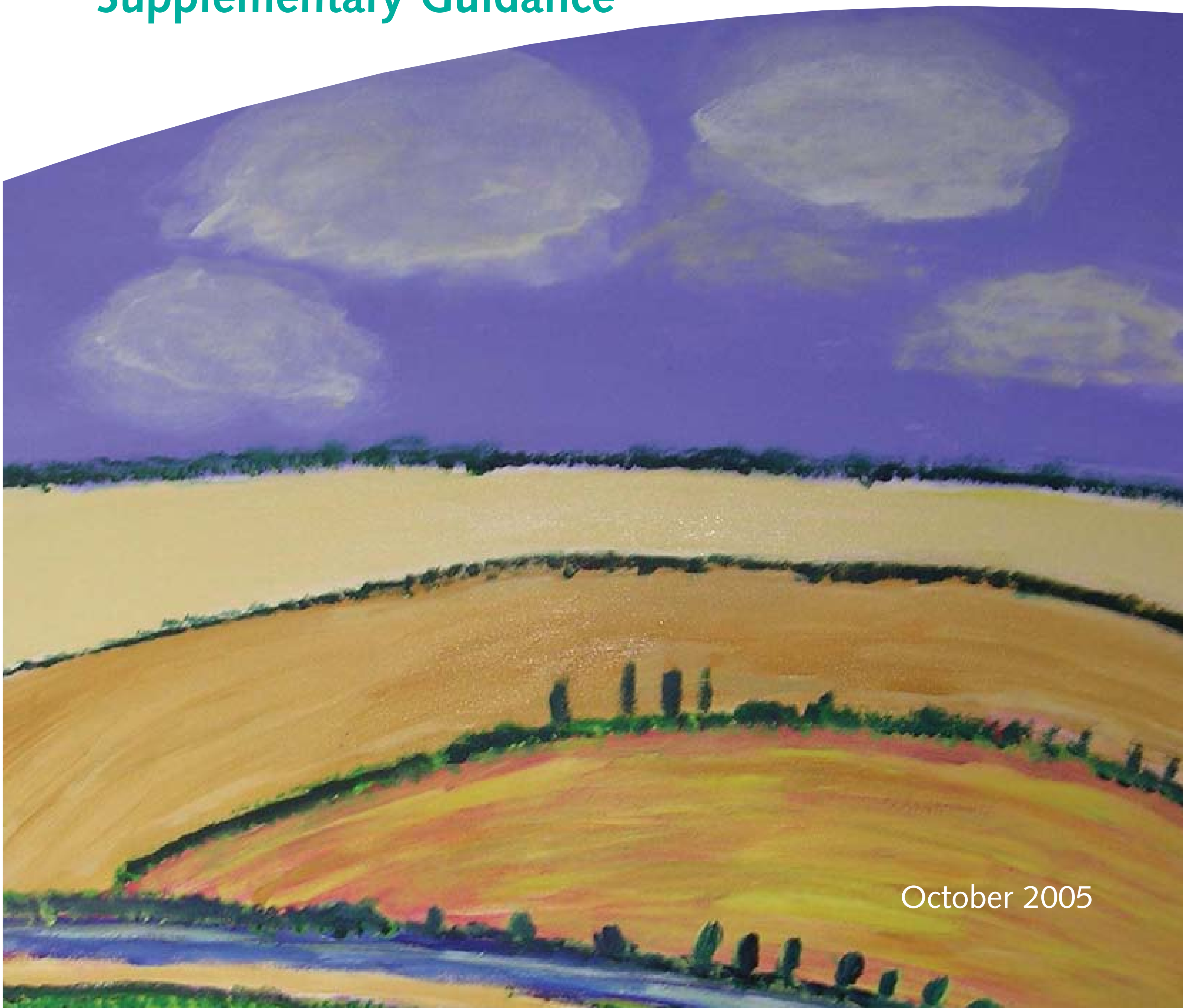
Department of Health

Mental Health Policy Implementation Guide

Community Development Workers (CDWs) for Black and Minority Ethnic Communities

Education and Training – Supplementary Guidance



October 2005

Mental Health Policy Implementation Guide

Community Development Workers (CDWs) for Black and Minority Ethnic Communities

Education and Training – Supplementary Guidance

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Introduction

1. As part of the generic Mental Health Policy Implementation Guide, Interim Guidance on Community Development Workers (CDWs) for Black and Minority Ethnic (BME) Communities was published in December 2004.[1] The purpose of the Interim Guidance was to provide a framework for local health and social care systems to start to introduce CDWs into the mental health workforce in accordance with the Department of Health target to employ 500 CDWs by December 2006.

2. Paragraph 5 of the Introduction to the Interim Guidance explained there were a number of issues that required further detailed work mainly around the Education and Training (E&T) pathway. Along with Continuing Personal Development (CPD), this was introduced in paragraphs 38, and 45 to 52, on pages 17 to 20 of the Interim Guidance where mention was made of the importance of Induction and the Ten Essential Shared Capabilities (ESC).[2]

3. Paragraph 51 of the Interim Guidance on page 20 indicated that an appropriate E&T pathway would be "set out in the full guidance to be published in 2005". This **Education and Training – Supplementary Guidance**, fulfils that commitment by providing a Framework that local health and social care systems should use, working in conjunction with their commissioners and providers of E&T, to deliver appropriate E&T for CDWs for the role they are undertaking. This should, of course, take into account the existing and often different level of knowledge, expertise and experience that CDWs will bring to the job.

4. This is not the end of the story as the plan is to publish one more piece of guidance in early 2006. This will draw on lessons learnt from the introduction of CDWs especially in respect of the Early Implementer Sites (EIS) programme (see paragraphs 9 to 12 of the Introduction to the Interim Guidance on page 5) and the Focused Implementation Sites (FIS) being introduced as part of the Delivering Race Equality initiative.[3] Under the EIS programme, it is anticipated that CDWs will be employed to work across the age range and in some cases, specialising with particular age groups such as children, young people and older people.

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1 *Mental Health Policy Implementation Guide Community* Development Workers for Black and Minority Ethnic Communities: Interim Guidance: December 2004: Department of Health publication number 265796

2 The Ten Essential Shared Capabilities – A Framework for the Whole of the Mental Health Workforce: August 2004: Department of Health publication number 40339

3 *Delivering Race Equality: A Framework for Action:* Mental Health Services – Consultation Document: October 2003: Department of Health publication number 33247

5. However, policy development does not stand still and it is important that CDWs are aware of and take into account new initiatives that will affect the work that they do and the approach they take in helping their BME communities. This is expressed in general terms in the Framework in Appendix C and recent examples of this are the Social Exclusion Report[4] available at *www.publications.odpm.gov.uk* that mentions Supporting Families and Community Participation in Chapter 7 and the Public Health White Paper[5] that mentions Local Communities leading for health in Chapter 4.

Purpose of this Guidance

6. The purpose of this Education and Training – Supplementary Guidance is to provide an appropriate Framework for the E&T of CDWs that recognises the principles of "Shifting the Balance of Power" and the requirement to take account of local needs and local decision making.

Who is this E&T Supplement for?

7. It is aimed at:

- Primary Care Trusts (PCTs) as employers as well as commissioners and providers of mental health services;
- Other potential employers of CDWs such as:
  - Local Authorities;
  - Voluntary sector organisations; and
  - Mental Health Trusts;
- Foundation Trusts;
- Children's Trusts/Children's Centres;
- Strategic Health Authorities (SHAs) and their Workforce Development Directorates (WDDs); and
- Commissioners and providers of E&T.

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4 Mental Health and Social Exclusion: Social Exclusion Unit Report: June 2004: Office of the Deputy Prime Minister: Product code 04 SEU 02280

5 "Choosing Health" Making healthy choices easier: 2004: HM Government: Cm 6374

What are they expected to do?

8. Having taken account of the Interim Guidance, employers, working with commissioners and providers of E&T, should consider the E&T Framework set out in Appendix C and where appropriate, Appendices C1 and C2, and agree how best to ensure their CDWs receive the relevant E&T for this new role. See also, the suggestion about a Multi-Agency E&T Partnership Group set out below.

Background

9. As indicated above, it is recognised that CDWs will come to the role with a wide variety of prior knowledge, skills and educational attainment. And some of them will be current or former users of mental health services. These elements need to be recognised and valued in developing and delivering an E&T programme based on the Framework set out in Appendix C, C1 and C2. Whilst there will be an element of local decision making about the way the E&T Framework can best be delivered, the expectation is that in relation to the proposed Induction phase, the aim should be consistency of approach across all employers and E&T providers.

10. However, the perception of the role of CDWs may vary from locality to locality and the role will be shaped by the local community to help meet its' own individual and service needs. Therefore, primarily, the E&T Framework must be practical in nature to help prepare people to undertake the CDW role with effective methods of linking learning to practice.

11. On their own, CDWs cannot deliver all the help and support required by BME communities. They will need the help and support of the BME community, their colleagues at work including their employers and the PCT Race Equality Leads (RELs) as well as other relevant stakeholders, all working closely together. Appendix D sets out the anticipated individual CDW and service outcomes and how these will help meet the Delivering Race Equality (DRE) Actions.

12. CDWs should apply both practical skills and common sense in their every day work based on a clear understanding of the needs of people from BME communities. CDWs should expect to receive appropriate support and advice in undertaking this role and this was covered on page 16 of the Interim Guidance.

13. E&T should form one part of an annual appraisal system that includes the development and implementation of Personal and Career Development Plans. Although these are being developed as part of the Agenda for Change initiative

across the NHS, the same *principles* apply to other non-NHS employers as part of good management practice. It is not for this Guidance to set out what form or process an annual appraisal system should take, but it is anticipated that the detail set out in this Supplementary Guidance will help inform the annual appraisal that CDWs should undertake with their managers.

The Four Generic Stages in the E&T Framework

14. Four stages are suggested for the generic E&T process – Entrance; Induction; Foundation; and Advanced.

    Entrance: Each candidate, whether they are new recruits or applying from a similar post, will need to demonstrate:

    - they understand the role of the CDW;
    - they possess the attitudes and qualities to do the job; and
    - they are interested in the concept of life-long learning and CPD.

15. Appendix C provides the detail to support the Induction; Foundation; and Advanced stages. The grid consists of three columns that are linked to define the necessary knowledge, skills and the desired individual worker outcomes that result from the demonstration of these skills. This approach provides the basis of useful line management tool to help supervise CDWs, set clear expectations of them and review their work performance as well as possibilities of developing a Personal Development Plan. It should be recognised that whilst the individual components of the E&T Framework are broken down into four stages, this does not mean they are mutually exclusive to each stage. Learning and development can and should take place throughout each person's career and the layout in Appendix C is not meant to signify that a person can "tick off" those items shown in each stage as complete forever as there will be a need to return to or reinforce such learning. The acquisition of knowledge and skills is an ongoing and adaptable process. In addition, for those CDWs who work part-time, their induction and foundation programmes will inevitably take longer than full time workers.

    - *Induction:* This is perhaps the key underpinning stage of the E&T for CDWs and it is particularly important that the Induction stage not only reflects the value base of the Ten ESC (see also Appendix B), but it is consistent as possible across localities and all potential employers. Apart from what is contained in Appendix C, for those

who are being employed for the first time in an organisation, their Induction will also need to take account of any local induction process for new recruits.

- *Foundation:* Again, consistency is important here as this stage provides the fundamental learning and support that will allow CDWs to start work in and with their BME communities who will come to expect a certain level of knowledge and skills from all of their CDWs.

16. With support from their peers, supervisors or mentors for example (see page 16 of the Interim Guidance), after each of the three stages set out above, time should be set aside for a period of formal review and reflection about any lessons learnt. This might also include a discussion about what additional steps or support needs to be put in place to help CDWs become more effective before they move on to the final stage.

17. Some form of personal learning log may be helpful as part of this process that may include:

    - a record of what life, work experiences and educational attainment has been brought to the job;
    - what has been learnt or achieved so far;
    - what learning and service activities have taken place;
    - what the future development needs are;
    - how that may be achieved;
    - what support and resources will be needed; and
    - how will success be measured.

18. Such a formal review for each CDW as an individual should prove invaluable for their development and support, but managers may wish to follow the review process by taking a corporate, organisation wide, approach. By collating the information gained at the individual level, this would put them in a good position to see what lessons can be learnt by the organisation, thus helping to feed into the anticipated service outcomes as set out in Appendix D.

19. The fourth and last element for the E&T process is the:

    - *Advanced stage.* The knowledge and skills in this stage will require more in depth learning and development than in the Induction and Foundation stages. It is

likely that a more tailored (and local) approach to the E&T needs should be developed that reflects personal prior knowledge, skills, experience and educational attainment of CDWs as well as one that meets the local needs more closely.

Child and Adolescent Mental Health Services (CAMHS) and Older People's Mental Health (OPMH)

20. As explained in paragraph 4 above, it is anticipated that CDWs will be employed to work across the age range and Appendix C provides the generic E&T Framework to support this. However, in some cases, a CDW may wish to specialise with particular age groups such as children, young people and older people and an additional or more specialised E&T Framework is set out in Appendices C1 and C2 respectively.

A Multi-Agency E&T Partnership Group

21. CDWs will be undertaking the same role irrespective of who their employer is whether it be in the statutory sector (eg the NHS or a Local Authority) or elsewhere (eg in the voluntary sector). However, there is not a uniform approach to the commissioning or provision of E&T across these sectors nor is there the same access to funds. To ensure that CDWs provide a consistent, high quality service which supports their BME communities, it is suggested that a common process should underpin the commissioning and provision of E&T, regardless of the employing agency.

22. A Multi-Agency E&T Partnership Group could consider and co-ordinate a uniform approach to E&T for CDWs across sectors. All the relevant stakeholders should be involved in the Group. For example, the stakeholders might include:

- the SHAs/WDD(s);
- employers of CDWs such as
  - Local Authorities;
  - Voluntary sector organisations; and
  - Mental Health Trusts;
- providers of E&T;
- CDWs themselves;
- Community representation;
- Learning and Skills Councils;

- Skills for Health and Skills for Care;
- PCTs, Foundation Trusts and Children's Trusts;
- PCT RELs;
- NIMHE RELs;
- NIMHE Workforce and Service Leads;
- Local Implementation Teams; and
- Other organisations as appropriate eg housing.

23. A key aim of the Partnership Group would be to see what steps need to be put in place to achieve a more uniform approach to the commissioning and provision of E&T for CDWs across sectors that may include the establishment of learning sets for example.

24. The Partnership Group may wish to agree priorities for the commissioning and provision of E&T; what steps should be taken about quality assurance of the E&T; how best to ensure the acceptability or transferability of the provision of E&T across organisations/employers; what evaluation and sustainability arrangements should be put in place; as well as acting as a clearing-house for ideas and developments on the E&T for CDWs. As part of such a process, the Group should be in a strong position to recognise which parts of the proposed E&T Framework for CDWs that *are already being delivered* and thus avoid the necessity of commissioning and providing additional E&T that is not required, as well as identifying gaps in E&T.

25. By taking such an approach, not only would there be a more consistent commissioning and delivery of E&T for CDWs, but it would also provide a strategic overview of E&T in support of the BME community.

Case Study: Community Development Work

The Lincoln Community Development Project (LCDP) currently runs a Community Development Work Skills course that contains three modules:

- Community Work Principles and Values;
- Personal Skills in Community Work; and
- Community Work in Action.

The course is intended for volunteers, paid workers of community groups and voluntary organisations but staff from Lincoln City Council and Social Services have also taken part. The course is aimed at people at all levels, ages and abilities.

The course has received approval and accreditation from the South Yorkshire and Humberside Open College Network.

Contact point: karep.lcdp1@btinternet.com

Case Study: Use of Multi Agency Group to Facilitate the Introduction of a New Role to include E&T

Leeds Mental Health Modernisation Team established a multi-agency Programme Management Group (PMG) to facilitate the introduction of the new Support, Time and Recovery (STR) worker role including the development and implementation of a comprehensive education and training framework for STR workers.

The PMG includes representatives from all agencies employing STR workers (Leeds Mental Health NHS Teaching Trust, Leeds Social Services and Leeds Voluntary Sector), the Changing Workforce Programme and West Yorkshire Workforce Development Confederation as well as service users and carers. This group agrees what education and training STR workers should receive, identifies providers and negotiates funding. The PMG is also responsible for ensuring arrangements are in place to evaluate the effectiveness of the education and training framework.

The group provides tangible evidence of partner organisations' commitment to the education and training of STR workers. The bi-monthly PMG meeting provides a forum for sharing expertise on education and training thereby facilitating the delivery of the framework and contributes to the effective implementation of the new STR worker role.

Case Study: Partnership Forum

Examples of Good Practice in Learning Disabilities – Cumbria & Lancashire Training Partnerships Forum

Over the last 2 years, Cumbria and Lancashire Health Authority have provided support to Learning Disability Partnership Boards with the formation of Training Partnerships which cut across 2 or more Partnership areas. In August 2004, the SHA sponsored an event to bring together the seven Training Partnerships. This was a very successful day with the result of the formation of a Training Partnership Forum. This forum includes stakeholders from health and social care, independent and voluntary organisations and local colleges.

The Forum now meets bi-monthly and focuses on sharing expertise and resources from each of the training partnerships. They have agreed that places on training courses can be offered across partnerships with the cost being the same for all Training Partnership members.

Further information is available from Ann Love, Workforce Directorate, Cumbria & Lancashire SHA – *ann.love@clha.nhs.uk*

Accreditation

26. As explained in the **Background** section above, CDWs will be expected to deliver practical skills and so a mixed economy of education, training and accreditation, including National Vocational Qualifications (NVQ), should be considered. In this way, an assessment can be undertaken of how they are applying their knowledge and understanding that meets the needs of the BME population in a practical way.

27. Appropriate competent NVQ assessors who function at Level 3 and 4 will need to be identified and/or trained. They can work as a co-ordinating assessor where they will need to observe practice – see for example the references to the four core units of the revised Health and Social Care Awards set out below.

Career Development

28. For mental health, the emphasis is to recruit and retain CDWs where it is likely that those communities will want to see some continuity in the employment of CDWs. However, it needs to be recognised that some CDWs will want to move on and in terms of career development, there are a number of initiatives taking place.

29. For example, in the NHS, as part of the Agenda for Change initiative, the NHS *Knowledge and Skills Framework* (KSF) is being used to help determine overall job profiles and in terms of the KSF dimensions that apply to a particular job and whether they are at Levels 1, 2, 3 or 4. This will help inform the Career Development of staff including CDWs as they will be clear about their future development needs. Further information can be found on the Department of Health website *www.dh.gov.uk*.

Connections

30. There are a number of connections to be aware of that help support both the employment and the E&T of CDWs.

Employment of CDWs

31.1 Paragraphs 9 to 12 on page 5 of the Interim Guidance mentioned the *Early Implementer Sites* (EIS) where the NIMHE RELs are leading a programme to introduce CDWs into the mental health workforce across a number of localities. This is an on-going programme and up to date details may be obtained from the RELs. Their contact details are in Appendix J. Overall co-ordination of the EIS programme is being led jointly by Olivia Nuamah (*Olivia.Nuamah@londondevelopmentcentre.org*) and Alison James (*Alison.James@dh.gsi.gov.uk*)

31.2 Paragraphs 13 to 17 on pages 5 and 6 of the Interim Guidance referred to the NIMHE BME Programme where a number of *Focused Implementation Sites* (FIS) are now being put in place to help implement the DRE agenda. Up to date details may be obtained from *dorothy.francis@dh.gsi.gov.uk*.

31.3 Work is taking place to co-ordinate and make links between the EIS and the FIS to include common reporting mechanisms.

Other E&T initiatives

32.1.1 The E&T for CDWs needs to be underpinned by the *Ten ESC*. This provides a value base that service users generically have said that they want from mental health services and reflects a social model of care. One of the Ten ESC is about "Respecting Diversity".

32.1.2 How the Ten ESC might be put into practice for CDWs is set out in Appendix B and how these fit into the E&T Framework is shown in Appendix C. Further information about the Ten ESC may be obtained from Peter Lindley (*peter.lindley@scmh.org.uk*)

32.2.1 A three-year research programme in respect of E&T around *Race Equality* is currently under way by the Sainsbury Centre for Mental Health (SCMH). This is looking at what E&T is already being provided. The programme is being led by Dr Joanna Bennett at *joanna.bennett@scmh.org.uk*.

How E&T connect with Competence Frameworks

33. The Competence Frameworks set out below, start to come into play once a CDW has received at least their Induction and Foundation E&T. They provide a benchmark or set of Standards that a member of staff should aspire to in undertaking their role for their BME communities. Part of the function of an E&T programme, supported in this case by the Framework as set out in Appendix C, is to prepare a CDW by putting them in a position to be able to deliver a service to a particular Standard.

The National Occupational Standards (NOS) for Mental Health

33.1.1 The NOS describe the standards to be achieved by way of performance criteria and they set out and the knowledge and understanding required to deliver the key roles in mental health.

33.1.2 The NOS are organised around three Key Areas which are:

- A – Operate within an ethical framework – this NOS applies to **all** mental health and social care staff;
- B to J – Work with and support individuals, carers and families – these NOS apply to staff some of which may be appropriate to CDWs; and
- K to O – Influence and support communities, organisations, agencies and services – some of these reflect and directly support the role of CDWs.
  - For example, Key Role MH: L is "working with groups and communities to address their mental health needs";
  - Key Role MH: M is "influence organisations' behaviour and services so as to promote people's mental health"; and
  - Key Role MH: N is "influence the way in which organisations and agencies interact to the benefit of those who use mental health services".

33.1.3 For further information, see *www.skillsforhealth.org.uk/mentalhealth*

The NOS for Community Development Work

33.2.1 A set of NOS already exist for the delivery of Community Development Work. However, it should be noted that they are neither BME nor Mental Health specific but they do, nevertheless, provide a set of Standards that staff delivering Community Development should be aware of.

33.2.2 The Key Purpose and Values which underpin this set of NOS are contained in Appendix C. Further information about this set of NOS can be found at *www.paulo.org.uk*.

The Health and Social Care Awards

33.3.1 As the CDW has a strategic liaison role, reporting to the Trust Board, there are elements of revised Health and Social Care awards, published in March 2005, at Levels 3 and 4 that reflect the competences necessary for the CDW post. This is because diversity is embedded in the performance and knowledge base.

33.3.2 Core units and some of the specific units which reflect strongly the CDW role described include:

- HSC433 LEVEL 4 Develop joint working agreements and practices and review their effectiveness;
- HSC437 LEVEL 4 Promote your organisation and its services to stakeholders;
- HSC368 LEVEL 3 Present individuals' needs and preferences; and
- HSC371 LEVEL 3 Support individuals to communicate using interpreting and translation services.

33.3.3 Level 3 units reflect more " hands on" client centred practice whereas Level 4 units reflect more of a management/liaison role. Mental health competences are within both Level 3 and 4

Connections with other new roles in mental health

34.1.1 As mentioned above, it is important to recognise that CDWs cannot effect and support change all on their own and that there are a variety of new roles being developed in mental health services that connect with and support their role. In no particular order of importance, these include:

- *Support, Time and Recovery (STR)* workers who provide direct Support to service users by giving them Time and so help with their Recovery – see Appendix E for an example of how STR workers and CDWs can work closely together;
- *Carer Support Workers* who provide direct support to carers;
- *Primary Care Graduate Mental Health Workers* who provide a variety of interventions such as therapy, provision of information and improving the knowledge within general practice about the network of community resources available for people with mental health problems;
- *Gateway Workers* who provide a navigation point to help service users and their carers know about and make contact with the various parts of the mental health system; and
- *CAMHS Primary Mental Health Workers (PMHW):* The role of the CAMH specialist PMHW is to act as an interface between universal first contact services for children and families (Tier1) & Specialist CAMHS. See also, Appendix F.

Finance

Employment of CDWs

35.1.1 Although paragraph 44 on page 18 of the Interim Guidance gave some information about the finance available to support the employment of CDWs, there has been a call for some further guidance on this. The position is as follows:

35.1.2 For 2004/2005, there was £5m in PCT baselines and for 2005/2006 recurring, there is £16.3m in PCT baselines at a salary of £25K plus on costs per annum per CDW.

35.1.3 In accordance with the principles of the "Shifting the Balance of Power", the CDW monies are neither ring fenced nor are they separately identified in PCT baseline allocations. This is the general system – it does not just apply to CDWs or to mental health but across the board. Nevertheless, it is a fact that the monies are there in the baseline, for a salary of £25K + on costs per annum per CDW.

35.1.4 It is for SHAs, on the basis of the allocation of CDW posts set out in Appendix G of this guidance, to work with their PCTs so as to meet their individual allocations across the SHA patch. In so doing, this will meet the national target of 500 CDWs by December 2006 as set out in the Priorities and Planning Framework for 2003 – 2006.

E&T of CDWs

35.2.1 CDW costs were based on £31,250 per worker to include "on costs" = a salary of some £25,000. Included in the baseline was also an additional sum of £1,350 per CDW for E&T. See Appendix H for the calculations.

Recruitment

36. The target date Dec 2006 is for all posts to be filled. It is imperative that the recruitment process begins prior to this date. Consideration should also be given to the fact that £16.3m was included in the baseline allocation for the employment of CDWs in 2005/2006 and therefore recruitment should begin this financial year.

Summary

37.1 The E&T of CDWs is of prime importance in enabling them, working with other colleagues, to carry out their role successfully and to ensure the delivery of a high quality, consistent service, regardless of who the employer is, to the local BME community. This Supplementary Guidance sets out a clear, four stage Framework that reflects not only the varied background and educational attainment CDWs will bring to the job, but also the need to balance both a consistent approach with local decision making that reflects the need found in different localities.

37.2 Further information can be obtained from the NIMHE RELs (see Appendix J) or from the EIS co-ordinators (see paragraph 31.1 above).

Appendix A

Membership of CDW Education and Training Sub-Group

Ian Baguley	Associate Director, National Workforce Programme, NIMHE (Chair)
John Allcock	Associate Director, National Workforce Programme, NIMHE
Tabitha Arulampalam	Leeds North West Primary Care Trust
Savita Ayling	BME National Lead for National CAMHS Support Service
Rose Barton	NHSU
Joanna Bennett	Sainsbury Centre for Mental Health
Peter Blackman	Afiya Trust
Claire Felix	Race Equality Lead, Rethink
Peter Ferns	Ferns Associates
Barry Foley	Associate Director, National Workforce Programme, NIMHE
Jim Fowles	Department of Health Mental Health Policy Branch
Karen Hardacre	Skills for Health
Roslyn Hope	Director, National Workforce Programme, NIMHE
Janice Horrocks	NIMHE North West Development Centre
Poppy Jaman	Race Equality Lead, NIMHE South East Development Centre
Alison James	National Workforce Programme, NIMHE
Graeme Jeffs	National CAMHS Support Service
Baljeet Kaur	Transcultural Nurse Specialist, North East London Mental Health Trust
Mhemooda Malek	National CAMHS Support Service
Daniel Mwamba	Afiya Trust
Olivia Nuamah	Race Equality Lead, NIMHE London Development Centre
Nadine Schofield	NIMHE, National Programme Manager (Older People)
Rosanna Sehmbi	North East London Mental Health Trust
Ranjeet Senghera	Race Equality Lead, NIMHE West Midlands Development Centre
Manjeet Singh	Race Equality Lead, NIMHE North West Development Centre
Sara Taylor	Cumbria and Lancashire Strategic Health Authority
Sonia Thompson	New Deal for Communities

Appendix B

Education and Training – the Ten Essential Shared Capabilities

Putting the Ten Essential Shared Capabilities into practice for Community Development Workers

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

   For CDWs this means...
   Developing and maintaining working relationships between statutory and voluntary community services, especially BME groups and encouraging the direct participation of BME service users and their families including the development of mechanisms to achieve genuine BME participation. The CDW will need to work across all stakeholder groups in BME communities including service users, families, carers, Black voluntary groups, community groups, religious groups and BME service user/survivor-led groups.

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

   For CDWs this means...
   Facilitating culturally appropriate assistance and therapeutic interventions. The CDW will also need to ensure that they respect and value the diversity within BME communities in terms of race, culture, age, spirituality, disability, gender, sexuality and class.

3. **Practising Ethically**
   Recognising the rights and aspirations of service users and their families, acknowledging power differentials and minimising them whenever possible. Providing treatment and care that is accountable to service users and carers within

the boundaries prescribed by national (professional), legal and local codes of ethical practice.

For CDWs this means...
Recognising the rights and aspirations of BME service users and their families, in particular issues of confidentiality and the need to protect the reputation and status of people in their communities. The CDW will need to understand, protect the rights and promote the interests of BME service users within a context of institutional racism in mental health services and help to ensure that services are answerable to BME communities.

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

For CDWs this means...
Tackling discriminatory barriers and social exclusion of BME service users. The CDW will need to work for the social inclusion of BME service users within their own communities, counteracting stigma and discrimination and helping them to develop valued social roles that are meaningful to them.

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

For CDWs this means...
Taking an approach to recovery that promotes race equality and strengthens cultural identity. The CDW will need to take a holistic and positive approach to assisting BME people in mental distress to recover in ways that are culturally acceptable to them.

6. Identifying People's Needs and Strengths

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

For CDWs this means...

Ensuring that information about BME service users is gathered in an anti-discriminatory way and is relevant to the person in their cultural context which may require a good understanding of the person's wider social networks. The CDW will need to ensure that information gathered about the needs of BME people is set within a clear cultural and spiritual context for that individual and their family as well being mindful of the possible impacts of racism on the person.

7. Providing Service User Centred Care

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

For CDWs this means...

Ensuring the goals of any assistance or intervention are focused on the specific cultural, physical and spiritual needs of BME service users. The CDW will need to assist in the development of goals for assistance offered to BME people that are meaningful to them and their families as well as picking up on patterns of discrimination in service delivery through a 'whole systems' evaluation.

8. Making a Difference

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

For CDWs this means...

Promoting an anti-discriminatory, social model and holistic approach to BME mental health. The CDW will need to facilitate access for BME people to a wide range of culturally appropriate service and non-service options within their communities.

9. Promoting Safety and Positive Risk Taking

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

For CDWs this means...

Helping practitioners engage in positive risk taking and risk management with BME service users and reflect critically upon their judgements about risk. The CDW will need to support BME service users to reduce the risk of self-harm or suicide and manage other risk in their lives in balance with risks to families, carers and others while guarding against stereotyping and stigma often faced by BME people in distress.

10. Personal Development and Learning

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

For CDWs this means...

Keeping informed and up-to-date with recent developments in BME mental health issues and changes in policy and legislation. The CDW will need to engage in their own personal development and that of their colleagues with a focus on race and culture issues and develop awareness and expertise as a mental health practitioner dealing with institutional racism.

Appendix C

Education and Training Framework

Introduction

1. This Framework (Appendices C; C1; and C2) has been put together to provide a guide for those who commission and provide E&T programmes across agencies and sectors for CDWs, as well as a tool for CDWs and their line managers to use during induction and appraisals.

2. In particular, they are based on the following national standards and guidance:

   The Ten ESC;

   The NOS for Community Development work;

   The CDW Interim Guidance; and

   The Competency and Capability Framework for PMHWs in CAMHS[6]

3. The aim of the Framework is provide a clear statement of the support CDWs require by way of E&T – it is not the intention that it is to be used as part of some form of performance management function. Nor is it an expectation that this is to be used as a "tick box" exercise, but rather as a tool to agree individual CDWs E&T needs in relation to fulfilling the role, and ongoing development needs as the individual grows into the role.

4. A CDW cannot be expected to know all the elements in the Framework in one go. And, as explained in the main body of the guidance, CDWs should not be expected to fulfil, what is a challenging role, on their own without support.

5. The layout of Appendices C; C1; and C2 has been designed to clearly set out the Knowledge; Skills; and Individual Worker Outcomes against a number of Stages and in turn, this is split into Induction, Foundation and Advanced levels, all of which reflect the Four Key Roles of CDWs – *Change Agent*, *Service Developer*, *Capacity Builder*, and *Access Facilitator*.

6 The Competency and Capability Framework for Primary Mental Health Workers in Child and Adolescent Mental Health Services: Gale F, Hassett A and Sebulia D.N (May 2005)

Appendix C

CDW EDUCATION & TRAINING FRAMEWORK

INDUCTION			
VALUES & PRINCIPLES IN MENTAL HEALTH WORK ('TheTen Essential Shared Capabilities', DoH 2004)	**PURPOSE:** **"The purpose of the ESC is to set out the minimum requirements or capabilities that all staff working in mental health services across all sectors should possess."** **(page 8)**	**The 'Ten Essential Shared Capabilities' are:** **1. Working in partnership** **2. Respecting Diversity** **3. Practising Ethically** **4. Challenging Inequality** **5. Promoting Recovery**	**6. Identifying People's Needs & Strengths** **7. Providing Service User Centred Care** **8. Making a Difference** **9. Promoting Safety & Positive Risk-Taking** **10. Personal Development & Learning**
Stage	**Knowledge**	**Skills**	**Individual Worker Outcomes**
1. Working in partnership.	a) Understanding the principles of community participation, including social cohesion. b) Understanding the principles & rationale for interagency working.	a) To facilitate the participation of BME individuals & groups. Encourage groups to work on shared agendas and determine community priorities. b) To work effectively across different agencies & service providers.	a) Demonstrate contacts and work with BME individuals and community groups in the locality to help remove barriers to participation and encourage them to engage in partnership working. CDW can demonstrate ways in which bridges are built between communities and shared priorities negotiated. b) Establishment of local links with health, social care & voluntary sector staff & active support by CDW for them in their work with BME people.
2. Respecting Diversity.	Knowledge of the fundamental concepts of diversity & transcultural working.	To identify creative ways of meeting the needs of service users & carers in culturally appropriate ways.	The importance of culturally appropriate ways of working highlighted by the CDW along with local mental health service providers.
3. Practising Ethically.	a) Safeguarding service user rights, dignity & respect at all times. b) Understanding of the rules around confidentiality & the Freedom of Information Act. c) Knowledge of legal & ethical issues to do with the maintenance of accurate & unbiased client records.	a) To operate within a clear ethical framework. b) To ensure that BME service users & families are aware of their rights to information & privacy. c) To record and communicate information in an anti-discriminatory way.	a) The role of CDW undertaken in a way that puts the rights & interests of BME service users at the heart of the work being done. b) Operation in the CDW role in a way that respects the confidentiality & privacy of BME service users & families. c) Production & handling of information by CDW in an accurate & unbiased way.

Stage	Knowledge	Skills		Individual Worker Outcomes
4. Challenging Inequality.	a) Understand the legal & practical issues around equal opportunities. b) Understanding of the race & cultural issues around mental health as well as the needs of other groups who are vulnerable to discrimination & stigma. c) Understand the principles of anti-discriminatory practice, the impact of oppression & the importance of race equality. d) Knowledge of the social inclusion and social cohesion agenda & how it affects BME communities. e) Understand the role of community development in challenging social inequality	a) To practice within legal requirements for promoting equality. b) Demonstrate ability to recognise discrimination, stigma & the lack of cultural appropriateness in mental health services. c) Ability to look for ways of challenging oppression and promoting race equality in a variety of social contexts. d) To demonstrate the ability to harness the social inclusion agenda so as to help BME communities. e) Using the principles and values of community development such as democracy; collective action; participation and empowerment to challenge inequality.		a) The CDW applies legal requirements and local policies to practice in the mental health services they are engaged with in their role. b) CDW assists in the pointing out poor service delivery and helps to rectify it alongside other practitioners. c) CDW helps to promote race equality in a wide range of local services where she or he has contact. d) Application and use of the 'social inclusion' agenda by the CDW with local BME communities and services. e) Work with the local community to challenge the inequalities being experienced by local BME communities.
5. Promoting Recovery.	a) Gain knowledge of culturally appropriate recovery-based approaches for BME people. b) Understand the potential importance of cultural identity in the process of recovery. c) Knowledge of self-advocacy approaches.	a) Working in an empowering way to strengthen the ability of BME service users, families & communities to support the recovery of people in mental distress. b) To reinforce the cultural & spiritual identity of BME people in mental distress. c) Facilitation of self-advocacy with BME people in distress.		a) Promotion of recovery-based approaches and resilience with BME individuals and families. b) Work in positive ways with BME people to strengthen their cultural and spiritual identity. c) Supporting BME people to engage in self-advocacy in helping to put their views and interests across more clearly.
6. Identifying People's Needs & Strengths.	a) Knowledge of information gathering techniques about individual needs. b) Understanding of the principles of person-centred assessment within a community development context. c) Knowledge of recovery-based approaches and resilience factors for people in mental distress.	a) To gather accurate data & evidence for individual assessment & planning where required. b) To be sensitive to individual needs of BME service users. c) Demonstrate an empowering and positive approach to working with BME people in distress.		a) Contribution to the accurate and effective assessments and individual plans. b) CDW Practice that supports person-centred practice. c) Contribute to the provision of more positive individual support for BME people in distress.

Stage	Knowledge	Skills		Individual Worker Outcomes
7. Providing Service User Centred Care	a) Understanding of a holistic model of mental health services b) Understanding of individual planning for ethnically diverse people c) Recognise the importance of the local community in shaping the nature of care for service users and their family networks. d) Knowledge of the role of independent advocacy in providing person-centred care	a) To engage in a holistic approach to mental health services. b) Ability to operate with cultural sensitivity in responding to people's needs. c) To ensure that service users; potential service users and carers play a central role in shaping the nature of services available to the BME community d) Demonstrate basic advocacy skills.		a) Holistic approaches and practices are supported by CDW in local services. b) CDW has increased sensitivity to the cultural needs of BME people and their families. c) CDW works with the local community and family networks to ensure that care provided by services is appropriate to local need d) CDW operates in a way that promotes the use of independent advocacy where required.
8. Making a Difference.	a) Knowledge of creative options to meet needs of BME people in the local area b) Understanding of culturally appropriateness in service delivery c) Understanding of how the community can work together to assist in developing innovative ways to tackle local problems.	a) To be creative in looking at service & non-service responses to BME people in distress e.g. strengthening informal social networks with families and communities. b) To shape the delivery of local services towards greater cultural appropriateness for BME communities. c) Group working and facilitation skills		a) Support for local practitioners and services to be more creative in meeting BME people's needs. b) CDW working to build more choices of appropriate therapeutic services locally for BME people. c) Support for groups in recognising the value of their experience in bringing forth new ideas and approaches
9. Promoting Safety & Positive Risk Taking.	a) Understanding of the principles of anti-discriminatory risk assessment & management b) Knowledge of suicide prevention & self-harm approaches. c) Knowledge of holistic and anti-discriminatory approaches to risk work.	a) To support risk assessment & risk management approaches for BME service users. b) To work safely & engage in preventative working with vulnerable BME people. c) Demonstrate anti-discriminatory risk assessment and management skills.		a) CDW encourages more anti-discriminatory risk work amongst mental health practitioners. b) Contribution to the reduction of the likelihood of suicide and self-harm in local BME communities. c) CDW helps to maintain a better balance in local risk work between risk minimisation and positive risk-taking.

Stage	Knowledge	Skills		Individual Worker Outcomes
10. Personal Development & Learning.	a) Knowledge of the impacts of racism on mental health services for BME people. b) Up-to-date knowledge of recent policy developments & strategies in promoting race equality in mental health services e.g. DRE, Inside-Outside, Race Equality Impact Assessments etc…. c) Identification of own training & development needs. d) Knowledge of how to use IT (eg word processing, e-mail & the internet) effectively.	a) To recognise situations involving racism in mental health services. b) To be able to link individual & local practice issues to wider race equality strategies and use local and national research. c) Demonstrate self-reflective practice & good judgement about the limits of own knowledge & skills. d) Demonstrate the ability to communicate clearly, both verbally & in writing with a range of people & organisations		a) CDW to work towards the exposure of poor practice and prevent BME service users being 'blamed' for service failures. b) CDW to enable local services to link their practice to wider race equality initiatives and strategies and develop more evidence-based practices. c) CDW able to fulfil more of their potential in their job & be more effective as a worker. d) The establishment of good communication between the CDW & other practitioners.

INDUCTION			
VALUES & PRINCIPLES IN COMMUNITY DEVELOPMENT WORK (adapted from 'National Occupational Standards – Community Development Work', 2003) [www.paulo.org.uk]	**PURPOSE:** **"The purpose of community development work is collectively bring about social change and justice, by working with communities to:** **• identify their needs, opportunities, rights and responsibilities** **• plan, organise and take action** **• evaluate the effectiveness and impact of action** **all in ways which challenge oppressions and tackle inequalities." (page 1)**		**The values for community development work include:** **• Social justice** **• Self-determination** **• Working & learning together** **• Sustainable communities** **• Participation** **• Reflective practice**
Stage	**Knowledge**	**Skills**	**Individual Worker Outcomes**
11. Community Development Work	a) **Social justice** – Understand the importance of social justice for healthy communities. b) **Self-determination** – Understand the need for BME individuals & groups to identify shared issues & concerns as the starting point for collective action. c) **Working & learning together** - Appreciation of the skills, knowledge experience & diversity within communities to collectively bring about desired changes. d) **Sustainable communities** – Understanding the factors that foster sustainability of BME communities & maintenance of their independence & autonomy whilst retaining good links with the wider society.	a) To respect human and civil rights & address power imbalances between individuals, within local groups & communities. b) To value and work with the concerns or issues that BME communities identify as their starting points and work constructively with potential conflicts in ways that support social cohesion. c) To demonstrate that collective working is effective & to ensure that all views are taken into account & respected. d) To promote empowerment of individuals & communities by developing their skills to plan & take action.	a) Enhancement of the fairness of local policies & procedures through the CDW role. b) Raised awareness & discussion of options to promote equality & social justice within local BME communities. c) The provision of support and help to individuals and groups to contribute to their community. d) Facilitation of collective action by BME communities to achieve their goals in improving mental well-being.

Stage	Knowledge	Skills		Individual Worker Outcomes
11. Community Development Work – continued	e) **Participation** – Appreciation of the right for everyone to have the opportunity to fully participate in decisions that affect their lives within their community. f) **Reflective practice** – Understanding of the importance of encouraging communities to engage in reflection on their actions & evaluation.	e) To promote participation, especially of groups who have been traditionally marginalised in BME communities through skills development & removal of barriers to participation. f) To support collective learning through reflection on practice, adjust actions based on reflection & recognise constraints for BME community action.		e) CDW to contribute to the development of local structures to facilitate & support participation & increased networks to share good practice. f) CDW supports effective community action in their area.
12. CDW Role	Knowledge of the four key roles of a CDW particularly in the context of their team & organisation particularly recognising that CDWs are part of a wider process of change in mental health services.	Ability to function effectively across all the aspects of the CDW role & engage in quantifiable improvements for BME people in local mental health services.		CDW influences/contributes to/informs better quality and more appropriate services for BME people locally, feeds useful information into strategic planning processes and assists in the development of better multi-agency working.
13. BME Mental Health	a) Understanding of the nature of mental distress & 'mental illness' for BME people. b) Understanding the experiences & needs of BME service users & carers and the impacts of oppression and racism.	a) To assist practitioners with BME mental health issues & intervene where necessary in an authoritative, practical & useful way. b) To be able to articulate a BME service user perspective in practice situations.		a) Local practitioners experience the CDW as a useful resource in helping them to meet the needs of BME people. b) CDW facilitates and articulates more clearly a challenge to any discrimination in local services.
14. Policy Context	a) Knowledge of relevant national policy & legislation. b) Knowledge of the Interim CDW Guidance (2004). c) Awareness & understanding of local policies & politics with respect to mental health. d) Knowledge of relevant wider NIMHE programmes.	a) Working with other practitioners to ensure that local mental health services achieve an acceptable standard of delivery. b) Ability to use resources efficiently & focus on the key impacts required of CDWs in their role. c) Ability to work in a way that is sensitive to local communities & services. d) Linking BME mental health issues into wider local & National agendas for change.		a) Increased accountability of local mental health services in line with national policy and legislation. b) CDW uses time and resources in a purposeful and targeted way according to the role as defined by their employer. c) Greater success in engaging a range of practitioners & service users in a process of change & improvement. d) CDW ensures that practitioners and managers are reminded of wider local and national agendas for change that impact on BME communities.

Stage	Knowledge	Skills		Individual Worker Outcomes
15. Local Mental Health Services	a) Knowledge of how mental health services are organised, the various service settings & how a CDW should operate across health & social care.	a) Ability to place local practice in mental health into a wider multi-agency context.		a) CDW has a perspective of local services placed in a wider context of mental health services in other areas.
	b) Understanding of the role of individual mental health teams & organisations, to include the principles of inter-agency working.	b) To operate with a deeper understanding of the general mix of local services available to BME people.		b) CDW makes better informed decisions about dealing with 'gaps' in services for BME people.
	c) Knowledge about the role of primary mental health care services and how to access information from Local Delivery Plans & Local Strategic Partnerships.	c) Ability to take a 'bigger picture' view & investigate the causes of current problems for BME people in service delivery.		c) CDW engages in more effective planning for change and improvement in local services.
	d) Understanding about how best to navigate a way around the mental health system including forensic services.	d) Ability to work across the Mental Health & Criminal Justice boundaries.		d) CDW role used more effectively to bridge between forensic and community-based services for BME service users.
	e) Understanding of what the make up of the local community is, including ethnic breakdown & cultures, understanding how communities & groups work.	e) Ability to gather information about local communities and services & networking effectively with others.		e) CDW to help produce a clearer picture of the various BME communities and what is available locally for BME people in distress.
	f) Knowledge of approaches to effective partnership working	f) To seek out capabilities and capacity of communities to help develop innovative practice.		f) CDW to make contact with useful local resources and people that are assets in developing innovative services.
	g) Understanding of the experiences, concerns & needs of specific BME communities that the CDW will work with & support.	g) To identify gaps & areas for development in mental health services.		g) CDW help to generate an agenda for action & improvement to focus on.
	h) Knowledge of key people to contact and how best to approach them.	h) Ability to network & good communication skills.		h) CDW to work across the various agencies and facilitate good and respectful communications between them.

Stage	Knowledge	Skills		Individual Worker Outcomes
16. Health & Safety	Knowledge of how to maintain safety at work including personal safety; assessment of risk; first aid skills; how to recognise & handle violence against staff; working 'out-of-hours'; self preservation; how to cope in an emergency; & personal resilience issues.	To engage in safe working practices which protect others as well as the CDW.		CDWs operate in a safer way at work, protect themselves from stress and burn-out and have a sense of well-being at work.

FOUNDATION			
Stage	**Knowledge**	**Skills**	**Individual Worker Outcomes**
COMMUNITY DEVELOPMENT	a) Understanding the principles of community participation. b) Knowledge of negotiation techniques in diverse community settings. c) Knowledge about resource planning to include gaining access to funds for community organisations across agencies (not just the NHS) & capacity building	a) Ability to involve a range of stakeholders in an inclusive process of participation. b) Demonstration of negotiation skills. c) Demonstrate the ability to help BME communities raise funds & develop their resources.	a) CDW identifies community concerns & experiences through a process of participation. b) CDW enables a higher degree of dialogue and negotiation to take place for BME communities. c) CDW enables individuals and community groups to develop their resource base.
ORGANISATIONAL DEVELOPMENT	a) Knowledge & understanding of the service commissioning & provider process across health & social care to include planning. b) Knowledge & understanding of LA systems for monitoring service quality & clinical governance systems. c) Understanding the role of a 'change agent' in mental health service development. d) Understanding of organisational culture in services and its impact on responsiveness to BME communities. e) Recognise the process of and importance of organisational development in creating appropriate mental health services for BME communities.	a) Ability to influence the commissioning & development of services for BME people. b) Ability to assist with the monitoring of the quality of mental health services for BME communities. c) To act as an agent of change within local mental health services. d) Ability to effect change in organisational culture of services. e) Demonstrate understanding of introductory frameworks for organisational development.	a) CDW exerts a positive influence on the process of service commissioning for diverse communities. b) CDW helps to increase the degree of independent monitoring of service quality and comprehensiveness, especially from a BME service user perspective and contributes to the planning and monitoring of resources. c) CDW helps to produce some quantifiable changes in local mental health services for BME people. d) CDW helps to increase the awareness of service organisations and sensitivity to the needs of BME communities. e) CDW helps to highlight areas for organisational development in existing agencies offering services to BME communities.

Stage	Knowledge	Skills		Individual Worker Outcomes
PRACTICE DEVELOPMENT	a) Knowledge of the mechanisms for local interagency working. b) Knowledge & understanding of the education & training commissioning & provider process. c) Understanding of how the CDW role can support CAMHS & Older People's Mental Health for BME people. d) Knowledge of mechanisms and systems for multidisciplinary working locally.	a) Ability to build on & strengthen existing interagency networks. b) Contributing to the training of mental health practitioners on race & culture issues in mental health. c) Ability to work across the full age-range in mental health services. d) Skills in multi-disciplinary working with a range of different professionals		a) CDW opens up more channels of communication and increases opportunities for inter-agency working in the area. b) CDW provides some advice & consultancy on the E&T of mental health practitioners. c) CDW helps to develop services that cater for a wider age-range amongst BME service users. d) CDWs support the process where professions which impact upon BME communities with mental health needs are able to work effectively together
PERSONAL DEVELOPMENT	a) Knowledge of the techniques of project management & planning. b) Knowledge of time management techniques. c) Understanding the theory and processes of training & consultancy work. d) Knowledge of communication processes in large organisations. e) Understanding the sources of stress at work & how to cope with it. f) Understand the role of supervision in the process of personal professional development.	a) Ability to manage complex projects and demonstrate good project management and planning skills. b) Ability to efficiently organise own workload & workload management. c) Demonstration of training, consultancy & presentational skills. d) Effective report writing skills & ability to use essential IT (eg word processing, e-mail & the internet). e) Demonstration of a flexible approach & ability to work independently & on own initiative. f) Ability to make use of the supervisor-supervisee relationship		a) CDW is confident and able to manage complex projects. b) CDW handles workload and uses time efficiently. c) CDW provides some useful training and consultancy to local agencies. d) CDW produces written work to required standards and uses computers competently. e) CDW is responsive to BME community needs and can use their judgement in complex situations. f) CDW makes use of the supervisor to identify and clarify issues of practice and further personal development.

ADVANCED				
Stage	**Knowledge**	**Skills**		**Individual Worker Outcomes**
COMMUNITY DEVELOPMENT	a) Understanding of the techniques of community empowerment & models of community-led services.	a) Ability to promote the establishment of community leadership. To manage potentially conflicting community demands & expectations. To assist less influential and less well –researched BME groups such as the Chinese, Vietnamese, Eastern European, Irish communities or asylum seekers and refugees.		a) CDW facilitates the development of community leadership locally that is socially inclusive.
	b) Knowledge of funding and service opportunities not necessarily in the NHS e.g. housing; transport; education; employment; social security; and leisure activities.	b) Ability to advise and support voluntary sector & BME community groups to develop their resource-base.		b) CDW gives advice and help around the resource development of local agencies providing services to BME people.
	c) Knowledge of mental health promotion and suicide prevention approaches that are appropriate for BME communities.	c) Ability to engage in preventative ways of working with BME individuals & communities.		c) CDW helps to increase the options for preventative working with BME people in distress.
	d) Knowledge of local arrangements for interpreters & advocates & understanding of the practice issues involved in these roles.	d) Dealing with issues of lack of access to services based on language and cultural needs.		d) CDW helps to develop community interpreter services and independent advocacy locally across all mental health services.
	e) Knowledge of community participation approaches.	e) Facilitating better communication and participation in community situations involving misunderstandings based on ethnic and religious difference.		e) CDW encourages dialogue between communities and professions where language is not an issue.

Stage	Knowledge	Skills		Individual Worker Outcomes
ORGANISATIONAL DEVELOPMENT	a) Understanding the impact of different professional cultures on the development of mental health services. b) Understanding theories and models of organisational behaviour particularly at times of change & transition. c) Understanding of outcomes & evaluation techniques. d) Understanding of the implications of Government policies & publications incorporating BME issues such as the Public Health White Paper, report on Social Exclusion & the “NSF 5 Years On” report. e) Knowledge of the wider mechanisms for change in mental health services & how the CDW role fits into this wider context.	a) To help leaders to drive cultural change in services across traditional professional boundaries. b) Demonstration of change management & use of organisational development skills, tools & techniques. c) Ability to contribute to the overall evaluation of services and the planning and monitoring of resources. d) Ability to put local changes within a national context to compare local progress in service development and use research effectively. e) Ability to navigate around obstacles and operate effectively within the local system of mental health services.		a) CDW facilitates and initiates change and improvements in mental health services for local BME people. b) CDW contributes to and manages processes of change in a competent manner. c) CDW enables the participation of BME service users and contributes to the process of local service evaluation. d) CDW helps practitioners and managers to gain a national perspective of progress in service development. e) CDW negotiates their way through barriers to effective multi-agency working.

Stage	Knowledge	Skills		Individual Worker Outcomes
PRACTICE DEVELOPMENT	a) Knowledge of up-to-date practice issues in BME mental health. b) Knowledge of the models of interagency working in mental health. c) Knowledge of the principles & practice of needs assessment systems. d) Understanding of the diverse needs of people within BME groups.	a) To provide advice & where appropriate direct input on the Education & Training of mental health staff. b) Ability to create new channels of communication between agencies & develop the infrastructure for interagency working. c) Ability to contribute to the review of assessment systems in relation to culture, race & spirituality. d) Ability to respond to the cultural & spiritual needs of older BME people in mental distress or those experiencing dementia (see Appendix C2). To make effective links with the education system eg to help overcome truancy. To make links with Youth Offending Teams to assist in the diversion of distressed young people away from the Criminal Justice System. To assist asylum seekers to gain access to services or other resources. To develop links with forensic services to increase prevention work & support BME service users placed within local communities. To facilitate access to independent advocacy.		a) CDW contributes to the training of local practitioners in relation to how the needs of BME people can be better met. b) CDW creates some improvements in interagency working in the area. c) CDW provides some input to the regular review of assessment systems. d) CDW helps to create a more comprehensive and inclusive set of local services working alongside other practitioners.
PERSONAL DEVELOPMENT	Knowledge of techniques relating to conflict resolution, advocacy, social cohesion and mediation.	Demonstrate the ability to deal with complex issues facing vulnerable groups in the community. To demonstrate negotiation, mediation, advocacy & influencing skills.		CDW reduces tensions in situations of potential conflict and brings together different interest groups to work more collaboratively.

APPENDIX C1

CDW Role in relation to CAMHS

The CDW role in relation to CAMHS is primarily a strategic one, and its effectiveness will largely depend upon local organisational arrangements, as well as the numbers of CDWs that are recruited locally. Amongst other possible aspects of the role in a CAMHS context, the following are the key tasks:

a) Promoting the mental and emotional health of all children, young people and families in the community, in line with policy guidance from the National Service Framework for Children, Young People and Maternity Services (NSF) 2004 from pregnancy into adulthood.

b) Enhancing accessibility and equity for BME children and families, especially those who would not ordinarily have opportunity to seek help from statutory and non-statutory agencies e.g. unaccompanied asylum seeking children or refugees; homeless children and families.

c) Helping to develop appropriate strategies to assist both the local BME community and CAMHS professionals across the Four tiers of provision in the early identification of the development of mental health problems in BME children and young people.

d) Helping to facilitate appropriate access to Specialist CAMHS, the voluntary sector, and the full range of CAMHS provision across the Tiers according to level and nature of need.

e) Working across boundaries to develop a co-ordinated response to BME children's mental health needs between agencies. [This should involve engagement with the training needs of CAMHS professionals, and all professionals working with children's emotional health and wellbeing. In particular, CDWs might engage with the particular needs for interpreters in working with children and in the needs of professionals in being trained to use interpreters.]

f) Contributing to the development of interagency structures to ensure joint planning and collaborative working relationships; with an emphasis placed on shared ownership and responsibility for BME children's mental health. [CAMHS Partnerships are the key local planning forum and CDWs should have clear lines of communication with this group.]

CDW Role and CAMHS				
Stage	**Knowledge**	**Skills**		**Individual Worker Outcomes**
Mental health and emotional well-being	• Knowledge of the holistic development of children and young people including the impact of race, culture and spirituality. • Knowledge of factors and processes that promote positive mental health and well-being and values that foster mental health promotion from pregnancy to transition into adulthood. • Knowledge of risk and resilience factors, in relation to children and their families including the impacts of racism and discrimination. • Knowledge of the "family" as a varied and dynamic concept and as a system within a cultural context, its social and psychological influences on the development and functioning of children and young people.	• Ability to recognise the appropriate development of children and young people. • Ability to promote the mental well-being of BME children and young people. • Ability to recognise and assess risk and resilience within a transcultural context.		• Helping to safeguard and promote the welfare of children and young people (Children Act 2004, Section 11).
Promotion, Prevention and Early Intervention Knowledge, skills and attitudes relevant to mental health promotion and preventative strategies for child and adolescent mental health (NSF 2004 Standards 1 and 2)	• Knowledge to develop strategies and programmes which raise awareness of issues affecting BME children's mental health and promote child mental health and resilience from pregnancy to adulthood within a transcultural context. • Knowledge to identify gaps in the provision of services for BME children and young people and their families at risk of mental distress. • Knowledge about vulnerability and risk of the development of child mental health problems for BME children. • Knowledge of the systemic barriers to the early identification of warning signs and manifestations of mental distress for BME children and young people often resulting in delayed assistance to BME children and families.	• Skills to identify opportunities for mental health promotion at all levels of intervention (individual, family group and community, within the relevant cultural/ ethnic context. • Ability to contribute to the development of targeted programmes to address vulnerability and risk for BME children and young people. • Ability to operate in an anti-discriminatory way in relation to risk work and mental health promotion in BME communities.		• To liaise with health promotion workers and offer consultation to Tier 1 staff to enable them to develop community based mental health promotion programmes (e.g. self-esteem, social skills training, parenting programmes etc…). • To help identify universal and targeted interventions which will enhance BME children's mental health and support professionals throughout 4 Tiers who are to implement them, through consultation and liaison. • To enhance joint working between CAMHS and other services involved with BME children and families such as Education Services and the Criminal Justice system.

Stage	Knowledge	Skills		Individual Worker Outcomes
Communication With children, adolescents and their families, the wider community and professionals, relevant to CAMHS provision (NSF 2004, Standard 3 and 4)	• Knowledge to collaborate effectively with CAMHS tiers and to contribute/lead the mapping of clear pathways for CAMHS BME service users.	• Skills and values for effective communication with BME children, adolescents and their families. • Skills to engage BME children, young people, their families in order to facilitate access to appropriate services to meet their mental health needs.		• To assist with the design and development of information for BME service users required to enable them to make informed choices about their mental health needs. • Contribution to improved access for BME children and families to appropriate mental health services.
Understanding mental ill health As it applies to children, adolescents and their families and assessment of mental health needs	• Knowledge of child and adolescent psychiatric disorders and the importance of early identification of mental health problems in BME children and young people. • Knowledge of transition issues for BME children and young people with mental health needs (e.g. from CAMHS to adult mental health, access at different tiers, outpatient to inpatient). • Knowledge of a range of interventions including therapeutic interventions in comprehensive CAMHS and the evidence of their effectiveness.	• Skills to help identify appropriate ways to meet these needs • Skills to help liaise and co-ordinate services to facilitate smooth transitions between episodes of care.		• With others, critical reflection on the processes and pathways related to diagnosis of mental illness and stigma, as it relates to BME children and young people and their families.
Legislation and the national policy framework for CAMHS	• Knowledge of current developments in terms of legislation, policy and strategy relevant to CAMHS provision (e.g. NSF 2004: The Children Act 2004; Change for Children: Every Child Matters 2004), Race Relations Amendment Act 2000. • Knowledge of relevant policy developments in health, education, social services which have an impact on CAMHS provision for example; disability, race relations, equality, youth offending, fostering and adoption, domestic violence.	• Skills to help with the dissemination of relevant policy developments to professionals in order to build capacity and knowledge in relation to child mental health for comprehensive CAMHS for BME communities.		• Demonstrate knowledge of legislation and national policy relevant to CAMHS work e.g. the National Service Framework for Children, the Children Act 2004, UN Convention of the Rights of the Child, Human Rights Act, Disability Act and awareness of other relevant legislation/policy relevant to provision of comprehensive CAMHS.

Stage	Knowledge	Skills		Individual Worker Outcomes
Mental health services provided to children By the NHS, Social Services, Education and the voluntary sector	• Knowledge of local comprehensive CAMHS; what is provided; the nature of service delivery; service user groups and how access to services is gained. • Knowledge in assessing level of mental health need in local BME communities and identifying and justifying the appropriate services and level required to meet needs.	• Skills in helping to map out the local comprehensive CAMHS provisions using mediums that are transparent and easily accessible to a diverse range of service users and carers.		• Values for enhancing accessibility and equity for BME children and families to comprehensive CAMHS, especially those who would not ordinarily have opportunities to seek help from statutory and non-statutory agencies i.e. Refugee, asylum seekers, homeless families and non-English speaking people.
Socio-economic, cultural, ethnic and gender impacts on the mental health of children, adolescents and their families	• Knowledge of anti-discriminatory practice and holistic approaches to mental health service provision for BME children, adolescents and their families.	• Skills and attitudes to engage children, young people and families from BME, refugee and asylum seeker groups.		• To advocate and help to develop strategies for enabling specialist CAMHS to address the needs of the socially excluded from accessing the service, dependent on the local needs.
Training Education & Workforce	• Knowledge of methods to assess the specific training needs of CAMHS professionals and those working with children's emotional health and wellbeing. • Knowledge of the issues to specific to the use of interpreters in children's services, and the skills needed by professionals in working with interpreters.	• Ability to link to training and workforce planning structures within Health, Local Authority and other agencies.		• The ability to identify local strengths and weaknesses in professionals' understandings of the issues in relation to BME children and young people's mental health and emotional wellbeing. • To be able to establish effective networks comprising, amongst others, those local clinicians, managers, or community representatives who can become leaders and champions for BME children and young people's mental health.

APPENDIX C2

CDW Role & Older People				
Stage	**Knowledge**	**Skills**		**Individual Worker Outcomes**
1. Respecting and valuing older BME people in mental distress as individuals	• Understanding of the ageing process and its effects the physical, psychological, social and spiritual functioning of older people and their mental health. • A working knowledge of the relationship between the physical, social, psychological and emotional aspects of the older person's mental health and their behaviour and associated needs for support. • A working knowledge of the effect of family relationships on the physical, social, psychological and emotional state of older people. • A working knowledge of the impact of the broader social environment on families and the older person (e.g. area of material deprivation, poor housing, poverty). • A working knowledge of how to use legislation, guidelines of good practice, charters and service standards in work with older people with mental health needs and their families. • Knowledge of relevant legislation, policy and standards e.g. NSF for Older People	• Demonstrates respect for BME older people's cultural and ethnic diversity, their religious and spiritual beliefs. • Facilitates options and choices for BME older people in the care and assistance offered to them. • Protects the autonomy, dignity and independence of older BME people. • Operates in a way that preserves the confidentiality and reputation of older BME people and their families within their own communities.		• Engagement in a holistic, culturally appropriate and person-centred approach to service delivery for older BME people in mental distress. • Contribution to the development of local services that recognise and reinforce positive family and carer relationships. • Support for health and social care practitioners to be aware of national guidance, standards and procedures for good practice with older BME people in distress.

Stage	Knowledge	Skills		Individual Worker Outcomes
2. Helping to balance older BME people's right to maintain self-determination with the need to maintain their health and safety	• Knowledge of models of risk assessment and management suitable for BME older people. • Understanding of the impact of the living and care environment on the well-being of older people. • Knowledge of the range of mental health needs associated with old age (including 'dementia', 'depression' and 'delirium'). • Knowledge of signs of abuse of older people, including physical, emotional, social, financial, racial and sexual. • A working knowledge of when and why the older person with mental health needs may be considered to be a vulnerable adult and your role in relation to the prevention and notification of abuse. • Knowledge of the relevant legislation e.g. Disability Discrimination, Incapacity, Guardianship etc… • A working knowledge of benefits and payments that older people with mental health needs (and their carers) can access to support them living in their own homes. Eg Direct Payments; Attendance Allowance etc	• Working in a positive and supportive way to maintain and improve the independence and quality of life of BME older people in distress. • Enables BME older people and their families to make informed choices about their present situation and their future options. • Works within organisational policies and procedures to protect vulnerable older people and can discuss them effectively with service users and their families.		• Helping to support risk assessments with older BME people that are likely to be more accurate and anti-discriminatory. • Helping to support risk assessments of older BME people in mental distress where practitioners are encouraged to take into account health, social and environmental issues. • Helping to support BME older people and their families and carers who are better informed about risk work.
3. Helping to maximise the capability of older BME people	• Understanding of assessment and individual planning tools and techniques which are appropriate for use with older BME people in distress. • Knowledge of Single Assessment Process local procedures. • Knowledge of a variety of coping strategies older people in distress may use.	• Helps to facilitate the active participation of older BME people and their families in the process of service provision taking into account the service user's wishes and interests.		• Increased participation of BME older people and their families/carers in the process of service provision. • CDW contributes to the improvement of assessment tools and systems involving BME older people.

Stage	Knowledge	Skills		Individual Worker Outcomes
4. Provision of person-centred and holistic assistance to BME older people in distress	• Knowledge of existing local networks and services, (including voluntary organisations, intermediate care services, local independent sector provision and social care) relating to older people's mental health. • Awareness of (and links into) the CSIP older people's mental health programme operating in their Regional Development area. • Knowledge of contemporary approaches to care of people with 'dementia' (eg community-focused, person-centred and enabling). • Knowledge local policies and procedures for delivering individualised packages of assistance to older people in need. • Knowledge of the various gateways and pathways into local mental health services for older people. • Knowledge of (and links into) local services that ensure older people with mental health needs receive appropriate, culturally sensitive care in generic settings including general acute hospitals and care homes. Eg liaison psychiatry, CPNs, Admiral Nursing Teams. • Knowledge of how to explore 'end-of-life' issues with older people and their families, including social and cultural issues around death, bereavement and loss.	• Working in a way that is sensitive to the diverse and unique nature of individual older people's lives. Working constructively across professional boundaries of health and social care agencies to achieve a holistic package of assistance for older BME people in distress. • Ability to engage with and communicate across the various organisations and services required to secure effective and culturally appropriate care and assistance for the older BME person with mental health needs.		• CDW contributes to the development of better inter-agency working with BME older people and a more seamless service delivery. • CDW contributes to improved access to appropriate services for BME older people and their families. • Practitioners are more aware of the cultural needs of BME older people in distress.

Stage	Knowledge	Skills		Individual Worker Outcomes
5. Maximising the capacity of BME older people to communicate and participate in service delivery	• Understands the importance of allowing time for effective communication with older people in distress. • Knowledge of interpersonal communication methods, including emotional and psychological indicators in older people's communication. • Knowledge of both sensory and cognitive elements of communication with older people. • Knowledge of resources and equipment (such as hearing aids, loop systems and communicators) that can be used to enhance communication with older people. • Understanding of advocacy needs of older people. • Knowledge of local advocacy services and access to trained community interpreters.	• Listens attentively and reacts positively to older people's comments, requests, complaints and concerns. • Offers information in timely, appropriate and clear manner based on an assessment of the older person's communication needs. • Utilises a range of communication skills – verbal, non-verbal, information technology-based, use of interpreters, – the terms of respect and address used – all aimed at maximising the capacity of the older person to communicate effectively. • Critically evaluate the effects of environmental factors on the BME older person's ability to communicate effectively. • Communicates with older BME people in a way that is appropriate for their age, gender, culture, religion, customs and language. • Help to recognise the need for independent advocacy for BME older people and facilitate access to such services where required.		• BME service users and their families feel more listened to and involved in local service delivery. • CDW contributes to improved communication between practitioners, mental health commissioners, providers and BME older people and their families / carers. • CDW advises BME older people and their families on how to gain access to independent advocacy when required.

Stage	Knowledge	Skills		Individual Worker Outcomes
6. Developing effective partnerships with families and carers of older BME people in distress	• A working knowledge of the nature and structure of BME families and how these differ according to context and culture, including a working knowledge of the significance of the relationships between families and older members of the family. • A working knowledge of the BME family's role in the welfare of older people and cultural expectations and beliefs which may shape this. • Knowledge of relevant legislation and policies e.g. Carers Act, role of Carer Support Workers etc… • Knowledge of assessment tools that are suitable for looking at BME family needs in a holistic way. • Knowledge of statutory service referral systems for family based services.	• Acknowledges the knowledge and skills that families offer in relation to supporting the older person with mental health needs • Pursues, collects and values data obtained from older BME family members and carers where appropriate and with the older person's permission. • Explore with families their concerns about the older BME person with mental health needs, and any impact on their own health and well being. • Demonstrates ability to answer families' carers' questions within limits of own knowledge, competence and role recognising when to refer queries to other sources. • Observes confidentiality and protects community reputation of BME families at all times when dealing with older BME people and their families/carers.		• Information and assessment data from BME families and carers of older people is valued and has greater influence with practitioners assisting BME families. • BME older people and their families / carers feel better informed about services and issues affecting their loved ones. • More appropriate referrals to statutory and voluntary services are made involving BME older people. • BME families / carers have more confidence in services to maintain their confidentiality and protect their reputation in their communities.

Adapted from:

'Continuing Professional Development Portfolio – A route to enhanced caring for older people', NHS Education for Scotland, 2003

NOS-Mental Health, *'KEY ROLE C Provide mental health services which support families and carers'*, MH10 Establish, sustain and disengage from relationships with the families of older people with mental health needs, Skills for Health, 2005

Appendix D

Links between Individual CDW Outcomes, Service Outcomes and DRE Actions

1. This Framework has been put together to show the links between the individual CDW outcomes; the anticipated service outcomes; and the link to the DRE Actions as set out in the Delivering Race Equality: A Framework for Action of October 2003.

2. Although this may be used by individual CDWs, the primary audience is service and CDW managers. They will be able to see how the outcomes at the individual level feed through to the service level and at the (higher) strategic level, how these should help meet the DRE Actions.

CDW EDUCATION & TRAINING LINKS

INDUCTION				
VALUES & PRINCIPLES IN MENTAL HEALTH WORK **Ten Essential Shared Capabilities**				
Stage	**Individual Worker Outcomes**	**Service Outcomes**		**DRE Actions**
1. Working in partnership.	a) Demonstrate contacts and work with BME individuals and community groups in the locality to help remove barriers to participation and encourage them to engage in partnership working. Can demonstrate ways in which bridges are built between communities. b) Establishment of local links with health, social care & voluntary sector staff & active support by CDW for them in their work with BME people.	a) Improved working with non-mental health agencies such as housing, education, transport and criminal justice leading to increased opportunities for participation for BME people. b) Working with & supporting health, social care & voluntary sector staff.		• PCTs & LAs to involve CMHTs in discharge planning, in partnership with families & other agencies. (p54) • PCTs to provide opportunities for BME involvement on wards e.g. by befriending & advising patients. (p54) • PCTs to ensure that mental health in-reach services are available in all prisons. (p54) • PCTs should ensure a multi-agency approach & integrate projects into Local Implementation Teams, Local Strategic Partnerships & other local activity. (p63) • Local health agencies should form partnerships with diverse faith communities. (p64)
2. Respecting Diversity.	The importance of culturally appropriate ways of working is highlighted by CDW with local mental health service providers.	Recognition of the importance of different cultures in the delivery of mental health services & good practice is both highlighted and disseminated.		• Mental health services should record users' ethnicity, & other relevant data, such as religion & language, for planning care. (p71) • PALS to ensure that they are linguistically & culturally equipped. (p55) • PCTs & service providers to ensure that BME in-patients have access to culturally appropriate facilities & services. (p58)

Stage	Individual Worker Outcomes	Service Outcomes		DRE Actions
3. Practising Ethically.	a) The role of CDW undertaken in a way that puts the rights & interests of BME service users at the heart of the work done. b) Operation in the CDW role in a way that respects the confidentiality & privacy of BME service users & families. c) Production & handling of information by CDW in a way that is accurate & unbiased.	a) Services that safeguard the rights & interests of BME service users. b) BME service users & families are confident in using services that protect their reputation in their community. c) The provision of accurate verbal & written communications about BME service users.		• PCTs & mental health trusts to ensure that service users & carers are aware of their options in seeking a second clinical opinion. (p55) • PALS to ensure that they are linguistically & culturally equipped. (p55) • PCTs & service providers to ensure adequate provision of culturally appropriate independent advocacy. (p58)
4. Challenging Inequality.	a) The CDW applies legal requirements and local policies to practice in mental health services they are engaged with in their role. b) CDW assists in the pointing out poor service delivery and helps to rectify it alongside other practitioners. c) CDW promotes race equality in a wide range of local services where she or he has contact. d) Application and use of the 'social inclusion' agenda by the CDW with local BME communities and services. e) Work with the local community to challenge the inequalities being experienced by local BME communities and stigma within those communities.	a) More effective & publicly accountable efforts to reduce discrimination and promote equality in practice. b) Poor practice is exposed & dealt with more effectively. c) Service improvement for BME service users at different levels of service delivery. d) Developing socially inclusive BME communities. e) Reduction of stigma of mental illness in BME communities.		• Each organisation to have a race equality & cultural capability framework, managed at a senior level, including an effective harassment policy.(p54) • PCTs & mental health trusts to ensure that service users & carers are aware of their options in seeking a second clinical opinion. (p55) • PCTs & mental health trusts to ensure that carers, families & advocates are involved in care planning that is centred on the patient's needs. (p55)

Stage	Individual Worker Outcomes	Service Outcomes		DRE Actions
5. Promoting Recovery.	a) Promotion of recovery-based approaches and resilience with BME individuals and families. b) Work in positive ways with BME people to strengthen their cultural spiritual identity.	a) Greater capacity for individual & families to be resilient & recover from mental distress using their own resources and capabilities where possible. b) Opportunities for BME people to feel positive about their identity & for communities to celebrate diversity.		• PCTs to enhance & encourage earlier access to care. (p54) • PCTs & LAs to involve CMHTs in discharge planning, in partnership with families & other agencies. (p54) • PCTs & LAs should provide directories of local services to help BME children & their families get access to support. (p55)
6. Identifying People's Needs & Strengths.	a) Contribution to the accurate and effective assessments and individual plans. b) CDW practice that supports person-centred practice. c) More positive individual support for BME people in distress.	a) More accurate assessments & more effective individual service plans. b) Mental health services better geared to meet specific individual needs of BME people. c) Recognising the capability and capacity of BME service users to help themselves.		• PCTs & mental health trusts to ensure that carers, families & advocates are involved in care planning that is centred on the patient's needs. (p55)
7. Providing Service User Centred Care.	a) Holistic approaches and practices are supported by CDW in local services. b) CDW has increased sensitivity to the cultural needs of BME people and their families. c) CDW works with the local community to ensure that care is appropriate to local needs.	a) Mental health services that take the health & social care needs of the whole person into account. b) More culturally responsive services. c) Local mental health services are more culturally appropriate for the local communities.		• PCTs & mental health trusts to ensure that carers, families & advocates are involved in care planning that is centred on the patient's needs. (p55) • PCTs & service providers to ensure that BME in-patients have access to culturally appropriate facilities & services.(p58) • PCTs & service providers to have specific arrangements to meet the needs of refugee & asylum seeking families, including children & young people. (p55)

Stage	Individual Worker Outcomes	Service Outcomes		DRE Actions
8. Making a Difference.	a) Support for local practitioners and services to be more creative in meeting BME people's needs. b) CDW working to build more choices of appropriate therapeutic services locally for BME people. c) Support for groups in recognising the value of their experience in bringing forth new ideas and approaches.	a) The provision of a wider range of service & non-service options for BME service users e.g. reinforcement of informal social networks in families and communities. b) The delivery of more culturally appropriate local services & alternative therapeutic services working more closely with statutory services. c) Increased development of self-help and community groups and more innovative approaches to service provision.		• Local health agencies should form partnerships with diverse faith communities. (p64) • PCTs & LAs should identify potential BME independent sector partners & learn from their experience & expertise (p63) • PCTs & LAs should make sure that planning processes & groups represent & involve the BME independent sector & BME service users & carers. (p63)
9. Promoting Safety & Positive Risk Taking.	a) CDW encourages more anti-discriminatory risk work amongst mental health practitioners. b) Contribution to the reduction of the likelihood of suicide and self-harm in local communities. c) CDW helps to maintain a better balance in local risk work between risk minimisation and positive risk-taking.	a) Anti-discriminatory risk work that is less likely to further stigmatise BME service users. b) Reduced incidence of suicide & self-harm within BME communities. c) Recognition and dissemination of good practice in promoting safety positive risk-taking.		• PCTs to ensure that mental health in-reach services are available in all prisons. (p54) • PCTs to develop agreed plans for early diversion from the criminal justice system. (p58)
10. Personal Development & Learning.	a) CDW to work towards the exposure of poor practice and prevent BME service user being 'blamed' for service failures. b) CDW to enable local services to link their practice to wider race equality initiatives and strategies. c) CDW able to fulfil more of their potential in their job & be more effective as a worker. d) The establishment of good communication between the CDW & other practitioners.	a) Exposure of poor practice rather than blaming BME service users. b) Local practice that is addressing emerging issues in BME mental health. c) CDW able to fulfil more of their potential in their job & be more effective as workers. d) The establishment of good communication between the CDW & other practitioners.		• PCTs & social services departments should nominate a senior manager with whom CDWs will liaise. (p64) • Within mental health trusts & PCTs, professional bodies & governance structures should plan & manage individuals' progress towards cultural capability. (p55)

INDUCTION				
VALUES & PRINCIPLES IN COMMUNITY DEVELOPMENT WORK (adapted from 'National Occupational Standards – Community Development Work', 2003) www.paulo.org.uk	**PURPOSE:** **"The purpose of community development work is collectively bring about social change and justice, by working with communities to:** **• identify their needs, opportunities, rights and responsibilities** **• plan, organise and take action** **• evaluate the effectiveness and impact of action** **all in ways which challenge oppressions and tackle inequalities."**		**The values for community development work include:** **• Social justice** **• Self-determination** **• Working & learning together** **• Sustainable communities** **• Participation** **• Reflective practice**	
Stage	**Individual Worker Outcomes**	**Service Outcomes**		**DRE Actions**
11. Community Development Work	a) Enhancement of the fairness of local policies & procedures through the CDW role. b) Raised awareness & discussion of options to promote equality & social justice within local BME communities. c) The provision of support and help to individuals and groups to contribute to their community. d) Facilitation of collective action by BME communities to achieve their goals in improving mental well-being. e) CDW to contribute to the development of local structures to facilitate & support participation & increased networks to share good practice. f) CDW supports effective community action in their area.	a) Local policies & procedures that are fair & enhance equality. b) Increased awareness & discussion of the options to promote greater equality & social justice that are open to BME communities. c) Support for individuals to contribute to their community, share & learn from each other & generate better informed & more accountable decision-making. d) Effective collective action, collaborative working & use of resources with respect for the social & physical environment. e) The development of structures to facilitate & support participation & networks to share good practice. f) Examples of effective community action.		• Local health agencies should meet the make information within the community existing requirement to accessible to all groups. (p70) • PCTs will recruit 500 community development workers. (p63) • PCTs & LAs should identify potential BME independent sector partners & learn from their experience & expertise (p63) • PCTs & LAs should make sure that planning processes & groups represent & involve the BME independent sector & BME service users & carers. (p63) • PCTs should ensure that appropriate support is available to BME community organisations involved in commissioning or providing services. (p64) • Local health agencies should form partnerships with diverse faith communities. (p64)

Stage	Individual Worker Outcomes	Service Outcomes		DRE Actions
12. CDW Role	CDW influences/contributes to/informs better quality better quality and more appropriate services for BME people locally, feeds useful information into strategic planning processes and assists in the development of better multi-agency working.	a) Better quality & more appropriate mental health services for BME people & their families. b) The development of more strategic approaches to improvement in BME mental health practice across both statutory & voluntary sectors in the locality.		• PCTs will recruit 500 community development workers. (p63) • PCTs & social services departments should nominate a senior manager with whom CDWs will liaise. (p64) • Each organisation to have a race equality & cultural capability framework, managed at a senior level, including an effective harassment policy. (p54)
13. BME Mental Health	a) Local practitioners experience the CDW as a useful resource in helping them to meet the needs of BME people. b) CDW facilitates and articulates more clearly a challenge to local discriminatory services.	a) Increased confidence and capacity amongst practitioners and teams in their ability to deal with BME service users. b) More focused & effective challenge to discriminatory or poor services.		• Within mental health trusts & PCTs, professional bodies & governance structures should plan & manage individuals' progress towards cultural capability. (p55) • All service planners & providers to receive training in cultural sensitivity, e.g. in religious & linguistic needs, care & recovery planning, needs assessment & community engagement. (p54) • PCTs & mental health trusts to ensure that service users & carers are aware of their options in seeking a second clinical opinion. (p55)
14. Policy Context	a) Increased accountability of local mental health services in line with national policy and legislation. b) CDW uses time and resources in purposeful and targeted way according to the role as defined by their employer. c) Greater success in engaging a range of practitioners & service users in a process of change & improvement. d) CDW ensures that practitioners and managers are reminded of wider local and national agendas for change that impact on BME communities.	a) More comprehensive & accountable mental health services. b) Better value for money for local mental health services from CDWs. c) Greater success in engaging a range of practitioners & service users in a process of change & improvement. d) More relevant improvements in BME mental health locally which is informed by good practice nationally.		• Mental health services should record users' ethnicity, & other relevant data, such as religion & language, for planning care. (p71)

Stage	Individual Worker Outcomes	Service Outcomes		DRE Actions
15. Local Mental Health Services	a) CDW has a perspective of local services placed in a wider context of mental health services in other areas. b) CDW makes better informed decisions about dealing with 'gaps' in services for BME people. c) CDW engages in more effective planning for change and improvement in services. d) CDW role used more effectively to bridge between forensic and community-based services for BME service users. e) CDW to help produce a clearer picture of the various BME communities and what is available locally for BME people in distress. f) CDW to make contact with useful local resources and people that are assets in developing innovative services. g) CDW help to generate an agenda for action & improvement to focus on. h) CDW to work across the various agencies and facilitate good communications between them.	a) Local services put into perspective with mental health services in other areas. b) Better informed decisions about how to develop, prioritise and adapt existing services. c) Better quality analysis & planning for change. d) Improved linkage of the forensic services with community based mental health & other social care services. e) A comprehensive map of local services & BME communities. f) A clear list of the range of skills & talents present in the local communities. g) An agenda for action & improvement to focus on. h) To increase the channels of communication & collaborative working between community & statutory services		• PCTs should ensure a multi-agency approach & integrate projects into Local Implementation Teams, Local Strategic Partnerships & other local activity. (p63) • PCTs to ensure that mental health in-reach services are available in all prisons. (p54) • PCTs to develop agreed plans for early diversion from the criminal justice system. (p58) • PCTs & LAs need to use local demographic data. (p63) • PCTs & LAs should identify potential BME independent sector partners & learn from their experience & expertise (p63) • PCTs should ensure that appropriate support is available to BME community organisations involved in commissioning or providing services. (p64)
16. Health & Safety	CDW operates in a safer way at work, protects themselves from stress and burn-out and has a sense of well-being at work.	Less likelihood of accidents, illness or stress & a happier & more fulfilling workplace where people are able to operate at their full potential.		

FOUNDATION				
Stage	**Individual Worker Outcomes**	**Service Outcomes**		**DRE Actions**
COMMUNITY DEVELOPMENT	a) CDW identifies community concerns & experiences through a process of participation. b) CDW enables a higher degree of dialogue and negotiation to take place for BME communities. c) CDW enables individuals and community groups to develop their resource base.	a) Identify community concerns & experiences through a process of participation. Carry out a community "audit" across health & social care to include faith & other local groups b) Enabling different stakeholder groups to share their concerns & find common purpose. c) Seek out capabilities and capacity of communities & help to develop innovative practice.		• PCTs & LAs should identify potential BME independent sector partners & learn from their experience & expertise. (p63) • Local health agencies should form partnerships with diverse faith communities. (p64)
ORGANISATIONAL DEVELOPMENT	a) CDW exerts a positive influence on the process of service commissioning for diverse communities. b) CDW increases the degree of independent monitoring of service quality and comprehensiveness, especially from a BME service user perspective. c) CDW produces some change in local mental health services for BME people. d) CDW increases the awareness of service organisations and sensitivity to the needs of BME communities. e) CDW highlights areas for organisational development in existing agencies offering services to BME communities.	a) Mental health services being commissioned which address the concerns & interests of local BME communities. b) Services are independently monitored for their quality & comprehensiveness from a BME perspective. c) A process of change & improvement of services offered to BME people. d) Increased awareness and readiness of organisations to learn about the issues affecting BME communities. e) More responsive and adaptive local mental health services for BME people.		• Each organisation to have a race equality & cultural capability framework, managed at a senior level, including an effective harassment policy. (p54) • PCTs to consider how their commissioning & inspection processes reflect mental health modernisation objectives. (p55) • PCTs should ensure that appropriate support is available to BME community organisations involved in commissioning or providing services. (p64)

Stage	Individual Worker Outcomes	Service Outcomes		DRE Actions
PRACTICE DEVELOPMENT	a) CDW opens up more channels of communication and increases opportunities for inter-agency working in the area. b) CDW provides some advice & consultancy on the E&T of mental health practitioners. c) CDW helps to develop services that cater for a wider age-range amongst BME service users. d) CDWs support the process where professions which impact upon BME communities with mental health needs are able to work effectively together	a) Increase channels of communication between community & statutory services to include primary care. b) Providing advice & consultancy on the E&T of mental health practitioners. c) Development of mental health services that are appropriate for BME people from different age groups. d) Improvements in inter-agency working.		• Local health agencies should meet the make information within the community existing requirement to accessible to all groups. (p70) • PCTs & LAs to ensure that services reflect the particular linguistic needs of older people from BME groups. (p55) • PCTs & LAs should provide directories of local services to help BME children & their families get access to support. (p55)
PERSONAL DEVELOPMENT	a) CDW is confident in their ability to manage complex projects. b) CDW handles workload and uses time efficiently. c) CDW provides some useful training and consultancy to local agencies. d) CDW produces written work to required standards and uses computers competently. e) CDW is responsive to BME community needs and can use their judgement in complex situations. f) CDW makes use of the supervisor to identify and clarify issues of practice and further development.	a) Efficient management of work projects. b) Handling of workloads & good time management. c) Provision of training support & consultancy to other agencies. d) Proficient written & computer-based communications. e) CDW feeling able to cope well with the work & not feeling overburdened or 'burnt out'. f) CDWs engage in more reflective practice.		• PCTs & social services departments should nominate a senior manager with whom CDWs will liaise. (p64) • PCT's & LA's to ensure that service providers identify the training needs of their staff. (p54)

ADVANCED				
Stage	**Individual Worker Outcomes**	**Service Outcomes**		**DRE Actions**
COMMUNITY DEVELOPMENT	a) CDW facilitates the development of community leadership locally. b) CDW gives advice and help around the resource development of local agencies providing services to BME people. c) CDW helps to increase the options for preventative working with BME people in distress. d) CDW helps to develop community interpreter services locally across all mental health services. e) CDW encourages dialogue between communities and professions where language is not an issue.	a) Improve the quality of community leadership in local BME communities. b) Assist in development & empowerment of community organisations helping them to do things for themselves. c) Contribute to the development of networks for knowledge & expertise in BME mental health within the voluntary sector & community groups. d) Help to develop community interpreter services locally across all mental health services. Better 'signposting' to relevant services for BME service users & their families. e) Improved communications between interest groups in communities where there is potential for conflict.		• PCTs & service providers to have specific arrangements to meet the needs of refugee & asylum seeking families, including children & young people. (p55) • PCTs should ensure that appropriate support is available to BME community organisations involved in commissioning or providing services. (p64) • Local health agencies should meet the make information within the community existing requirement to accessible to all groups. (p70)
ORGANISATIONAL DEVELOPMENT	a) CDW facilitates and initiates change and improvements in mental health services for local BME people. b) CDW manages processes of change in a competent manner. c) CDW enables the participation of BME service users in the process of local service evaluation. d) CDW helps practitioners and managers to gain a national perspective of progress in service development. e) CDW negotiates their way through barriers to effective multi-agency working.	a) Positive culture change in service organisations. b) The effective management of the change process in organisations. c) Service are evaluated on criteria that are relevant to BME service users & their communities. d) Clearer idea of degree & pace of change occurring. e) Effective cross-agency implementation of change plans.		• Within mental health trusts & PCTs, professional bodies & governance structures should plan & manage individuals' progress towards cultural capability. (p55) • PCTs should ensure a multi-agency approach & integrate projects into Local Implementation Teams, Local Strategic Partnerships & other local activity. (p63)

Stage	Individual Worker Outcomes	Service Outcomes		DRE Actions
PRACTICE DEVELOPMENT	a) CDW contributes to the training of local practitioners in relation to how the needs of BME people can be met. b) CDW creates some improvements in multi-agency working in the area. c) CDW provides some input to the regular review of assessment systems. d) CDW helps to create a more comprehensive and inclusive set of local services working alongside other practitioners.	a) Improved training programmes for practitioners in relation to BME mental health. b) Improved interagency working & develop joint working between statutory & community services. c) Culturally appropriate assessment systems. d) More of a 'seamless' service for the whole of BME communities.		• All service planners & providers to receive training in cultural sensitivity, e.g. in religious & linguistic needs, care & recovery planning, needs assessment & community engagement. (p54) • PCT's & LA's to ensure that service providers identify the training needs of heir staff. (p54) • PCTs to seek new pathways to referral from BME communities. (p58) • PCTs to develop agreed plans for early diversion from the criminal justice system. (p58)
PERSONAL DEVELOPMENT	CDW reduces tensions in situations of potential conflict and brings together different interest groups to work more collaboratively.	Reduction in the number of conflicts involving BME communities within services & within communities themselves.		• PCTs should ensure that appropriate support is available to BME community organisations involved in commissioning or providing services. (p64)

Appendix E

Role of BME Community Development Worker (CDW) and BME Support Time Recovery (STR) Worker:

The Relationship

1. The development of the CDW role in South Warwickshire has incorporated the skill and knowledge of the STR worker role. The relationship and working practices between the two very distinct roles (as adapted in this locality), has enabled the BME CDW and BME STR worker, to jointly identify the gaps in service provision and to respond to the issues, with a 'hands on' approach. This has resulted in 'users' needs being delivered upon in a culturally sensitive and appropriate manner. The value of this approach has increased user engagement in terms of BME communities feeling more confident with mental health services. This is because they can see the beginning of a process that will hopefully result in positive changes not only for themselves but also their families, their communities and on a general level the more meaningful way in which mental health services are delivered to the diverse population in South Warwickshire.

2. The CDW's specific role, as a change agent, service developer, access facilitator and capacity builder, has enabled the CDW and STR role to develop together. The way in which they complement one another, is key to the successful delivery of the agenda on race equality. The STR can afford the time to undertake direct work with individuals who would otherwise perhaps be at risk of having their cultural identity and needs compromised. The overall gain is that the CDW and STR role encompasses an approach that delivers both 'inside' and 'outside' services by providing a vehicle of communication between the statutory services and the voluntary/community organisations. The STR worker is crucial as the role delivers in areas that the CDW cannot and vice versa.

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Appendix F

The relationship between CDWs and CAMHS Primary Mental Health Workers (PMHW)

Definition of the role

1. The role of the CAMHS specialist PMHW is to act as an interface between universal first contact services for children and families (Tier1) & Specialist CAMHS with the aims of:

   (a) Supporting and strengthening Tier 1 CAMHS provision through building capacity and capability within Community and Primary care staff (Health, Social Care, Education, Youth Justice and Non-statutory sectors), in relation to early identification and intervention with children's mental health need.

   (b) Promoting the emotional health of children, young people and families in the community.

   (c) Enhancing accessibility and equity for children and families, especially those who would not ordinarily have opportunity to seek help from statutory and non-statutory agencies i.e. asylum seekers or refugees; homeless families

   (d) Identifying mental health problems in children and young people early in their development

   (e) Working across boundaries to develop a coordinated response children's mental health between agencies.

   (f) Facilitating appropriate access to Specialist CAMHS and other relevant provision according to level and nature of need.

   (g) Providing a direct service to children and young people and their families, in an accessible and less stigmatising environment

2. There are a number of similarities between the role of the PMHW for CAMHS and the role of the CDW and this includes improved access to services and capacity building for example. But the main differences are that the PMHW is or can be a direct provider of services to individual children and adolescents, whatever their ethnicity, whereas a CDW is working on behalf of the BME community, is not a provider of services, nor is it their focus to work with individual children and adolescents. It would however, strengthen the wider community development and response in respect of CAMHS if the PMHW and CDWs were to work closely together and to share common agendas and approach where appropriate. For example, this might include looking at the links between education services and

CAMHS helping to identify gaps where they occur, and the effect these may have on children and young people in BME communities.

3. In addition, the expectation is that CDWs will take a strategic look at the needs of the BME community making a close link with those staff who provide mental health services to individual service users, their carers and families.

Components of the role

4. The role needs to incorporate the following principles:

   (a) The consolidation and elaboration/development of the existing skills of Tier 1 professionals

   (b) The improvement of links between Tier 1 and specialist services

   (c) Formalisation of supportive partnerships and networks with Tier 1 professionals

   (d) Integration within specialist CAMHS, ensuring responsive provision according to levels of mental health need

   (e) Assessment and treatment of child mental health problems where the level of need would not require specialist input, in partnership with Tier 1 professionals

Appendix G

Allocation of CDWs by Strategic Health Authorities

Mental Health Targets	Community Development Workers by 2006
Strategic Health Authorities	**500**
Avon, Gloucestershire & Wiltshire	18
Bedfordshire and Hertfordshire	13
Birmingham and the Black Country	28
Cheshire & Merseyside	26
County Durham & Tees Valley	14
Coventry, W, H + W (Birmingham South)	13
Cumbria & Lancashire	20
Dorset & Somerset	9
Essex	13
Greater Manchester	34
Hampshire and Isle of Wight	15
Kent and Medway	13
Leicestershire, Northamptonshire & Rutland	14
Norfolk, Suffolk and Cambridgeshire	17
North & East Yorkshire & Northern Lincolnshire	14
North Central London	16
North East London	20
North West London	23
Northumberland, Tyne and Wear	17
Shropshire and Staffordshire	13
South East London	20
South West London	14
South West Peninsula	13
South Yorkshire	15
Surrey and Sussex	21
Thames Valley	17
Trent	24
West Yorkshire	25
Totals:	**500**

Appendix H

Calculation of Education and Training monies

1. CDW costs were based on £31,250 per worker to include "on costs" = a salary of some £25,000. By projecting this up nationally against the total sums in PCT baselines, it is clear that there is £1,350 available as a contribution towards the E&T of each CDW as follows:

   A. CDW costs were based on £31,250 per worker to include "on costs" = a salary of some £25,000.

   B. £31,250 x the 500 CDW target = £15,625,000

   C. Global allocation in PCT baselines 2004/2005 recurring = £16,300,000

   D. £16,300,000 minus £15,625,000 = £675,000

   E. £675,000 divided by 500 CDWs = £1,350.

2. PCTs, working together, would therefore be able to commission collaboratively a high quality, consistent E&T programme that met the needs of their CDWs and the BME communities.

Appendix I

NIMHE Development Centres (DCs) and the SHAs they relate to

North East, Yorkshire & Humber DC

- Northumberland, Tyne & Wear SHA
- Country Durham and Tees Valley SHA
- North & East Yorkshire & Northern Lincolnshire SHA
- West Yorkshire SHA
- South Yorkshire SHA

North West DC

- Cumbria and Lancashire SHA
- Greater Manchester SHA
- Cheshire & Merseyside SHA

Eastern DC

- Norfolk, Suffolk and Cambridgeshire SHA
- Bedfordshire and Hertfordshire SHA
- Essex SHA

South East DC

- Thames Valley SHA
- Hampshire & Isle of Wight SHA
- Surrey & Sussex SHA
- Kent & Medway SHA

South West DC

- Avon, Gloucestershire & Wiltshire SHA
- Dorset & Somerset SHA
- South West Peninsula SHA

West Midlands DC

- Birmingham and The Black Country SHA
- Shropshire and Staffordshire SHA
- Coventry, Warwickshire, Herefordshire & Worcestershire SHA

East Midlands DC

- Trent SHA
- Leicestershire, Northamptonshire & Rutland SHA

London DC

- North West London SHA
- North Central London SHA
- North East London SHA
- South East London SHA
- South West London SHA

Appendix J

Race Equality Leads – Contact details

NIMHE Region	Appointee	Contact Details
North East/Yorks & Humberside	**Selina Ullah**	selina.ullah@bdct.nhs.uk Work: 01274 228 370 Mobile: 07957 425 451
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	& Alpa Kapasi	alpa.kapasi@londondevelopmentcentre.org Work: 020 7307 2429 Mobile: 07970 416 246
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Appendix K

Glossary of Abbreviations

CAMHS	Child and Adolescent Mental Health Services
CC	Children's Centre
CDWs	Community Development Workers
CPD	Continuing Personal Development
CPN	Community Psychiatric Nurse
CSIP	Care Services Improvement Partnership
BME	Black and Minority Ethnic
DC	Development Centre (of NIMHE)
DRE	Delivering Race Equality
E&T	Education and Training
ESC	(Ten) Essential Shared Capabilities
EIS	Early Implementer Sites
FIS	Focused Implementation Sites
K	Thousand (£)
KSF	Knowledge and Skills Framework
LA	Local Authority
LCDP	Lincoln Community Development Group
LDP	Local Delivery Plan
m	Million (£)
NCSS	National CAMHS Support Service
NHS	National Health Service
NSF	National Service Framework
NIMHE	National Institute for Mental Health (England)
NOS	National Occupational Standards
NVQ	National Vocational Qualification
OPMH	Older People's Mental Health
PALS	Patient Advice and Liaison Service
PMHW	Primary Mental Health Worker
PCT	Primary Care Trust
PMG	Programme Management Group

REL	Race Equality Lead
SCMH	Sainsbury Centre for Mental Health
SHA	Strategic Health Authority
STR	Support, Time and Recovery
WDD	Workforce Development Directorate

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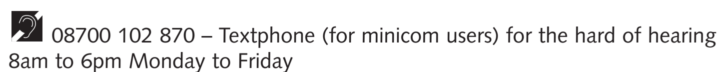
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