. Do you know how to find your local policy on s117? Yes / No
10. Does your employer give you updates or training on s117? Yes / No / Not Relevant
11. Are you aware that s117 entitlement also means that there is a duty to offer a personal health budget if this could be utilised? Yes / No
12. Is your employer offering personal health budgets? Yes / No / Not Relevant
13. Is there a separate s117 assessment form in your authority/trust? Yes / No / Don't Know
14. How are service users on your area made aware of their entitlements? [free text]
15. I understand what the difference is between s117, CHC and Care Act Needs.
Strongly Agree - Agree - Neither Agree nor Disagree - Disagree - Strongly Disagree
16. Are you required to differentiate between these assessments in your assessment documentation? Yes / No / Don't Know / Not Relevant
17. Is Funding for s117 aftercare needs simple to understand for professionals? Yes / No
18. Is Funding for s117 aftercare needs simple to understand for people who use mental health services and their carers? Yes / No
19. Would you welcome further advice on s117? Yes / No
20. If yes, what things would you like to know about relating to s117? [free text]
21. Any other issues you wish to raise? [free text]