

Reflecting on the competencies / capabilities needed by the workforce in order to work effectively with children and young people around issues of mental health

A Discussion Document



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Introduction

The importance for those people working with children and adolescents to have an understanding of child and adolescent mental health and skills for dealing with issues around mental health is now well documented and acknowledged. The following document will attempt to offer the context in terms of work currently being done with regard to competencies and related concepts.

Objective

This document will attempt to look at the competencies/capabilities needed to work with issues relating to mental health and emotional well-being for children, adolescents and their families. It will attempt to differentiate between working with different age groups of young people as the skills required by someone working with adolescents will be very different from those working with pre-school or primary school children. It will also attempt to reflect the fact that certain competencies will be required at different levels, for different professional groups including health, education, social services and the voluntary sector acknowledging the different roles and perspectives different professions and groups bring and what may be required by any worker to enable them to work more effectively and confidently with children and young people with regard to their emotional well being and mental health. Specific core competencies/capabilities which may be unique to various categories of mental health workers / professionals will be further delineated in order to facilitate relevant and appropriate training and development in child and adolescent mental health. It is hoped that in this way some of the complexity of the issues will not be lost and that practitioners will be able to engage with the document as a tool for reflection rather than as a checklist. It will not attempt to give professional specific competencies, rather what is shared across all those working with children and young people.

Relevant components from Project Plan (2004/05)

- I. Look at the documents from the various statutory bodies relating to competencies for the workforce, with a particular focus on those competencies relating to the mental health of children and young people.
- II. Look at documents on the needs of children and young people with regards to services relating to their mental health both in terms of promotion, prevention and intervention.
- III. Link these with Occupational Standards and other relevant documents.
- IV. Draw up a set of guidelines / a tool for reflection, relating to competencies/capabilities needed for working with children and adolescents.
- V. Consult with the various stakeholders to get agreement on the issue of competencies/capabilities.

In addition to the above objectives it is hoped that this document will provide a basis on which further discussion on a variety of processes can be developed and offer: -

- Guidance for those working with children, young people and their families in terms of their own needs for development in this area
- Inform recruitment and selection of staff to positions working with children, young people and their families
- Guide managers in terms of the skills and capabilities they are looking for in their staff
- Assist the development of CPD with staff to develop capabilities and competencies
- Guide commissioners and HEIs in the development of future education and training programmes for the workforce working with children and young people
- Guide a review of the skills of the current workforce making services more responsive to the mental health needs of children and young people

The Current Picture

An essential element of ensuring quality services for children and young people is that future education and training available to the workforce meets the demands of the new developments in children's services. The needs of children and young people are different from those of adults and staff will require particular skills and knowledge to meet these needs. Despite this, much education curriculum of core professionals continues not to include child and adolescent mental health (*Everybody's Business, 2001*) this is an area which must be rectified in an attempt to expose a future workforce in a possible career choice in working with children and young people. Those working in the education sector also need to understand and work more effectively with the children and young people they work with on a daily basis (*DfES 2001, Weare & Gray 2003*). The education sector have a significant and valuable contribution to make to the emotional well being of children and young people due to their access and position to identify early manifestations of mental health needs.

More than four million people in England work with children, or support those working with children. This includes 2.4 million paid staff and 1.8 million unpaid staff and volunteers. In addition, many professionals such as GPs and hospital staff play an important role in supporting children and families, but also have wider responsibilities. Figures below give estimates of the numbers of full-time equivalent staff in some of the key roles working with children, young people and their families and employed by local authorities, schools, the NHS, and the private and voluntary sectors. The children's services workforce is diverse, with people entering at various stages in their lives and includes workers who will have little or no specific training for the important work they undertake (*TOPSS 2000*).

Health: 13,000 health visitors, 2,500 school nurses, almost 6,000 speech and language therapists, and over 50,000 other health professionals including paediatricians, children's nurses and midwives

Early years and childcare: 83,000 early years workers and 280,000 childcare workers

Schools workforce: 440,000 teachers and 230,000 school support staff
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Social workers: 40,000 children and families social workers

Education welfare: 3,000 education welfare officers

Connexions: 7,000 Connexions personal advisers
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Youth work: 7,000 youth workers

Play: 30,000 play workers

Sport: 400,000 sports and leisure workers

Youth offending: 5,000 people working in Youth Offending Teams and 5,000 people working in the juvenile secure estate

(Source: NSF, Emerging Finding 2003)

The need to improve the experience and outcomes for children and young people has led to the development of various standards against which the quality of care being delivered and services themselves can be measured. Several national standards now exist and more are currently being developed, these will be discussed later in this document. There is value however to seek clarity on the links and differences between national service standards, national occupational standards and a competency framework (*Skills for Health 2003, TOPSS 2003*).

National Service Standards

- Detail minimum standards below which service providers should operate
- Ensure protection of service users
- Safeguard and promote the health, well being and quality of life for users
- Provide standards which are robust, measurable and can be enforceable

National Occupational Standards

- Describe best practice in particular areas of work
- Are statements of competence
- Are a tool for workforce management and specification tasks
- Are a basis for education and training – qualifications

The National Occupational Standards for Mental Health has been published. Social Care services currently have a variety of occupational standards relating to the care of children and young people.

Competencies

Ensuring competency presents a particular challenge due to its potential subjective nature, whilst this document will offer a potential framework with significant reference to current documentation it is an action for further discussion and debate. Competency requires knowledge, appropriate attitudes and an observable skill, either practical or intellectual which accounts for the delivery of a specified task or service. The development of competency frameworks are currently being developed particularly across health, social care and education.

Training and education

For some time there has been concern across the northwest with regard to the lack of education and training opportunities in child and adolescent mental health. This situation has been compounded due to a lack of common understanding as to what training is required and an apparent lack of strategic overview being taken.

In working towards A Comprehensive CAMHS there are significant education and training needs for both the existing and future. The intention of the CAMHS input into the NSF is to promote a step change improvement in the capacity and capability of CAMHS to improve the service user experience and to establish the best evidence base for their organisation and delivery.

For some time and particularly with the publication of the NSF for Children it is identified that Child Mental Health is everyone's business. This implies that in order to achieve good mental health in the nation's child population, all those workers who come into contact with children, young people and their parents, need to have the educational opportunities to acquire the capabilities; knowledge, attitudes and skills, which will support this principle.

Key levers re the development of Comprehensive CAMHS

- Effective Commissioning informed by local ongoing analysis of local need
- Multidisciplinary, Multi-Tier and Multi Agency working
- The development of capacity and capability in Tier 1, 2, 3 & 4 (The key lever for this being the development of capacity and capability at Tiers 2 & 3)

Developing Capability

All local services (Health Education and Social Care) will need to collaborate with each other, to provide for their local child mental health training needs. A broad consensus (local and national) is required about the skills and competencies, which are needed for the key professionals providing the service, be they:-

- Long established CAMHS professions,
- The emerging workforce, whom it is hoped to recruit to newly designated roles within the child mental health services and
- To all those who work directly with children and young people.

A national core curriculum for all those working with children, young people and their families (DOH 2003, DfES 2003) to include:-

- Child development
- Family dynamics
- Communication with children, young people and their families
- A common assessment tool/early intervention strategies
- Knowledge of CAMHS services/across agencies
- Child protection

A range of trainings is required to provide building bricks to enable the development of a flexible career pathway leading to increased capacity and capability alongside an education and training career pathway that encourages both recruitment, retention and workforce development.

This will require long term planning based on a clear strategy, supported at the highest level of NHS workforce management but equally locally in a multi-agency manner.

Five types of new training requirements appear to now exist:

Type 1: Child Mental Health Training for all Children's Workers

Type 2: Child Mental Health Training for Tier 1 Professionals

Type 3: Developmental Training for Professionals whose work entails Provision of Child Mental Health Services

Type 4: Development Training for Specialist CAMH Professionals in Learning Disability, Substance Misuse and Acute Mental Illness and for other mental health professionals

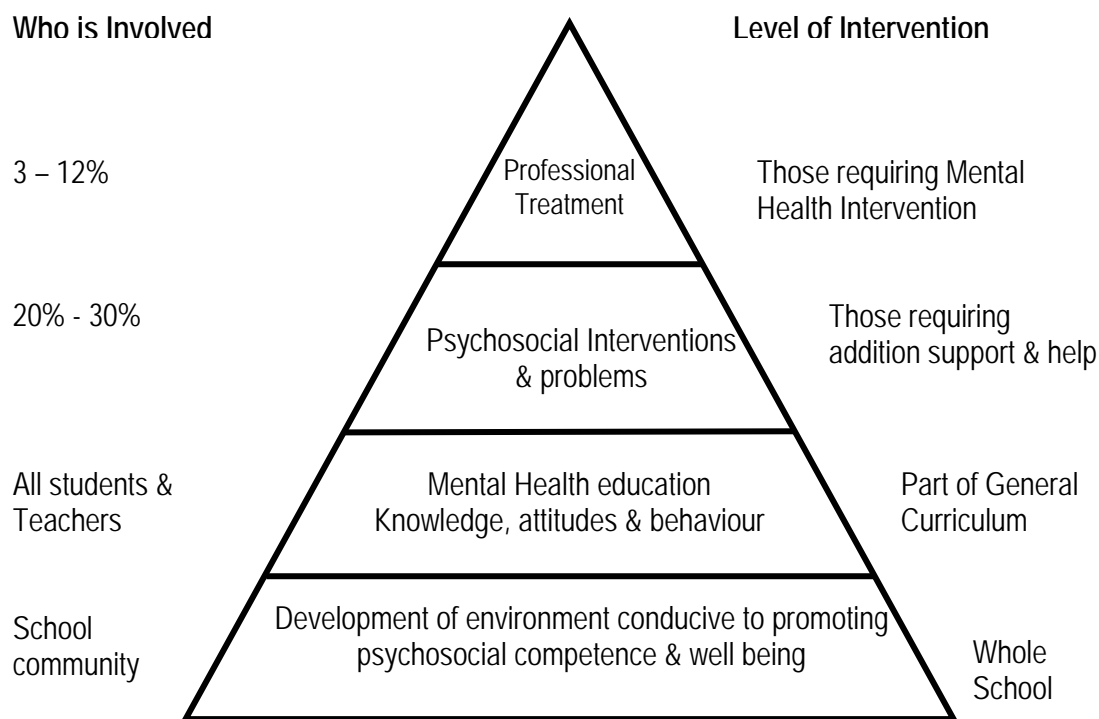
Type 5: Expansion of Core Trainings for Specialist Multi-disciplinary CAMH Professionals

Development of a shared sense of what is required

Each of the sectors that currently provide services to children, young people and their families have their own particular way of describing the needs of the population they serve and the levels of service delivery. This is particularly evident in Health, Education and Social Services. The following briefly describes the approach taken by the 3 services mentioned.

Education

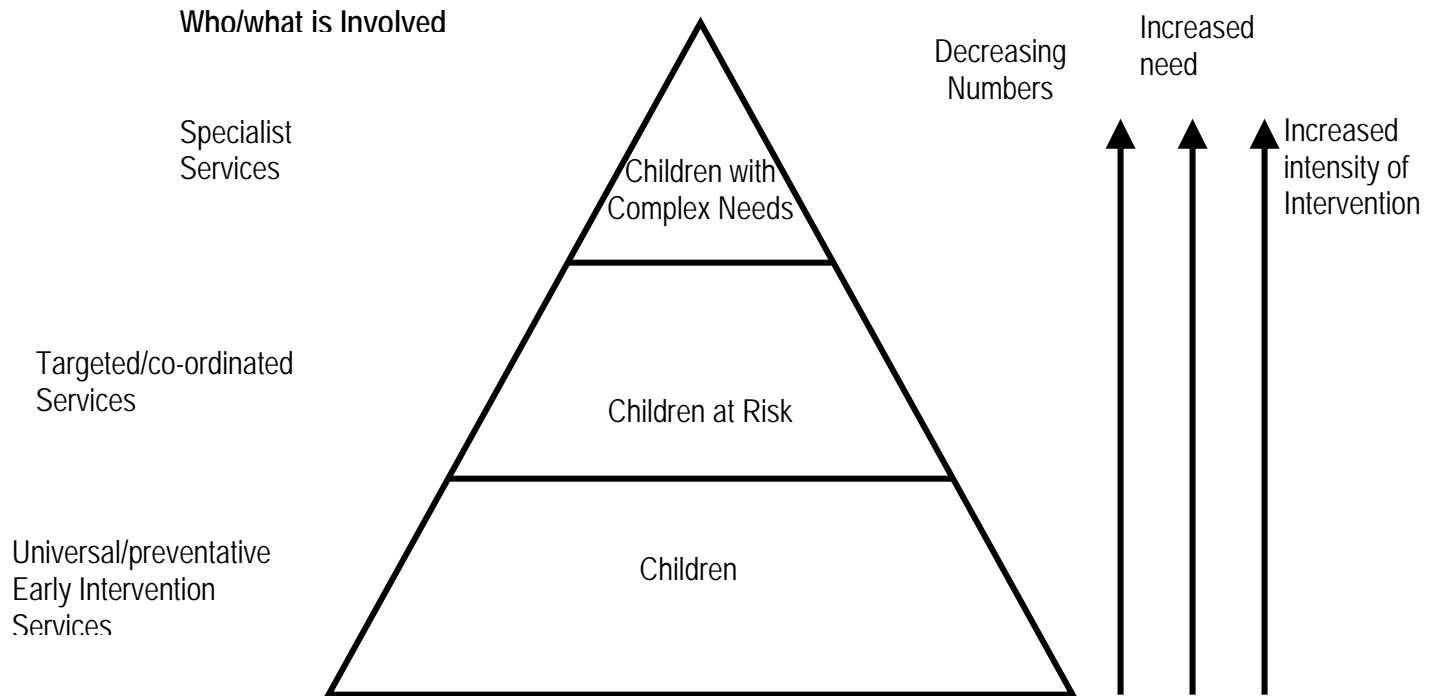
Whole school approaches to mental health promotion are based upon a comprehensive approach to mental health programmes developed by the World Health Organisation. The triangle below describes 4 levels at work in such a whole school approach (MindMatters 2002).



Social Services

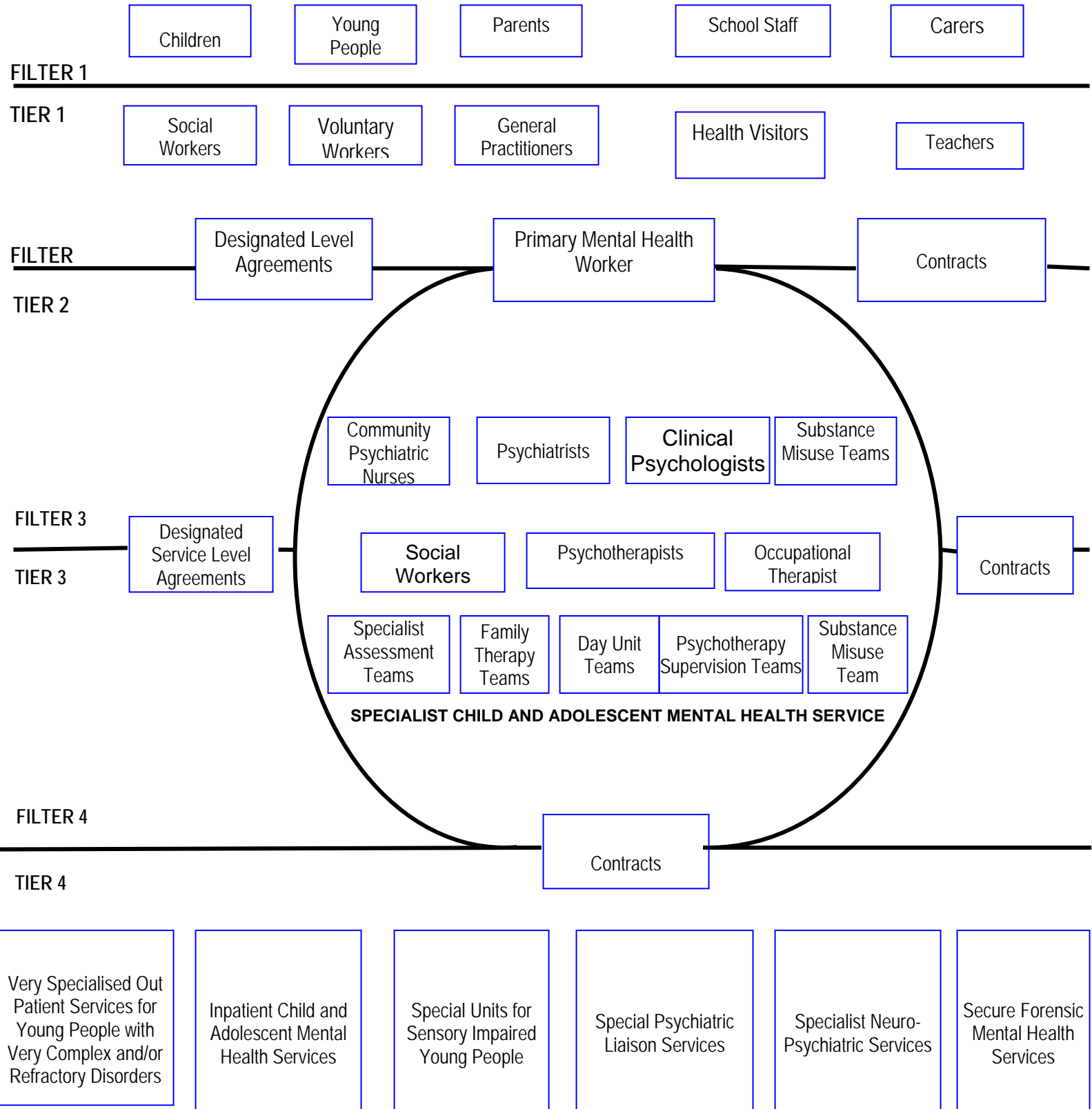
The social care sector describes the needs of children and young people according to levels of approach.

- **Base Level:** Includes all children
- **Level 1 need:** Potentially vulnerable children who require access to services to prevent the development of problems
- **Level 2 need:** Vulnerable children who require further assessment of their needs
- **Level 3 need:** Vulnerable children who require an immediate short term response
- **Level 4 need:** Children with the most complex needs and high levels of vulnerability

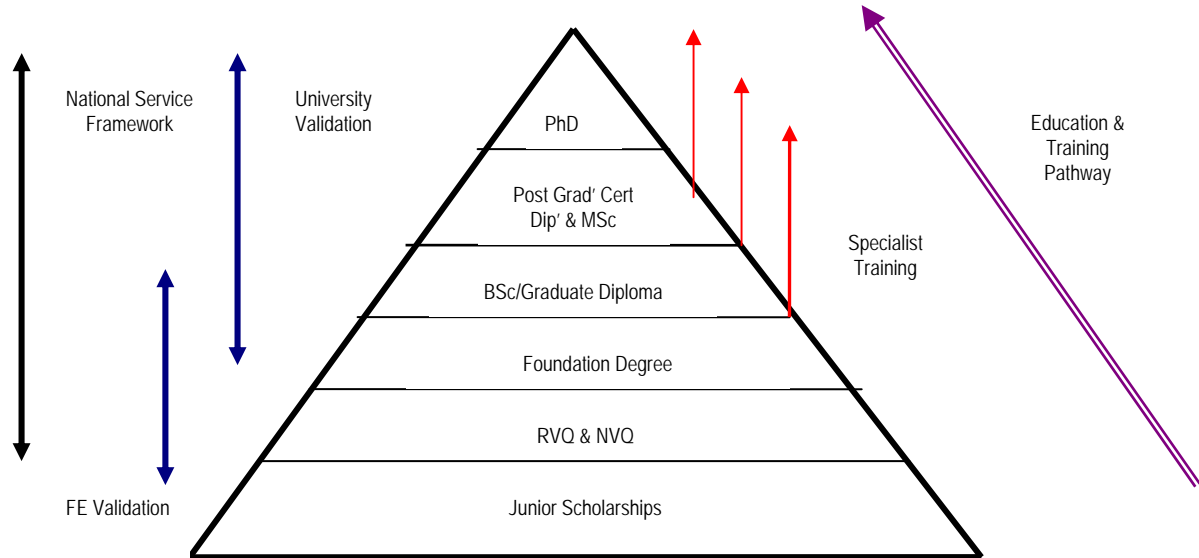


Health

Strategic Approach to Commissioning and Delivering a Comprehensive Child and Adolescent Mental Health Service



Education and Training



Differing Perspectives

All of these views offer a common view that there is a need for a more universal and generic service for all children and young people and that the complexity of level of service provided will increase as does the level of need of the child.

The Sainsbury Centre report, *The Capable Practitioner*, has taken the idea of an increasingly specialised level of service and used it to provide a framework and list of practitioner capabilities required to implement The National Service Framework for Mental Health. The Capability Framework, illustrated below, combines the notion of the reflective practitioner with that of the effective practitioner. This framework may be useful in looking at the competencies needed by the workforce across sectors, responsible for the growth and development of young people. The framework divides capabilities into 5 areas:

1. Ethical Practice – makes assumptions about the values and attitudes needed to practice
2. Knowledge – is the foundation of effective practice
3. Process of care – describes the capabilities required to work effectively in partnership with users, carers, team members and other agencies
4. Interventions – are capabilities specific to evidence based, bio-psycho social approaches to mental health care
5. Application – capabilities as they apply to specific service settings of functions

Each of the five categories is further subdivided to arrive at specific statements of capability for mental health practice.

Capabilities and Competencies

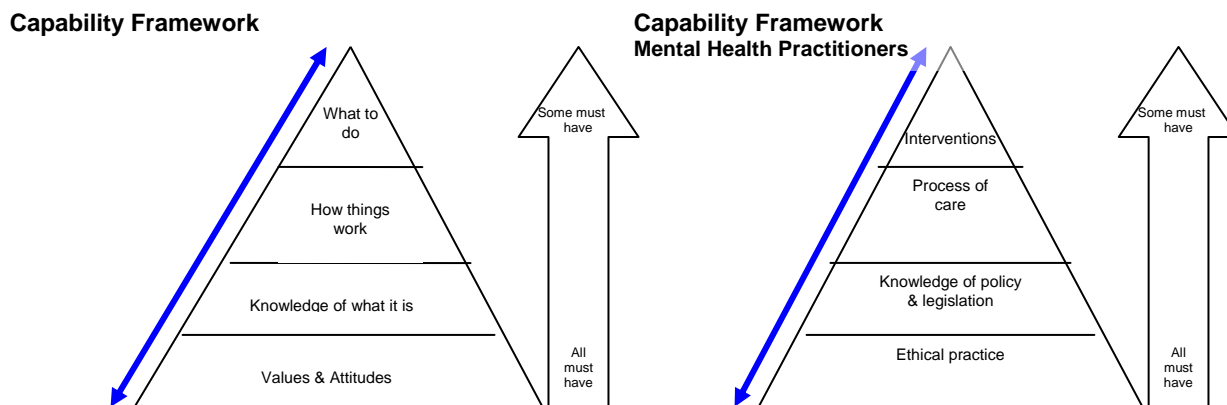
The Sainsbury Centre (2001) suggests a competency would describe the level of expertise expected within a particular domain of capability. This is usually expressed through occupational standards and more clearly outlines the boundaries between the core and specialist skills of various professional and professionally non affiliated groups.

Capabilities and Occupational Standards

There appears to be some confusion as to the relationship between occupational standards and competencies. The Sainsbury Centre report (2001) argues that the concept of capability can help by providing an organising framework which begins the process of describing the inputs, through curriculum development, to become a

competent, whereas occupational standards act as a performance measure of competence within the work environment. National Occupational Standards define the level of performance required for the successful achievement of work expectations. They are described as benchmarks of workplace performance and can be used to ascertain and to determine fitness for practice (Storey, 1998).

The move towards National Occupation Standards needs not to be confused by a capability approach. Neither does the description of capabilities across the entire mental health workforce seek to support the rise of a generic mental health worker. The capability framework seeks to broadly define what is required to deliver effective mental health care rather than focus upon the profession that does it. Below O'Halloran (2002) lays out a proposed capability framework.



In order to look at the competency framework of a particular capability the expected level of expertise within that particular capability domain would need to be described. Competencies need to be viewed in terms of a continuum and from a variety of perspectives. In an attempt to develop a set of core competencies it is acknowledged that not all professionals need them at the same level, eg: a Connexions worker will require basic understanding in mental health and knowledge of mental health disorders whereas a more in dept understanding will be required by a specialist nurse, social worker and psychologist.

A variety of continuums for viewing competencies are currently available. Examples reviewed are the Admiral Nurses Competency Framework, Advanced Nurse Competency Development Framework and Health Visitors Practice Development Resource Pack. The Advanced Nursing and Admiral examples propose 3 levels of competence: -



The Health Visitor Guide proposes 5 levels: -



As people enter a particular capability they will become more knowledgeable and proficient in that area. It is acknowledged that different levels of capability are appropriate between the different service providers. Frontline workers knowledge of mental health problems and disorders will develop as their experience does, however it would be inappropriate for them to develop it to a level of say, a practitioner working in a specialist tier 3 CAMHS. It would however be appropriate for them to develop expertise in issues of mental health promotion for example.

A capability Framework

Consistent with the Children's National Service Framework and the Children Competency Framework a capability framework for those working with children, young people and their families is based on the principles as defined in "Building a Strategy for Children and Young People", The Governments proposals for an overarching strategy. Practitioners are expected to implement the standards, capabilities and competences within these principles.

1. **Centred on the needs of the young person**
The best interests of the child or young person should be paramount, taking into account their wishes and feelings.
2. **High Quality**
Policies and services should aspire to and reach high standards of quality for the benefit of their customers – the children and young people should gain from them.
3. **Family Orientated**
Full recognition should be given to family members, including extended and chosen family who contribute to the well being of the child or young person.
4. **Equitable and non-discriminatory**
All children and young people should have access and be enabled to participate in services that they need, when they need them and in a way which respects diversity and their individual needs.
5. **Inclusive**
Policies and services should be sensitive to the individual needs and aspirations of every child and young person taking full account of their race/ethnicity, gender, sexual orientation, ability or disability.
6. **Empowerment**
Children and young people should be given the opportunity to play an effective role in the design and delivery of policies and services.
7. **Results orientated / evidence based**
High quality research, evaluation, monitoring and review should ensure that decisions that effect children and young people are well informed.
8. **Coherent in design and delivery**
Services should work together in a coherent, integrated and cross sector form where it is evident how progress and change expected will be achieved.
9. **Supportive and respectful**
Policies and services should be delivered in a manner that is respectful and supportive of children and young people and ambitious for their futures.
10. **Community enhancing**
Communities should be empowered to make positive changes for their children and young people, so that improvements can be owned and sustained locally.

The capability framework for those working with children, young people and their families around the issues of mental health also assumes that underlying these specific capabilities will be those outlined in the Essential Capabilities for all Mental Health Workers developed by NIMHE and Sainsbury Centre, the Children's National Workforce Competence Framework (Skills for health, TOPSS), and the Common Core of Skills and Knowledge for the Children's Workforce (DfES).

Mental Health Workers – Shared Capabilities

The development of the essential Capabilities for all mental health workers builds on the work of the Sainsbury Centres Capable Practitioner Framework. This suggests the capabilities that all staff should have as a minimum part of their basic training. It is further suggested that they should form the core building blocks for teaching, learning and personal development for all staff working in the NHS, Social Services, the statutory, Private, Independent and voluntary Sectors.

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.
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 in ways that respect and value diversity.
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, legal and local codes of ethical practice.

4. **Challenging inequality.** Addressing the causes and consequences of stigma, discrimination, social inequity and exclusion on service users, carers and mental health services. Creating, developing and maintaining valued social roles for people in the communities they come from.
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.
6. **Identifying peoples 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 and their families, carers and friends.
7. **Provide service user centred care.** Negotiating meaningful and achievable goals. Primary 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.
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.
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.
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.

Children's' National Workforce Competence Framework

The children's competency framework forms part of a commissioned series commissioned by the DoH. At this time the framework covers the competencies for the acutely ill child and child at risk of significant harm. They have been developed however to be applicable to a range of settings and professions.

These Competencies include: -

1. Communication
2. Assessment of health and well being needs
3. Addressing health and wellbeing needs
4. Improvement of health and well being
5. Protection of children and young people from harm
6. Support of children, young people and their family and friends during change and difficult situations
7. Care for expecting and new parents and families, and their babies
8. Provision of support services for the delivery of care for children and young people
9. Personal and people development
10. Health, safety and security
11. Service Development
12. Equality, diversity and rights
13. Production and communication of information
14. Partnership
15. Management of people
16. Management of physical and financial resources
17. Research and development

Common Core Skills - Knowledge and Competencies

The Green Paper, *Every Child Matters*, proposed the implementation of a common core of skills, knowledge and competence for the 'widest possible range of workers in children's services'. The proposal drew on earlier work which suggested that a common core of skills, knowledge and competence would support the development of more effective and integrated services, introduce a common language amongst professionals and support staff, so starting the process of breaking down some of the cultural and practice barriers. Allied to a single framework of qualifications this would also promote a more flexible development career progression within the children's workforce. The Common Core Prospectus suggests the skills and knowledge needed by all practitioners working with children and young people. Its aim is to ensure that practitioners demonstrate that they are working with a shared set of knowledge, skills and behaviours. It is anticipated that many in the children's workforce will already have a range of skills and knowledge contained in this common core. However some may not and may need additional training and support to enable them to develop the baseline level. The common core is not about a whole new series of training courses for those working with children and young people, but one that is incorporated into our ideas for a common foundation degree and that will be gradually built into existing arrangements for employer based training and staff development.

The Common Core of skills, knowledge and competence are as follows with an outline of content offered for each.

Child and young person development

This will focus on the ability to understand the full range of child development, physical, emotional and psychological. Promote understanding of the different approaches for those with physical and mental health difficulties, recognising and understanding a wide range of different behaviours and to know when to ask for assistance.

Safeguarding and promoting the welfare of children

This will focus on understanding protocols for promoting and safeguarding the welfare of children and young people, knowing who to contact to express concerns, understanding protective factors and understanding how children and young people manage risk themselves.

Effective Communication and engagement

Including work with parents, carers and families; listening and involving children and young people.

Supporting transition

This will include children and young people's rights and responsibilities, maximising their achievements and opportunities.

Multi-agency working

This will focus on working across professional boundaries and understanding the values of other professionals.

Sharing Information

This will ensure that individuals understand assessment frameworks and develop awareness of the law, code of conduct and other guidance applicable to information sharing.

As can be seen from this discussion document there is an enormous amount of overlap and duplication within the various frameworks discussed. Our work now is to ensure appropriate structures are developed across the northwest in liaison with all appropriate stakeholders to ensure we effectively support our most valued asset, the workforce and ultimately provide effective services for children, young people and their families.