

Think Ahead's Submission to the NHS 10-Year Workforce Plan Call for Evidence.

Think Ahead is a mental health workforce charity that, for the past ten years, has been funded by the Department of Health and Social Care to deliver a mental health social work programme. We have provided a vital pipeline into the profession, recruiting and training over 1,200 mental health social workers who work across NHS trusts and local authorities.

We have worked in partnership with 60% of NHS mental health trusts and 50% of local authorities, delivering a unique social work training route with a mental health specialism.

Through this work, we have developed a wealth of insight and experience into what makes mental health services effective, particularly the value of community-based support and the role of social approaches in helping people get well and stay well. We also have deep experience in what it takes to build and sustain this part of the workforce, including recruitment, retention, training, and progression.

Our wider activity has included supporting the recruitment of Individual Placement Support Practitioners, delivering specialist training on mental health and substance use, and working with local authorities to embed the Approved Mental Health Professional (AMHP) Standards.

What follows is based on our close engagement with the workforce and system partners and reflects what we have learned over a decade of supporting and shaping mental health services through a social and community-focused lens.

Where you have already seen or begun to deliver a shift from hospital-based to community care

Since the start of the programme, our partner organisations have significantly increased their social work capability, recognising the value they bring in delivering holistic, person-centred mental health care and improving team effectiveness.

Mental health social workers are uniquely equipped to deliver care in the community, where recovery is more likely to be sustained. They build a deep understanding of people's lives, including their relationships, networks, and the wider social dynamics that affect wellbeing. Drawing on advanced relationship-based practice, they facilitate conversations about what matters most: people's interests, connections to place, and the support they already have around them.

Taking a whole-person, rights-based approach, mental health social workers instinctively consider a full spectrum of needs, including housing, finances, protection from harm, and social connection. This often entails connecting people with informal and voluntary sector support. Unlike other clinical staff, who often do not have the training or resources, they are specifically trained to navigate these non-medical aspects of care.

Their work is underpinned by evidence-based approaches like the Connecting People model, which is cited in both the Community Mental Health Framework and DHSC's strategic statement for mental health social work. Taught through the Think Ahead programme, this model offers a structured, measurable way to build social connectedness- a factor consistently linked to improved recovery and reduced reliance on clinical services.

A member of our lived experience partnership shared a time when they were supported by a mental health social worker who prioritised building a genuine relationship. Rather than meeting in a clinical setting, the practitioner suggested meeting in a local park. This small but significant shift made the individual feel at ease, less like a 'patient under scrutiny' and more like a person being treated with respect and dignity. It helped break down the power dynamics often present in mental health care and fostered trust.

Our partners consistently tell us that the solutions our social workers introduce are not only innovative but grounded in the social realities of people's lives. Trainees and qualified practitioners bring well-rounded perspectives and challenge teams to think beyond symptom management, offering more holistic approaches to recovery.

The vast majority of our trainees are embedded in community mental health teams, as well as more specialist teams such as intensive, crisis, early intervention psychosis and perinatal teams. Across these settings, and beyond, mental health social workers bring unique value to community-based care, offering support close to where people live.

Mental health social workers also play a pivotal role in supporting the transition of those who are ready and suitable for discharge into appropriate care in the community. They ensure that Care Act Assessments are completed and discharge plans in place, enabling people to transition to appropriate community-based care. By coordinating support with community services, family networks, and statutory agencies, they reduce unnecessary hospital stays and help ease pressure on inpatient services, whilst ensuring individuals feel supported and connected beyond the hospital environment. As evidence shows unsafe discharges can lead to poorer outcomes, and the risk of future readmissions¹.

Current bed occupancy across mental health trusts is 89% ²with 449 inappropriate adult acute out-of-area placements active at the end of June 2025, up 31% from last year ³. A recent Royal College of Psychiatrists survey found that 23% of clinicians had to discharge someone to an unsuitable placement every week. A substantial proportion also cited poor coordination between NHS trusts, ICBs, social care, and housing services as a major barrier, alongside workforce pressures caused by recruitment and retention challenges⁴.

Addressing these challenges requires effective collaboration across health and social care systems, a role that mental health social workers are uniquely equipped to fulfil. Evidence shows that embedding social workers within NHS trusts improves patient flow, supports timely discharge, and reduces the use of out-of-area placements ⁵. By bridging the gap between health and social care, mental health social workers help ensure discharges are safe, sustainable, and centred on the individual's broader social needs.

Where you have already seen or begun to deliver preventative care services

We cannot embed a preventative approach to mental health if we do not address the underlying social determinants. The data speaks for itself:

¹ Parliamentary and Health Service Ombudsman (2024) Discharge from mental health care: making it safe and patient-centred. Available at: [Discharge from mental health care making it safe and patient-centred_10.pdf](#)

² Royal College of Psychiatrists (2025) Bed occupancy across mental health trusts.

³ NHS Providers (2025) NHS Activity Tracker: August 2025

⁴ Royal College of Psychiatrists (2025) Membership survey on local capacity.

⁵ Health Services Safety Investigations Body (2024) Mental health inpatient settings: out of area placements

- 82% of people experiencing homelessness have a mental health diagnosis⁶
- Almost three-quarters of adults starting treatment for substance misuse also have a mental health treatment need⁷
- Nearly half of the people dealing with problem debt also live with a mental health issue⁸.

These figures highlight the clear connection between social adversity and poor mental health outcomes. When people face disadvantages such as housing instability, poverty, unemployment, or social isolation, their risk of developing or worsening mental health problems rises significantly⁹.

A member of our lived experience partnership described a time when they had lost their job and were on the verge of losing their accommodation. Their mental health social worker not only helped them secure suitable new housing but also advocated on their behalf with their previous landlord-negotiating a short extension, so they had time to collect their belongings and recover their deposit. An important part of this support was the sense of hope the social worker instilled. They were able to see a future possibility because the social worker had experience helping others in similar situations. Without that intervention, our partner believes they would likely have fallen into crisis.

Mental health social workers are uniquely positioned within mental health services, with a core focus on the social, economic, and relational factors that shape mental wellbeing.

An important example of preventative care is the role mental health social workers play in Early Intervention Psychosis teams. They provide focused support to individuals experiencing their first episode of psychosis, using a biopsychosocial approach to prevent further deterioration and promote recovery.

Our partners tell us that mental health social workers bring a social approach to everything they do. They are proactive in sharing knowledge with their teams, increasing the overall impact and effectiveness of multidisciplinary working. Their strong professional identity, shaped by their mental health specialism, gives them the confidence to influence team culture and decision-making, ensuring a broader, more person-centred approach to care.

Further feedback from our partners reinforces this:

- 72% said they would struggle to manage complex cases without a mental health social worker on the team.
- 93% said their service would have a less holistic approach to care without them.
- 83% said they would struggle to meet service user needs effectively without their input.

⁶ Homeless Link (2022) *Unhealthy State of Homelessness 2022: Findings from the Homeless Health Needs Audit*.

⁷ Office for Health Improvement & Disparities (2024) *Adult substance misuse treatment statistics 2023 to 2024: report*

⁸ Money and Mental Health Policy Institute (2020) *Money and mental health facts and statistics*\- A money and mental health policy institute factsheet.

⁹ Abendstern, M (2024) *The social determinants of mental health and disorder: evidence, prevention, and recommendations*. *World Psychiatry* 23(58-9)

Trained to spot early signs of deterioration, mental health social workers deploy interventions targeted at preventing people from falling into crisis. This includes developing personalised care plans, connecting people with local community resources, and building on individual strengths. These interventions often reduce the need for more intensive clinical responses and help people stay well in the community.

Social workers build key relationships, signposting individuals to low-level support groups to prevent long-term care under community mental health teams. One example from practice involved a paramedic who was off sick from work. A mental health social worker provided short-term, self-regulated support alongside a psychologist, helping the individual recover and return to work - avoiding longer-term involvement with mental health services.

This includes equipping people with the tools and skills to manage their own mental health. One of our lived experience partners shared how, once they were in a more stable place, they were able to put into practice what they had been taught. As they put it: *“They empowered me a lot and checked in on me regularly. They helped me become independent.”*

These kinds of early, preventative interventions are more important than ever. The crisis in access to mental health support is acute. With over 1.8 million people waiting, some for more than 600 days, 83% report worsening mental health while waiting. Nearly a third who deteriorated attempted suicide, and nearly half fell into crisis¹⁰.

During these dangerous gaps, mental health social workers can provide essential support, linking people to local networks and preventing further decline, while reducing pressure on emergency services.

Crucially, their expertise in local authority duties under the Care Act 2014, enables them to embed a preventative mindset within NHS settings. Positioned at the intersection of health and social care, they put Care Act principles into practice through personalised, strengths-based support plans that reduce reliance on high-intensity interventions.

What professions, roles and skills were critical to successful implementation for each example?

Community-focused, preventative mental health care demands a workforce with the right blend of values, knowledge, and skills. Mental health social workers bring a distinctive and essential perspective shaped by a strong professional identity and a deep understanding of the social context of people’s lives.

They do not replace clinical approaches but add a vital layer, bridging the gaps between individuals, their environments, and the wider systems they navigate.

Key competencies critical to the impact seen across partner organisations include:

1. Strength-based and human rights-based practice

Grounded in dignity, respect, and self-determination, social workers focus on individuals’ abilities and goals, not just diagnoses. This strengthens care by promoting resilience, choice, and social context.

2. Relationship-based practice and community anchoring

Social workers build trust with individuals, families, and wider networks. They recognise that

¹⁰ Rethink Mental Illness (2025) Right Treatment, Right Time. The trust cost of delays in care and treatment for people living with mental illness

care often extends beyond formal services and draw on community connections to maintain continuity and stability, preventing readmissions.

3. Addressing social determinants of mental health

Social workers tackle root causes like housing instability, poverty, and discrimination, filling gaps in clinical care with a preventative, whole-person approach.

4. Evidence-based interventions

Trained in methods like motivational interviewing, they support engagement, behaviour change, and early intervention, especially before crisis points.

5. Personalised care planning

They develop care plans that go beyond clinical needs, addressing housing, finances, relationships, community connections, and personal goals.

6. Community resource navigation

Skilled at connecting people to tailored support, including peer groups and local services, they often help prevent escalation into higher-intensity care.

7. Legal knowledge and safeguarding expertise

Mental health social workers bring a high level of legal literacy, critical to ensuring safe, lawful, and rights-based care. They are often the professionals best equipped to operationalise the statutory responsibilities set out in the Care Act 2014, Mental Health Act 1983, Mental Capacity Act 2005, and adult safeguarding legislation.

8. Cross-system integration

Mental health social workers work across the boundaries of health, social care, housing, education, criminal justice, and the voluntary sector. In doing so they bridge gaps, coordinate support¹¹, and ensure that recovery is supported in every part of a person's environment.

Any barriers to ensuring the right professions, roles and skills were involved, and how you overcame these barriers

There have been significant structural and systemic barriers to ensuring that mental health social workers, and the skills and capabilities outlined above, are recognised, funded, and embedded at scale within mental health services.

1. A fragile and underfunded workforce pipeline

Due to the recent funding decision by the Department of Health and Social Care, Think Ahead will not be running our mental health social work programme beyond our current cohort. Once our final group completes the programme, there will be no funded training route into this vital profession. This signifies the end of a key pipeline into the profession.

Until now, Think Ahead has brought up to 160 mental health social workers into services each year, offering participants a fast-track alternative to traditional undergraduate and apprenticeship schemes. The programme has strong retention rates- 4 years after gaining their social work qualification, 80% of our social workers still work in the mental health sector. Without this stream, there is no alternative mechanism to meet workforce needs. Our partners have expressed serious concerns about how they will maintain and grow their mental health social work workforce in the years ahead. The timing is particularly concerning given the growing and increasing complexity of need, the drive to shift care into community

¹¹ Department for Health (2016) Social work for better mental health

settings, and the clear evidence that integrated models rely on this profession's contribution. As one of our lived experience partners reflected, "When there are fewer mental health social workers, people fall through the cracks. People don't get the support they need."

2. Lack of recognition and investment

Despite the central role social workers play in addressing the social drivers of mental ill-health within the NHS, they remain significantly underrepresented in the mental health workforce. Just 3,500 social workers are employed within NHS mental health services in England, only 2% of the total workforce. By comparison, there are nearly 45,000 mental health nurses.

This imbalance reflects not only recruitment gaps but a persistent lack of recognition. Mental health social workers were notably absent from the last 2023 NHS Long-Term Workforce Plan, and from Lord Darzi's independent review of the NHS. This omission undermines the ambition for integrated and preventative care and contributes to an ongoing undervaluing of the social model within mental health.

Whilst there is a declared policy commitment to parity of esteem between mental and physical health, in practice, resources continue to be directed disproportionately towards clinical roles. This has resulted in the underfunding of community-based social interventions, despite the evidence that they are essential to reducing demand on crisis and inpatient services. In our work, we are seeing worrying trends of mental health social work roles disappearing in some NHS teams.

3. Breakdown of integrated care arrangements

We have also seen the removal of social work posts in some areas as section 75 agreements end. In practice, this has led to fragmentation, with fewer mental health social workers embedded in integrated NHS teams and a loss of their vital capabilities¹². The demise of these integrated working arrangements has also meant that those mental health social workers who are employed by NHS trusts find their roles limited to addressing shortages in other mental health professions¹³.

The consequences of this trend are well documented. The Health Services Safety Investigation Body found that the inclusion of social workers within mental health teams improves efficiency, collaboration, and system-wide understanding. When these roles are lost, care becomes more transactional, more fragmented, and less responsive to the full scope of people's needs¹⁴.

Specific assumptions you use in workforce modelling - for example, how service redesign, such as new community services or digital models of care, might affect the numbers, deployment, and/or skill mix of staff.

¹² Abendstern, M. et al (2022) The social worker in community mental health teams: findings from a national survey. *Journal of Social Work* 22(1)

¹³ Webber, M and Shires, K (2024) Implementing Connecting People in Adult Mental Health Social Work Practice: A Thematic Analysis of Postgraduate Student Assessed Placement Reports. *The British Journal of Social Work* 55(1)

¹⁴ Health Services Safety Investigations Body (2024) Mental health inpatient settings: out of area placements

How that impacts on workforce supply and demand, including career and training pathways

Whilst we are not directly responsible for workforce modelling, our extensive engagement with frontline mental health services, and the professionals who deliver them, provides us with a grounded understanding of the trends, pressures, and future requirements within the system.

Based on this, we make the following assumptions about how service redesign will affect workforce numbers, deployment, and skill mix within the NHS.

1. The shift to neighbourhood models of care

The NHS 10-year health plan sets out a vision for neighbourhood health services that provide joined-up, preventive, community-based care. These services will be the first and main point of contact for most health needs, reducing reliance on hospitals and shifting focus from treatment to prevention. But this vision will not succeed unless mental health is treated as a core part of that care, not something separate. At present, there is a risk that neighbourhood services focus on physical health needs, with mental health left to separate specialist services, or ignored entirely. Mental health is an essential part of overall health. In fact, nearly 40% of people with a long-term physical condition also experience a mental health problem¹⁵ and those living with a mental illness are four times more likely to die before the age of 75 than the general population¹⁶. Whilst waiting for mental health support 57% of people turn to detrimental behaviours, such as smoking or misusing substances, to manage¹⁷.

Neighbourhood health centres have an opportunity to build on the pioneering work already underway in community mental health services, particularly through the Community Mental Health Framework. Whilst implementation has varied across the country, the areas where it has been done well show the value of truly multi-disciplinary teams. These teams bring together professionals from different disciplines, including mental health nurses, pharmacists, psychiatrists, and crucially, social workers, who are explicitly recognised as core members of the workforce within the framework.

Neighbourhood health teams are set to become the front door of the NHS. If they lack the capacity or expertise to address mental health needs, many individuals will be left unsupported or may reach crisis point before receiving help.

Based on this shift, we make two key assumptions about future workforce needs:

¹⁵ NHS Digital (2025) *NHS Digital (2025) Adult Psychiatric Morbidity Survey, 2023/24*. Available from: [Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2023/4 - NHS England Digital](#)

¹⁶ Department of Health and Social Care (2025) *Fingertips – public health profiles. Severe Mental Illness – excess under 75 mortality rate in adults with severe mental illness (Excess risk - %)*, Available at: [Severe mental illness | Fingertips | Department of Health and Social Care](#)

¹⁷ Rethink Mental Illness (2025) *Right Treatment, Right Time. The trust cost of delays in care and treatment for people living with mental illness*. Available at: [right-treatment-right-time-2025-report.pdf](#)

a) The number of mental health social workers will need to increase significantly

- Mental health social workers are uniquely qualified to support the kinds of needs neighbourhood services will encounter. These teams will be working with people whose mental health is affected by factors like housing insecurity, poverty, trauma, and isolation. Mental health social workers are trained to understand and address these issues, offering practical, rights-based support that complements clinical care.
- They will also be integral to facilitating the type of joined up, integrated care the neighbourhood model is striving for. Mental health social workers are one of the few roles that can bridge the gap between the NHS and local authority systems. They draw on others within the sector to explore the full range of options open to a person. Without them, neighbourhood health teams risk defaulting to a medicalised model. A workforce made up mainly of GPs, nurses and therapists may lack the tools to respond to the social context of mental health needs. Mental health social workers ensure that care remains person-centred, trauma-informed, and recovery-focused, rather than simply diagnostic or risk-driven.
- Current workforce numbers are far too low to realise this potential. There are only enough mental health social workers in the NHS to support one in eight people with severe mental illness. If they are to be embedded across all neighbourhood teams, their numbers will need to increase significantly. Our [Social Work Matters campaign](#) sets out the case for central support to recruit and train 24,000 more mental health social workers over the next 10 years, which would allow everyone with severe mental illness to have access to a social worker - connecting clinical care with community support.
- The government has announced 8,500 additional mental health staff to support the roll-out of this new model, but there is currently a lack of detail on what roles these posts will cover, how they will be deployed, or what assumptions are being made about skill mix. We understand that a proportion of the additional roles are expected to be directed towards NHS talking therapies. While these interventions are undoubtedly valuable and play a crucial role in supporting many people, they do not meet the full spectrum of mental health needs-particularly for those with more complex social circumstances. To ensure the success of these services, it is therefore essential that a proportion of the new posts are allocated to mental health social workers, who can address these wider and more complex needs.

b) The wider neighbourhood workforce must be equipped to respond to mental health needs

- All neighbourhood team members should have baseline knowledge and skills in mental health, including:
 - Providing basic emotional support
 - Working in a trauma-informed and person-centred way
 - Recognising the impact of social determinants on mental wellbeing
- Training in trauma, inequality and mental health should be embedded across the workforce, not limited to mental health specialists.

- Collaborative working across disciplines (e.g. between physical and mental health staff, NHS, and voluntary sector providers) must be standard practice, supported by shared training, supervision, and team development.

2. The introduction of 24/7 Neighbourhood Mental Health Centres

Building on the neighbourhood model, the introduction of 24/7 Neighbourhood Mental Health Centres represents a significant growth in ambition, offering round-the-clock mental health support rooted in communities. This is a welcome move toward more timely, relational, and preventative care. But these pilots are being led by health partners and have the risk of a focus on an overly medicalised approach.

Delivering a 24/7 model will place considerable demands on the workforce, not only in terms of staffing numbers, but also the infrastructure needed to support them. Social workers are a part of the solution- increasing their presence can reduce avoidable pressure on clinical staff by ensuring that social needs, such as housing, benefits, and relationships, are properly addressed. Currently, these responsibilities often fall to mental health nurses or other clinical professionals, pulling them away from the care they are trained to provide.

Social workers are uniquely trained to conduct risk assessments using a holistic approach that considers the complexity of people's lives. Notably, around 95% of Approved Mental Health Professionals (AMHPs) are social workers, reflecting the natural development and alignment of their skills with this role. The presence of mental health social workers is therefore essential within a 24/7 service model to prevent harm, ensure appropriate interventions, and uphold the rights and wellbeing of individuals in crisis.

Without this balanced approach, the 24/7 offer risks becoming an extension of existing clinical models, available at all hours but still disconnected from the social realities that shape people's mental health. Furthermore, if social workers are overlooked here, it will further entrench the divide between clinical and social approaches to care, precisely what integrated neighbourhood models aim to overcome.

3. The Mental Health Bill

The upcoming Mental Health Bill introduces major reforms to the Mental Health Act, aiming to increase autonomy, reduce inappropriate detention, and improve the protection of individual rights. These changes rightly place greater emphasis on choice and patient voice.

The new Act will see the role of AMHPs grow significantly. Their responsibilities in preventing unnecessary detention, coordinating community alternatives, and safeguarding rights will become even more central to the system.

These changes rightly place greater emphasis on choice and patient voice, including through the introduction of a nominated person, who will represent an individual subject to the Act. Where someone lacks the capacity to nominate, AMHPs will be responsible for identifying and appointing this individual, a new duty that adds to an already complex role.

This has several implications for workforce planning:

- We will need more AMHPs to meet rising demand and ensure timely responses under the new legal framework. Whilst AMHPs are predominantly employed by local authorities, 16% are employed by the NHS, rising to over 40% in some regions. They must be considered as part of national workforce planning.
- There are serious risks to the future supply of AMHPs, 95% come from the social work profession and 31% of the workforce aged over 55, meaning many could retire within the next decade¹⁸.
- The closure of the Think Ahead programme, which has been a key pipeline (with 49% of its alumni considering, training, or already trained as AMHPs), further compounds these challenges.
- Increasing the supply of mental health social workers is vital if we are to expand the pool of professionals who can become AMHPs further down the line.

Actions taken to identify and address gaps in training (pre- or post-registration) that support delivery of the 3 shifts.

Identifying and addressing gaps in mental health social work training

Despite growing policy emphasis on early intervention, integration, and community-based care, there remain significant gaps in the training and preparation of mental health practitioners, particularly in adult services. Historically, training and resources have been disproportionately focused on children's services, leaving adult mental health social work underdeveloped and undervalued.

We have sought to address this imbalance by providing a pathway into social work that offers a dedicated mental health specialism. This enables trainees to enter the profession with a strong foundation in the legal, practical, and values-based aspects of adult mental health practice.

Embedding the three shifts in training

Think Ahead's curriculum is carefully designed to equip students with the knowledge, skills, and values needed to respond to the three shifts. It blends legal, policy, practical, and reflective elements with significant input from lived experience partners to ensure that trainees are well-prepared for the complexities of adult mental health social work today and in the future.

Key features include:

- **Legal and policy grounding** through modules on the Mental Health Act, the Care Act, and adult social care, essential for safeguarding and empowering adults in community settings.
- **Emphasis on prevention and recovery**, with teaching on motivational interviewing, trauma-informed practice, suicide and self-harm awareness, the social determinants of health, and recovery-oriented models.

¹⁸ DHSC (2025) The Approved Mental Health Professional workforce in the social care sector. Available at: [The Approved Mental Health Professional workforce in the social care sector 2025](#)

- **Preparation for community-based care**, with training in multidisciplinary working and understanding the diverse roles within mental health teams, supporting the shift away from inpatient settings.

Learning whilst delivering impact

Unlike traditional routes into social work, our accelerated training model places participants in mental health teams within weeks of their joining the programme, combining academic learning with real-world practice and delivering immediate value in the workforce. Supported by close supervision and a carefully managed caseload, trainees begin making an impact from the outset. This “learning-through-doing” approach allows them to make a real impact from the start- 83% of our partners report that Think Ahead social workers made a meaningful contribution in their first year, before they are even qualified.

This immediate exposure to real-world settings enables trainees to apply their learning and embed early intervention and preventative care into everyday practice. By working alongside experienced professionals, they begin to understand and contribute to the kinds of support that underpin all three shifts.

Building workforce capability for co-occurring needs

One of the most significant and persistent training gaps we have identified is the lack of preparation for working with individuals who experience co-existing mental health and substance use issues. These individuals are often underserved by siloed systems and fragmented support, with practitioners frequently reporting uncertainty or lack of confidence in their role.

To address this, we developed specialist training for qualified social workers, focusing on:

- Assessing motivation and readiness for change
- Delivering harm-reduction interventions
- Recognising and addressing stigma in practice

The response has been overwhelmingly positive. Building on this success, we are launching an expanded 3-day training course in early 2026 for all mental health practitioners. This will strengthen professional capability in delivering confident, compassionate, and joined-up support to people with co-occurring needs.

National data highlights the urgent need for this focus: 55% of people in alcohol treatment report needing help with their mental health, and 79% are already receiving support.

One member of our lived experience partnership spoke about the siloed nature of addiction and mental health services. They described being told that they needed to address their substance use in one place before any other support could be provided. In one instance, after experiencing a lapse and attempting to re-engage with mental health services, they were told, “We’re only for people with certain mental health problems, we’re not for people who have addiction.” They reflected on this split approach, saying: “There is a dichotomy.” Services often treat mental health and addiction as mutually exclusive, rather than as parts of a complex whole.

Policies or initiatives that have enabled the NHS to play a bigger role in local communities (for example, widening access, creating opportunities or supporting underserved groups)

Our work contributes to the NHS's evolving role as not only a healthcare provider but as an anchor in community life. This vision recognises that health and wellbeing are shaped not only by access to services, but by connection, inclusion, and opportunity.

We support this ambition by:

Bringing new people into the sector: inclusive employment pathways

Our paid training model provides a route into frontline practice that blends employment and education, expanding access for individuals who may have been unable to access traditional graduate pathways.

Importantly, our support extends far beyond funding. We champion the role, amplify its value, and lead a movement to raise awareness and understanding of its critical impact across the health and social care system and in the wider community. Many of our participants had not previously considered mental health social work or were unaware of it as a career option. Through targeted outreach and storytelling, we have shown people how rewarding this role can be.

In our 2025 cohort:

- 26% of trainees are from Black, Asian, or ethnically diverse backgrounds.
- 29% are men (underrepresented in social work)
- 58% are the first in their family to attend university.
- 28% were eligible for free school meals.

Inclusive and culturally responsive support for underserved communities

By recruiting from local communities and underrepresented groups, the programme helps build a workforce that reflects the populations it serves. This ensures that support is more inclusive and culturally responsive to underserved populations.

We train participants to bring a social lens to mental health, ensuring that care is shaped by a deeper understanding of inequality, identity, and social context. This perspective enables trainees to respond more effectively to the complex realities people face, particularly those from marginalised or historically excluded communities.

One of our lived experience partners shared that mental health social workers “asked the right questions.” In one instance, this meant referring them to a local food bank, enabling them to access essential support when it was most needed.

This contributes to a system where people receive care that is not only effective, but also respectful, relevant, and grounded in real understanding of their lives and communities.

Multidisciplinary working: bridging health and social care

Mental health social workers are uniquely placed to bridge the gap between health and social care. They are routinely embedded in multidisciplinary teams, working alongside psychiatrists, psychologists, nurses, occupational therapists, and others to deliver holistic, person-centred care.

Our training equips participants with the knowledge, confidence, and collaborative skills to thrive in these settings. The curriculum supports them to understand different professional

roles, navigate complex systems, and advocate for social perspectives within medical models.

One of our lived experience partners described a time when she was receiving support from both her GP and a mental health social worker. Her social worker would often attend medical appointments with her, including visiting the sites where she was due to receive addiction treatment. This was not just about coordination; it was a way of checking in on her wellbeing and helping her feel safe and familiar with where she was going.

This collaborative focus ensures our trainees are not only effective team members, but also powerful advocates for joined-up care that reflects the full complexity of people's lives. This approach decreases the risk that people will fall between cracks in the system, fall into crisis, discontinue treatment, or be readmitted to hospital.

Connecting people to their communities

Mental health support does not begin or end in clinical settings. Recovery is shaped by people's access to stable housing, meaningful relationships, employment, community groups, and other forms of social support.

Our programme places a strong emphasis on this community-rooted approach. Trainees are supported in building partnerships across sectors, including voluntary groups, housing providers, peer networks, and faith communities, connecting people not only to clinical care but also to the broader resources that influence recovery and wellbeing.

Modules such as *Connecting People* emphasize the importance of working with, rather than just for, communities. Trainees are encouraged to see themselves as connectors, supporting individuals in building relationships and accessing community support that lays beyond statutory services.

Many participants live in the areas where they train and work. Their local knowledge and insight help build trust and ensures that care is culturally informed, locally relevant, and grounded in people's real-life contexts.

This approach strengthens the role of the mental health social worker, and the NHS more broadly, as a trusted, integrated part of community life, supporting people to live well in the broadest sense.

Policy interventions that have directly improved workforce outcomes and patient outcomes (for example, retention, staff wellbeing, reducing sickness absence, as well as better quality care)

Think Ahead is itself a major policy intervention, launched in response to an IPPR report commissioned by the Department of Health and Social Care (DHSC) in 2014. It was designed to address entrenched mental health workforce challenges:

- Chronic recruitment difficulties
- High staff attrition
- A lack of socially informed, person-centred approaches to care

From inception, the programme aimed to go beyond training, acting as a system-level workforce solution, strengthening the social work contribution to mental health services through a new, high-impact route into the profession.

Promoting innovation in the Public Sector

We have created an effective recruitment and training pipeline into mental health social work, reaching individuals who might never have considered the profession, and doing so at a time when adult social care vacancies surpass even those in the NHS and education. Through our brand, mission, and reputation, we have been able to attract a pipeline of professionals deeply committed to systemic change in mental health care.

Targeted recruitment into underserved areas

By actively promoting social work in mental health as a meaningful, impactful career path, especially to individuals who may never have considered it before, we have helped services fill longstanding gaps with motivated practitioners. We have received as many as 90 registrations for each placement available, a clear signal of both the demand for the role and the effectiveness of our outreach.

Digital transformation in recruitment

A key innovation has been our investment in a digital recruitment portal, which allows us to manage the applicant journey with precision. This platform tracks progress through every stage of the recruitment process, using integrated nudge communications to keep candidates engaged. Real-time visibility of applications across the country enables us to identify and fill positions with local candidates, ensuring to ensure our workforce reflects the communities it serves and supporting improved retention outcomes.

Supporting retention and improving services

Four years after qualification, 80% of our social workers are still working in the mental health sector. A recent Think Ahead alumni survey found that 70% of former participants continue to practise as mental health social workers. Of those, just 13% said it was possible they might leave the field within three years, and less than 2% said it was likely, a significant contrast to recent national data showing 36.2% of social workers intending to leave the profession¹⁹. These figures show that our model not only brings people into the profession but keeps them there, contributing to workforce stability and continuity of care.

Retention is not just a workforce metric; it is a quality-of-care issue. Sustained involvement in services means stronger relationships, greater continuity, and deeper expertise.

Strengthening multidisciplinary teams and systems

The presence of mental health social workers on multidisciplinary teams does not just benefit the individuals they support; it also strengthens the system around them.

When asked what would happen if mental health social workers were removed from their teams, 62% of our workforce partners said it would reduce team effectiveness or morale, while another 62% said it would lead to delays in case management. This underlines the broader systemic impact of our model: it does not simply fill workforce gaps but raises the overall effectiveness of services.

¹⁹ McFadden, P., et al (2024) Perceptions of Safe Staffing, Self-Reported Mental Well-being and Intentions to Leave the Profession among UK Social Workers: A Mixed Methods Study. The British Journal of Social Work 54(5) Available at: [Perceptions of Safe Staffing, Self-Reported Mental Well-being and Intentions to Leave the Profession among UK Social Workers: A Mixed Methods Study | The British Journal of Social Work | Oxford Academic](#)

Each of our cohorts of trainees supports around 9,000 people with mental health needs over the course of the programme, meaning the ripple effect on quality of care, timeliness, and outcomes is significant.

A model ready to scale.

We have built an effective model that combines targeted recruitment, digital innovation, and values-driven training. The recruitment platform is already adaptable to other roles and local contexts, and the wider model could be scaled to address capacity across the NHS workforce more broadly.

With the right policy support, these interventions offer scalable solutions to workforce challenges, while improving outcomes for people using mental health services.

Approaches that have successfully embedded strong core values into everyday leadership, decision-making making and service delivery

From recruitment and early development through to practice and progression, we embed compassion, inclusion, and accountability as foundational values, not just in theory, but in daily practice.

Selection and early development

Our commitment to values-led leadership begins at the point of selection. We explicitly assess for leadership potential, seeking candidates with the motivation and vision to deliver positive, systemic change. This ensures that from the outset, participants are not only clinically and socially capable, but also grounded in ethical, inclusive, and relational approaches to leadership.

Leadership is also a formal part of the curriculum. Trainees engage with content on compassionate, ethical, and inclusive leadership, supporting the development of professional identity and a strong moral compass as they enter practice.

Structured roles that model core values

A key part of our approach involves the role of Consultant Social Workers (CSWs) and Practice Educators (PEs), who model the leadership behaviours and values we seek to embed. These senior practitioners play a vital role in shaping decision-making and reflective practice, guiding trainees through complex professional challenges with an emphasis on defensible decision-making, advocacy, relationship-building, and communication. We also support development across the wider social work sector. Through a programme of development days, practice workshops, and bespoke training, we have trained over 300 practice educators working in mental health services. This ongoing investment makes a substantive contribution to workforce development and CPD, strengthening leadership capability and critical thinking across partner organisations. Our training also fosters a national community of practice, enabling CSWs and PEs to share learning, navigate challenges, and continually enhance the quality of practice education.

Group reflective learning spaces further embed these values in everyday thinking. Aligned with the Professional Capabilities Framework for social work, these sessions help broaden perspectives on the people students support through shared learning from others, using a systemic, trauma-informed social approach.

Outcomes

Our alumni data suggests that Think Ahead is having a lasting impact on leadership within the sector. Around 40% of alumni report holding senior roles such as team lead or senior social worker. Of this group:

- 65% credit the programme with boosting their confidence,
- 55% report improvements in leadership skills,
- 35% say Think Ahead improved their overall leadership capability.

Of the 40% of survey respondents who report having taken on senior roles, the majority (68%) did this within two to three years of completing the postgraduate diploma.

Systems or practices that ensure leaders at all levels actively listen to staff feedback - particularly from underrepresented groups - and act on it

Lived experience involvement and co-production.

We have embedded inclusive feedback structures across our work, ensuring that underrepresented voices, especially people with lived experience of mental ill-health, shape decisions at every level.

Our Lived Experience Partnership is fully integrated into recruitment, training, assessment, curriculum review, evaluation, and strategic planning. This ensures that lived experience influences both the development of future practitioners and the strategic direction of our work.

To ensure lived experience voices are not just heard but acted upon, we have developed clear and sustained mechanisms for feedback:

- Continuous feedback from Lived Experience Partners and staff on involvement and impact.
- Regular review with all Lived Experience Partners to reflect and plan collaboratively.
- Governance-level visibility, with regular updates shared with the Board of Trustees.
- Continuous improvement loops, including reviews of assessment days and curriculum design, co-led by Lived Experience Partners.

Our lived experience partners support social work trainees to develop more nuanced understandings of the lives of people who use social work services (including experiences of stigma and social disadvantage). They also help trainees to expand their understanding of mental health and recovery beyond biomedical perspectives and develop the sense of empathy needed for person-centred support.

Feedback from trainees shows the impact of this work. One 2024 participant shared:

“I really enjoy the interaction with the Lived Experience Partners. I find it very thought-provoking and insightful, making me think about things I possibly wouldn’t have prior to the teachings.”

This approach has also had a positive impact on Lived Experience Partners themselves, with many reporting improved well-being and a strong sense of purpose from contributing directly to workforce transformation.