

Think Ahead's Submission to the Higher Education Inquiry

Think Ahead is a mental health workforce charity funded by the Department of Health and Social Care to deliver a specialist mental health social work qualification programme. Over this period, we have recruited and trained more than 1,200 mental health social workers, now working across NHS trusts and local authorities, providing a vital pipeline into the profession.

Through our work, we have partnered with over 60% of NHS mental health trusts, delivering a unique training route with a mental health specialism.

This experience has given us extensive insight into how education, training, and system structures interact to build a sustainable workforce. We understand the challenges of recruitment and retention, both for students and educators, as well as the importance of aligning training with NHS service needs and embedding practical, community-focused, social approaches in mental health services.

Beyond social work training, our wider activity has included supporting the recruitment of Individual Placement Support (IPS) Practitioners, delivering specialist training on mental health and substance use, and working with local authorities to embed the new Approved Mental Health Professional (AMHP) national standards. AMHPs are qualified professionals responsible for the co-ordination and conduct of assessments for the compulsory admission of people to hospital under the Mental Health Act.

The evidence and reflections presented in this submission draw on over a decade of engagement with the workforce and system partners. They focus on how education policy, provider practice, and wider system structures can be strengthened to support NHS workforce sustainability, particularly in adult mental health social work.

What are the most acute student recruitment challenges faced by institutions? Do these challenges relate to wider workforce shortages?

Recruitment challenges for institutions

Higher education institutions face multiple barriers when recruiting social work students. One key challenge is financial constraints and funding availability. In 2025-26, undergraduate social work students are eligible for a non-means tested bursary of £5,262.50 in London and £4,862.50 outside of London, whilst post-graduate students receive £3,762.50 in London and £3,362.50 elsewhere¹. These amounts have remained largely unchanged since 2014, meaning their real value has been eroded by inflation

¹ NHSBSA (n.d) Social Work Bursary (SWB). [Online] Available at: [Social Work Bursaries | NHSBSA](#)

and rising living costs². In addition, the number of bursaries is capped - 2,500 for undergraduates and 1,500 for postgraduates- so only a fraction of students benefit³.

This limits the number of students institutions can recruit and support financially. Institutions, therefore, struggle to expand programmes to meet demand, even where there is a local workforce shortage.

From a student perspective, capped numbers and rising costs of living make traditional routes into social work less accessible, particularly for students from lower socio-economic backgrounds. These barriers are compounded by the statutory placement requirements of social work qualification courses, which restrict students' ability to undertake paid work whilst they are studying and to support the cost of their studies.

Placement capacity presents another institutional challenge. Social work programmes require students to complete at least 200 days in practice settings. The higher education institutions are responsible for securing and coordinating these placements, yet capacity at host providers is constrained by budgets and staffing costs. In our own programme, of providers that partnered with us for our 2024 intake, 35% were unable to partner with us for 2025 because of local financial insecurity impacting on their ability to provide salaried jobs for trainees once they qualified. This is up from 20% the previous year, and whilst these figures include both local authorities and NHS trusts, in our experience the problem is more acute within NHS trusts.

Perceptions of social work also influence recruitment to the profession. Despite being a highly skilled and hugely important job, the social work profession has historically suffered from a status lower than other graduate professions. Furthermore, social work has often been associated primarily with children and families, meaning the role of adult social workers, particularly in mental health, is poorly understood by both the public and policymakers. This narrow perception limits awareness of career opportunities in adult social work, making it harder for institutions to attract applicants.

Link to wider workforce shortages

Despite significant growth in the NHS mental health workforce over the past decade, gaps remain substantial. As of March 2025, 11.3% of full-time equivalent (FTE) mental health posts were vacant, compared with 6.7% across the NHS overall.⁴ Within the NHS, there are around 3,500 mental health social workers, representing only 2% of the

² Community Care Live (2025) Social work bursary levels frozen for 11th consecutive year. [Online] Available at: [Social work bursary levels frozen for 11th consecutive year - Community Care](#)

³ British Association of Social Workers (2023) Students campaign to end 'structural unfairness' in social work bursary allocation [Online] Available at: [Students campaign to end 'structural unfairness' in social work bursary allocation | BASW](#)

⁴ Rethink (2025) Right treatment, right time. [Online] Available at: [right-treatment-right-time-2025-report.pdf](#)

total mental health workforce. In contrast, there are nearly 45,000 nurses in mental health services, almost 13 times the number of social workers⁵.

This discrepancy highlights a critical gap: social workers play a central role in addressing the social determinants of mental health, supporting recovery, and preventing crises that can have wider impacts on physical health, families, and the economy. The shortage of mental health social workers, therefore, limits the NHS's ability to deliver holistic, person-centred care; focuses on clinical outcomes rather than social outcomes; and exacerbates pressure on other parts of the system.

Which groups remain underrepresented among healthcare students? What factors contribute to this, and what evidence is available on the potential benefits of widening participation?

Gender imbalance amongst the social work workforce remains persistent: 82.9% of registered social workers identify as female, highlighting a lack of male entrants into the profession.⁶.

Ethnic diversity is also limited. Two-thirds of social workers registered with Social Work England identify as English, Scottish, Welsh, or Northern Irish/British (ibid). A national workforce stocktake of NHS mental health social workers in September 2019 found that only 18% of 1,551 whole-time equivalent (WTE) practitioners whose ethnicity was recorded were from Black, Asian, or minority ethnic groups. Asian people were particularly underrepresented, comprising just 5% of the workforce compared with 8% of the general population of England and Wales.⁷.

It should be noted that whilst the national stocktake of the mental health social worker workforce in the NHS, led by Health Education England, has gone some way to providing a picture of the workforce's composition, this data is now five years out of date. Accessing good-quality data on the mental health social work workforce, therefore, remains a challenge. The stocktake also did not capture other protected characteristics such as religion or belief, sexual orientation, pregnancy and maternity, nor does it reflect more recent trends.

Given these gaps, it is likely that the under-representation of minoritised groups is structurally deeper than the available data suggests, pointing to systemic issues that are not yet fully understood or measured.

Factors contributing to underrepresentation include:

⁵ Think Ahead (2025) Social work matters: Why mental health social workers are essential for better mental health service. [Online] Available at: [Social Work Matters Policy Briefing](#)

⁶ Social Work England (2023) Social work in England: State of the nation 2023 [Online] Available at: [Social work in England State of the nation 2023](#)

⁷ NHS Health Education England (2020) National Workforce Stocktake of Mental Health Social Workers in NHS Trusts. [Online] Available at: [Title](#)

- **National planning for social work:** Social workers were not included in the 2023 NHS workforce plan, which has contributed to the continued undervaluing and misunderstanding of the role. The absence of social work from workforce planning means there is no coordinated national strategy to address recruitment, retention, or career development, leaving gaps in both workforce supply and strategic oversight.
- **Gendered perceptions of social work:** the profession is often viewed as female-dominated and caring-focused, which can discourage men from entering. Evidence shows subtle bias against men, and societal perceptions of gender-appropriate roles act as barriers ⁸.
- **Data limitations themselves are a barrier:** the absence of detailed, up-to-date, diversity data of mental health social workers in NHS trusts restricts the evidence base for targeted recruitment and widening participation strategies.

Potential benefits of widening participation

- **Improved workforce representation and cultural competence:** A more diverse workforce better reflects the population it serves, improving trust, engagement, and promoting care that is inclusive, culturally responsive, and attuned to the needs of underserved populations.
- **Addresses social inequalities:** A diverse social work workforce is better equipped to identify and challenge systemic inequalities affecting different communities. Understanding how social injustices impact different groups allows social workers to promote equity and ensure fair access to opportunities and support.
- **Enhances the quality of care:** Social workers who understand the social and cultural contexts in which people are accessing support can tailor interventions to meet specific needs. This leads to improved outcomes and more meaningful, effective support, as care is adapted to the unique circumstances of each person.
- **Improved retention:** Expanding access to the profession helps attract motivated and committed individuals to the role. This enhances retention and makes it more likely that they will remain in the sector and progress within it, strengthening the talent pipeline and building long-term expertise. At Think Ahead, 80% of our trainees are still working in mental health 4 years post-qualifying.

⁸ Galley, D (2024) Male social work students: Common dispositions, motivations, experiences, and barriers impacting their career choice. *British Journal of Social Work* 54(8) [Online] Available at: [Male Social Work Students: Common Dispositions, Motivations, Experiences and Barriers impacting their Career Choice | The British Journal of Social Work | Oxford Academic](https://doi.org/10.1093/bjsw/bca012)

What policies, practices, or initiatives have been most effective in recruiting and retaining healthcare students? Please provide case studies where available.

Case Study: Think Ahead- Fast-track route into mental health social work in England

Problem and baseline

Think Ahead was launched in response to an IPPR report commissioned by the Department of Health and Social Care in 2014, which highlighted:

- **Chronic workforce shortages in mental health social work**, including Approved Mental Health Professionals (AMHPs)
- **High attrition and low retention undermining workforce stability**
- **De-professionalisation and isolation of social workers** within integrated health teams
- **Limited diversity and recruitment reach**, excluding potential career switchers
- **Insufficient practice learning opportunities** – fewer than 8% of social work students completing a placement in a mental health setting.

Intervention

Think Ahead Programme

Think Ahead is a two-year fast-track route into mental health social work, combining paid frontline experience with academic study to attract diverse candidates and strengthen the profession's contribution to mental health services. Since 2014, over 1,200 participants have trained through the programme, which is delivered in partnership with Middlesex University, NHS mental health trusts, and local authorities.

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.

Year One is the statutory qualifying stage, where participants begin with a summer institute covering social work foundations and mental health theory before completing two placement stages totalling 180 days. During Placement Stage Two, participants undertake a Contrasting Learning Experience of 30 days within statutory children's services to broaden their professional exposure. Trainees also attend 27 teaching days, combining online and university-based learning. On completion, they receive a Postgraduate Diploma in Social Work Practice and become eligible to register with Social Work England.

In Year Two, participants are employed as Newly Qualified Social Workers and complete the Assessed and Supported Year in Employment alongside a Mental Health Social Work Dissertation, earning master's-level credits to achieve a full master's degree. Throughout the programme, participants are placed in small practice units supervised

by Consultant Social Workers, who provide structured reflective sessions, leadership development, and guidance in ethical, inclusive, and trauma-informed social work.

Paid training model

The programme is fully funded for all trainees. Participants receive a training bursary in Year One:

- £18,500 (outside London)
- £20,500 (within London)

We also provide additional financial support through a hardship fund, recognising the financial pressures faced by trainees. As trainees are unable to access benefits or tax-free childcare during their first year, the hardship fund is a vital resource to support diversity and inclusion in the programme. Since January 2024 the fund has supported 38 participants through periods of financial difficulty, enabling them to stay on the programme and achieve their qualifications.

Digital recruitment portal

A key innovation has been our investment in a bespoke 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 our workforce reflects the communities it serves. This also supports stronger retention, allowing candidates to work in familiar communities while benefiting from their established support networks.

Targeted recruitment

Beyond digital tools, the programme has invested in narrative-driven recruitment, telling the story of mental health social work as a meaningful and impactful career. We aimed to create a movement of practitioners committed to transforming mental health through social approaches. This approach resonated with candidates who wanted to be part of something bigger than a training programme, inspiring many to join Think Ahead and commit to a career in mental health social work.

Supporting participants from the outset

We have strengthened our occupational health processes to ensure that entry to the programme is the “right time” for each participant. Pre-entry assessments help identify any physical, mental or practical needs, allowing us to provide support from day one. Once on the programme, participants have access to reasonable adjustments, ensuring they can engage fully with placements, training, and academic study. We liaise closely

with NHS trusts to ensure these adjustments are effectively implemented and that any workplace accommodations are in place.

Additionally, placement decisions consider participants' existing support networks, aiming to situate trainees in locations where they have family, friends, or community connections. This approach promotes wellbeing, resilience, and engagement, enabling participants to thrive both personally and professionally throughout the programme.

Outcomes

Think Ahead has generated impact across the sector, the profession, numerous partner organisations, and the individuals they support. The programme has consistently attracted highly motivated, diverse candidates, with up to 90 registrations per available placement.

For the profession, over 1,200 mental health social workers have joined the programme, with around 40% of alumni now in senior roles such as team leaders or senior social workers. Retention is strong: 70% of our alumni are still practising as mental health social workers. Of this group, only 13% said it was possible they might leave the field in the next three years and less than 2% said this was likely. This is in comparison to recent research reporting that 36.2% of social workers intend to leave the profession⁹. In addition, 4 years after qualifying, 80% of our trainees remained in mental health.

For partner organisations, Think Ahead social workers provide meaningful contributions from day one. In 2023, 95% of operational leads reported that the programme has a broader organisational impact, and in 2024, 95% of consultant social workers recommended partnering with Think Ahead to improve their mental health services. Partners also report that the removal of mental health social workers would have a negative impact:

- 94% would take a less holistic approach to care
- 83% would struggle to meet service user needs effectively
- 72% would struggle to manage complex cases
- 62% would see reduced team effectiveness, morale, and delays in case management.

The programme also directly impacts service users. Each cohort supports approximately 9,000 people with mental health needs, introducing innovative, person-centred solutions grounded in the social realities of service users' lives. Trainees and qualified practitioners challenge teams to move beyond symptom management,

⁹ 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](https://doi.org/10.1093/bjsw/bca012)

delivering more holistic and recovery-oriented approaches. Workforce partners report that Think Ahead social workers make meaningful contributions in their first year (83%) and second year (79%), reinforcing the programme's value.

Improving representation is also a vital part of the Think Ahead programme, and people from underrepresented backgrounds are actively encouraged to apply.

In our 2025 cohort:

- **26%** are from Black, Asian and ethnically diverse communities
- **29%** are men
- **23%** identify as part of the LGBTQ+ community
- **17%** consider self to have disability

These figures exceed sector averages, demonstrating the positive impact of our targeted recruitment practices and inclusive programme design.

Additionally, in 2025, 28% of our trainees were eligible for free school meals during their school years—this is a notable increase from 17% when the programme began (for context, 25.7% of pupils in England are currently eligible). Additionally, 58% of our trainees were the first generation in their family to attend university, compared to 41% in 2017.

Enablers and risks

The programme's success has been enabled by strong academic and organisational partnerships, a structured supervision model, robust digital recruitment systems, and compelling narrative-driven outreach. These elements ensure high-quality training, consistent workforce growth, and sustained retention.

However, the DHSC's recent decision to stop future funding presents a major risk. Once the current cohort completes the programme, there will be no funded fast-track route into mental health social work, ending a key pipeline for the profession. Partners have expressed serious concerns about maintaining and expanding their mental health social work workforce, particularly amid the growing complexity of needs, the shift to community-based care, and the promotion of integrated models of care. Without Think Ahead, there is no comparable mechanism to meet these workforce needs.

Scaling and transferability

Think Ahead's model is transferable. It offers an innovative solution to systemic workforce challenges, providing a fast-track route into mental health social work for people who may not have previously considered it. We can leverage our brand and reputation to recruit into other priority areas across the NHS.

Where are the educator shortages most acute, either by location or by professional role? What are the underlying causes, and what impact do these shortages have on students, trainees, and the wider NHS workforce?

In this response, we focus on practice education within mental health social work. Practice educators (PEs) are experienced social workers who supervise, support and formally assess students, newly qualified social workers (NQSWs) in the Assessed Supported Year in Employment, and trainees in post-qualifying programmes such as Approved Mental Health Professionals (AMHPs) and Best Interest Assessors (BIAs). They are essential to developing a skilled workforce and sustaining social work recruitment in adult and mental health services.

Despite their importance, there is not a clear national picture of social work practice education workforce in England. There is no comprehensive data on the number, demographics, or distribution of PEs, as they are not a registered or annotated category within the profession (annotation refers to an additional marker on a social worker's professional registration that formally recognises a specific role or qualification)¹⁰. The absence of these mechanisms for PEs means their contribution remains largely invisible within national workforce data, making it difficult to assess capacity, identify areas of need, or plan strategically for future development. The lack of data is not only a barrier to understanding but also an underlying cause of system-level fragility: without visibility and recognition, there is limited infrastructure or investment to sustain and grow practice education capacity.

Shortages of PEs are well-documented in local authorities¹¹, particularly in relation to recruitment, retention, and the capacity to support students effectively. Although there is very limited evidence about PEs within the NHS, it is reasonable to assume that these challenges are likely to be even more acute in health settings, where there is no nationally defined NHS pathway for social work practice education, for example, no consistent approach to training, protected time, or recognition of the role, which further limits capacity to support students and trainees effectively.

The causes of the current shortages of PEs are multifactorial but closely linked to structural and organisational issues. Key factors include:

- **Lack of a clear national or NHS pathway for practice education**, including standardised training, career progression, and role recognition. Practice education systems vary significantly in terms of provision as a result¹².

¹⁰ Cook, L.L., Gregory, M., Butt, T., and Shakespeare, J. (2023) Practice Education in England: A national scoping review [Online] Available at: [Practice education in England: a national scoping review](#)

¹¹ Community Care (2023) The key challenges facing practice educators today [Online] Available at: [The key challenges facing practice educators today - Community Care](#)

¹² Cook, L.L., Gregory, M., Butt, T., and Shakespeare, J. (2023) Practice Education in England: A national scoping review [Online] Available at: [Practice education in England: a national scoping review](#)

- **Insufficient protected time** within workload to supervise, support, and formally assess students, making the role difficult to sustain alongside operational duties¹³
- **Limited remuneration or incentives** for taking on this additional responsibility, which discourages both recruitment and retention.

These factors combine to make the practice educator role challenging and, for some, unsustainable. The consequences are significant: a shortage of PEs reduces the availability of NHS-based placements for students and trainees, which in turn limits the pipeline of new social workers entering mental health services. Remaining PEs face increased workloads and pressure, which can exacerbate burnout and further reduce retention, creating a self-reinforcing cycle of shortage, overwork, and placement scarcity. Over time, this threatens workforce sustainability, hinders recruitment, and weakens the capacity of services to deliver integrated, person-centred care.

What policies, practices, or initiatives have been most effective in recruiting, training, developing, and supporting educators? Please provide case studies where available.

Think Ahead CPD training for social workers and practice educators

Context

Alongside delivering our core social work training programme, Think Ahead provides continued professional development for Practice Educators (PEs) working in mental health services across NHS Trusts in England. Within the Think Ahead programme, senior PEs are designated as Consultant Social Workers (CSWs). CSWs play a pivotal role in supervising participants, supporting their professional development, and ensuring the practical application of academic learning in the workplace.

All CSWs are accredited, or supported to become accredited, through the Practice Educator Professional Standards (PEPS) Levels 1 and 2, ensuring alignment with national professional standards. They lead participant units full-time, providing reflective supervision, allocating caseloads, conducting direct observations, and delivering formative and summative assessments. A Unit is a group of 3-6 student social workers in one placement supported by one or two PEs, they meet weekly for group supervisions and monthly for academic tutorials and they also offer each other peer

¹³ Gregory, M., Cook, L., Butt, T., and Shakespeare, J. (2024) Practice education in social work: a scoping review of existing research. [Online] Available at: [Practice education in social work: a scoping review of existing research](https://www.researchgate.net/publication/415832345)

support. CSWs also advocate for participants within their organisations, support their integration into teams, and provide pastoral care to maintain wellbeing.

Problem and baseline

High-quality practice education in mental health services depends on skilled practice educators who can supervise, support, and develop student social workers and newly qualified social workers (NQSWs). Across NHS Trusts, access to structured, ongoing professional development for PEs varies, with limited opportunities for peer learning, leadership development, and the practical application of evidence-based social interventions in supervision. Without targeted training, senior practice educators may struggle to embed evidence-based approaches, lead reflective practice, and support participants to achieve the competencies required for safe and effective social work practice. Similarly, social workers aspiring to become PEs may lack access to accredited programmes that equip them to supervise and assess students and newly qualified practitioners in line with national standards.

Intervention

Think Ahead provides professional development for social workers and PEs in two complementary ways:

1. Training social workers to become accredited practice educators

This pathway equips social workers to supervise and assess students and NQSWs in line with national standards. Training is delivered through the postgraduate Practice Educator Professional Standards (PEPS) Levels 1 and 2 programme via Middlesex University. Completion of the modules enables practitioners to:

- Support and assess Think Ahead participants
- Supervise social workers training with other higher education institutions
- Support newly qualified social workers completing their Assessed and Supported Year in Employment (ASYE)

2. Upskilling existing PEs into consultant social workers (CSWs)

This pathway focuses on advanced professional development for existing PEs, strengthening leadership, reflective practice, and the application of evidence-based social interventions. Training is delivered through a blended approach combining in-person and online sessions, access to a virtual learning portal, and coaching support. Key components include:

- **Relationship-Based Practice Programme:** A five-day course enhancing advanced knowledge and practical application of social interventions that empower people, strengthen relationships, and reduce social isolation.

- **PE Development Days:** Quarterly sessions for new and returning PEs, focusing on facilitating placement learning, leadership training (ethical, inclusive, compassionate leadership), and supporting participants to meet Professional Capabilities Framework competencies.
- **PE Practice Workshops:** Monthly one-hour online sessions for peer learning and practical support, covering supervision, Practice Learning Agreement meetings, direct observations, midway/final reports, and the application of leadership and reflective practice.
- **PEPS Refresher Training:** Ensures ongoing compliance with Practice Educator Professional Standards for existing PEs.

All training aligns with national professional standards, including the Professional Capabilities Framework (BASW, 2020), Social Work England Professional Standards (SW England, 2020), Practice Educator Professional Standards (BASW, 2022), and the Knowledge and Skills Statement for Adult Services (Department of Health, 2015). This ensures safe, effective practice, promotes a culture of continuous learning, and strengthens workforce retention.

Outcomes

Since the programme began, Think Ahead has trained over 300 practice educators in mental health services on social interventions, relationship-based practice, and leadership. Within this group, 100 practitioners have been supported, through our partnership with Middlesex University, to achieve accredited Practice Educator status since 2019, a requirement for undertaking the CSW role.

In the past year, 70 CSWs received leadership and practice-focused training. Of these, 15 were trained to become accredited practice educators through the PEPS Levels 1 and 2 programme. These 15 practitioners are now qualified to supervise and assess both Think Ahead participants and social workers across other higher education institutions, extending the programme's impact across the wider mental health workforce.

The programme has strengthened reflective practice, leadership capabilities, and the application of evidence-based interventions across mental health teams.

The programme is highly valued by participants and partner organisations. In 2024, 92% of CSWs reported they would recommend the role to others, and 95% indicated that organisations should partner with Think Ahead to improve their mental health services. These figures reflect strong endorsement and practical impact of the programme.

Enablers and risks

The success of the programme is rooted in a practical, evidence-based curriculum co-developed with academics, social work professionals, and experts by experience, ensuring the training is relevant and effective. Delivery is supported by national partnerships with NHS Trusts, which allow the programme to reach a wide variety of mental health settings. The blended approach, combining in-person sessions, online resources, and coaching, enables participants to embed learning into practice while developing reflective skills and resilience.

A key risk is the cessation of funding for the Think Ahead programme. Without ongoing support, the programme cannot continue, representing a loss not only to the training of social workers but also to the professional development of practice educators. This may limit the wider impact on workforce capability and leadership in mental health services.

Scalability and transferability

Think Ahead has extensive experience delivering high-quality professional development and practice educator training across mental health services. This expertise, combined with established partnerships with NHS Trusts and academic institutions, provides a strong foundation to replicate or adapt the programme elsewhere. The curriculum, blended learning approach, and network of experienced trainers and PEs mean the programme could be scaled to support additional regions or settings, provided there is workforce capacity and funding to release staff for training.

What are the main barriers and enablers to effective collaboration and communication between education providers (including collaboration between HEIs, FE institutions, and other training providers), the NHS, and other partners? How do these affect workforce supply, learner experience, and service delivery?

A central barrier to collaboration is the lack of recognition of social work within NHS workforce planning. Social workers were not mentioned in the 2023 NHS Long Term Workforce Plan or in the Darzi Review of the NHS, and this omission has significant implications. Without explicit recognition in national and regional plans, social work roles are rarely prioritised in workforce strategies or budget allocations. The absence of ring-fenced funding for social work within the NHS, unlike in local authorities, means that posts are often seen as optional rather than essential. This undermines the ability of NHS trusts to sustain or expand social work provision, particularly during periods of financial pressure. It also limits the availability of practice placements for students and newly qualified social workers, creating a fragile pipeline into the profession. Addressing this gap would require social work to be explicitly included and funded within NHS workforce planning at national and Integrated Care System (ICS) levels, ensuring that its contribution to multidisciplinary mental health care is properly recognised and protected.

The fragility of the workforce pipeline has been exacerbated by the Department of Health and Social Care's recent decision to withdraw funding for Think Ahead's mental health social work programme. Without this route, there is no comparable mechanism to meet workforce needs, and our NHS partners have expressed serious concern about maintaining their social work capacity in the years ahead. This comes at a time when demand for mental health services is increasing, and when policy priorities emphasise prevention, early intervention, and community-based care- areas in which social workers play a crucial role.

Cultural and professional misunderstandings within NHS organisations further constrain effective collaboration. Social work remains poorly understood by some clinical colleagues, with its focus on social determinants of health often undervalued compared to medical and psychological approaches. As a result, social workers are sometimes viewed as peripheral to, rather than core, members of multidisciplinary teams. This lack of understanding can marginalise both qualified practitioners and students on placement, weakening collaboration and reducing the quality of care.

Can you provide case examples of collaboration between education providers (e.g. HEIs, FE colleges, and other partners), and between education providers and the NHS, that have improved workforce supply, learner experience, or service delivery?

Improving the provision of mental health social work in Lancashire and South Cumbria NHS Foundation Trust

Context:

Lancashire and South Cumbria NHS Foundation Trust (LSCFT) provides health and wellbeing services to around 1.8 million people. The Trust offers a broad range of services, including community nursing, health visiting, therapies, and wellbeing programmes, alongside specialist services in secure, perinatal, inpatient, and community mental health and learning disability care for adults, children, and young people.

Care is delivered across multiple settings to meet the physical and mental health needs of the local population.

Problem and baseline

The region faces significant social and economic challenges. Around a third of residents live in areas with higher deprivation, and fuel poverty affects 13% of households, above the national average. Life expectancy and healthy life expectancy are below national averages in some neighbourhoods, with healthy life expectancy as low as 46.5 years.

Long-term health conditions are common, including cancer, cardiovascular, respiratory, neurological, and mental health disorders. The prevalence of common mental health problems exceeds the England estimate.

These factors reflect the wider social determinants of health and underscore the need for mental health social workers capable of supporting people in the context of complex social, economic, and health challenges.

Intervention

Since 2019, Think Ahead has partnered with LSCFT to deliver a two-year fast-track training programme for mental health social workers. The programme combines academic learning with practical placements, enabling participants to develop skills in evidence-based interventions and apply theory in practice.

The Trust provides placements across adult mental health services, giving participants experience within multidisciplinary teams. The programme also develops practice educators, upskilling existing social workers into Consultant Social Worker roles and accrediting new practice educators. This strengthens leadership, reflective practice, and supervision quality across teams.

Outcomes

- 61 participants have been placed across LSCFT adult mental health services since 2019.
- In 2025, 12 new participants are joining three adult mental health units, supporting approximately 540 people with mental health needs across the 2-year programme.
- The programme has strengthened reflective practice, leadership capabilities, and the application of evidence-based interventions across adult mental health teams.
- The operational lead in 2022 noted the programme had a significant positive impact on the organisation beyond participants' direct practice.

Case study 2:

Improving the provision of mental health social work in Tees, Esk and Wear Valley NHS Foundation Trust

Context:

Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) provides mental health and learning disability services to people of all ages across County Durham, Darlington, Teesside, North Yorkshire, York, and Selby. The Trust delivers a full spectrum of care, from prevention and education to crisis and specialist services, and works closely with patients, families, and communities to support recovery.

Problem and baseline

The northeast of England faces significant socioeconomic and health challenges. Household poverty is higher than the national average, unemployment is high, and GDP per capita is lower than in other regions.

The area experiences high deprivation, lower life expectancy, and higher death rates, leading to population decline and an accelerated ageing population. Residents face limited disposable income and fewer opportunities for positive life experiences. Substance misuse and drug dependency are among the highest in England, and suicide rates have consistently remained the highest in the country for six of the past ten years.

These challenges are reflected in well-being indicators, with the population reporting low levels of life satisfaction and high levels of anxiety over a sustained period. These factors have placed increased pressure on mental health services and highlight the need for a skilled and responsive workforce.

Based on this context, mental health services in the region face complex and varied needs, underscoring the importance of skilled social workers in supporting individuals and working effectively within multidisciplinary team.

Intervention:

The intervention mirrors that of Case Study 1. Think Ahead has partnered with TEWV since 2017, supporting the development of mental health social workers through placement-based learning across adult mental health services. The programme also strengthens practice educator skills, promoting reflective practice, leadership, and high-quality supervision.

Outcome:

- Think Ahead has placed 64 participants across TEWV adult mental health services since 2017.
- In 2025, the Trust is hosting 4 participants as part of the current cohort. These participants will support people accessing mental health services across intensive home treatment, perinatal, and secure inpatient teams. These participants will support approx. 280 people with mental health needs throughout the 2 years on the programme.

The above examples highlight the transformative potential of placement-based, practice-focused programmes. By developing highly skilled mental health social workers and practice educators, these initiatives strengthen workforce capability, improve staff retention, and reduce recruitment pressures. They enable teams to manage caseloads more effectively and increase the time and quality of contact with

service users. Practitioners gain a deeper understanding of the social and structural factors affecting mental health, supporting more holistic, person-centred care. Collectively, these benefits demonstrate how strategic collaboration between education providers and NHS services can deliver substantial and lasting impact on workforce supply, service delivery, and the quality of care.

Scalability and transferability

The above shows just two examples of where Think Ahead has significantly boosted the supply of skilled mental health social workers and strengthened practice educator capability. Having partnered with over 74% of NHS mental health trusts, our reach is widespread, delivering impact across multiple regions and service settings.

Building on this experience, our approach is highly scalable and transferable. We can support a shift in workforce capacity to communities and neighbourhoods, work with local organisations to reach wider populations, shape new models of delivery, develop new roles in social care, and define new career pathways. Think Ahead is well-positioned to share expertise with other organisations to continue promoting social approaches in mental health and strengthen the workforce across diverse service settings.

What are the main barriers and enablers affecting how education and training institutions adapt curricula, placements, CPD provision, and other training opportunities to meet evolving NHS needs?

A key barrier affecting how education and training institutions adapt curricula, placements, CPD, and other training opportunities is the ongoing challenge of recruitment and retention within the mental health workforce. Workforce shortages mean that staff are often unable to be released for training, limiting opportunities to develop the skills needed to meet evolving service demands.

This is particularly evident in roles such as Approved Mental Health Professionals (AMHPs). AMHPs are qualified professionals responsible for the co-ordination and conduct of assessments for the compulsory admission of people to hospital under the Mental Health Act. Whilst AMHPs are predominantly employed by local authorities, 16% are employed by the NHS, rising to over 40% in some regions. The majority of the workforce, around 93%, are social workers, and 31% are aged over 55, placing large numbers at risk of retirement within the next decade¹⁴. The closure of pipeline programmes such as Think Ahead, which previously contributed to the AMHP workforce, has further reduced the flow of new entrants. In addition, some NHS trusts do not consistently support social workers to undertake post-qualifying roles such as AMHP, and there is limited access to supervision, CPD, and structured career progression, compounding the shortage. These factors mean that even when training

¹⁴ Skills for Care's annual report on the workforce in England, based on a survey of AMHP leads.

opportunities exist, staff cannot always be released to participate, creating a cycle in which workforce development is constrained and service needs remain unmet.

The lack of senior social work leadership within NHS organisations further exacerbates these challenges. Without dedicated leadership to advocate for social work roles, integrate workforce planning, and prioritise professional development, strategic support for training, supervision, and career progression is often limited. Leadership is essential for ensuring that curricula and CPD opportunities are aligned with service needs, that staff can be released for training, and that social work roles are embedded within broader workforce planning.

Despite these barriers, enablers exist where programmes and curricula are specifically designed to reflect NHS needs. Our curriculum is carefully designed to equip students with the knowledge, skills, and values needed to respond to the three shifts in adult mental health social work. It blends legal, policy, practical, and reflective elements with significant input from lived experience partners to ensure trainees are well-prepared for the complexities of contemporary practice. Key features include:

- **Legal and policy grounding**, with modules on the Mental Health Act and the Care Act for safeguarding and empowering adults in community settings.
- **Emphasis on prevention and recovery**, incorporating teaching on motivational interviewing, trauma-informed practice, suicide and self-harm awareness, social determinants of health, and recovery-oriented models.
- **Preparation for community-based care**, including training in multidisciplinary working and understanding the diverse roles within mental health teams, supporting the shift away from inpatient settings.

Combined with structured CPD, professional supervision, and strong leadership, this approach helps build workforce capacity and address service gaps. However, unless recruitment, retention, and leadership deficits are addressed, the ability of education and training institutions to fully adapt and meet the NHS's evolving requirements will remain limited.

What examples are there of education, training, or CPD initiatives that have successfully addressed workforce skills gaps or service needs, and what evidence is available on their impact and uptake? Please provide case studies where available, using the template provided.

The most illustrative case study we could provide is the Think Ahead programme itself- this has been included as part of our answer in Theme 1.

Below is an additional case study of where training has successfully addressed service needs.

Building workforce capability for co-occurring needs

Context

People living with complex and enduring mental health conditions often experience problematic substance use and challenging social circumstances. Despite the clear evidence that mental ill health and substance use are closely linked, individuals with co-occurring conditions are frequently excluded from appropriate support. Many mental health services require substance use to be resolved before treatment, while substance use services often defer support until mental health needs are addressed.

National data highlights the scale of the issue: 55% of people in alcohol treatment report needing help with their mental health, and 79% are already receiving support¹⁵. However, practitioners in both sectors frequently report low confidence, uncertainty about their role, and limited preparation to work effectively with co-existing conditions.

Problems/Baseline

- Fragmented systems and siloed service delivery result in people being excluded or “bounced” between services.
- Practitioners often lack the knowledge, skills, and confidence to address both mental health and substance use together.
- Training for social workers in co-existing conditions has historically been limited or inconsistent.
- The result is poorer outcomes and reduced engagement for people with the most complex needs.

Intervention

We designed an innovative new programme to better equip social workers in mental health services to deliver evidence-based interventions and more inclusive support for people with co-existing mental health and substance use issues.

Programme Aims

- Increase awareness of substance misuse and addictions, their impact, and available treatment options.
- Promote inclusive, non-stigmatising approaches to practice.
- Embed harm reduction and trauma-informed approaches in assessment and support planning.

¹⁵ O'Connor, R. C. et al. (2020). Mental Health and Well-Being during the COVID-19 Pandemic: Longitudinal Analyses of Adults in the UK COVID-19 Mental Health & Wellbeing Study.

- Develop skills in delivering psychologically informed interventions such as Cognitive Behavioural Therapy (CBT) and Motivational Interviewing (MI).
- Strengthen interdisciplinary collaboration and shared learning across services.
- Build a community of practice for ongoing peer learning and support.

Programme structure:

- 5 days of face-to-face training: delivered in 3-day and 2-day blocks.
- 4 online action learning sets: 1.5-hour sessions as well as additional webinar-style sessions on practice topics. Key topics included understanding co-occurring substance use and trauma, trauma-informed practice, Cognitive Behavioural Approaches and relapse prevention, motivational interviewing, specialised support for LGBTQ+ communities and parental substance use.
- The program's structure effectively integrated theoretical knowledge with practical skills, offering valuable insights for professionals working in complex and challenging areas of practice.

Outcomes

The programme ran between May and August 2024, bringing together 30 social workers from across England.

- 92% of participants reported they would recommend the training course to others.
- 100% of participants reported the overall quality of the training as high or very high.
- 91% of participants reported that the training course met their expectations and that the course content was relevant to their learning needs.
- 100% of participants found the training course practical, engaging and useful.
- Participants were eight times more likely to rate themselves as "Very Confident" after completing the training. Prior to the training, only 8% of participants rated themselves as "Very Confident" when supporting people with coexisting conditions. Following the training 67% rated themselves as "Very Confident" when supporting people with mental health conditions.
- 92% of participants rated themselves as "Confident" or "Very Confident" in supporting people with substance use and coexisting conditions after completing the training programme.
- Participants were also over five times more likely to rate their level of knowledge and awareness of comorbidities as high after the training, with the percentage increasing from 13% to 67%.

Scaling and transferability

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.