The Ten Essential Shared Capabilities

A Framework for the Whole of the Mental Health Workforce

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Description	The Ten Essential Shared Capabilities, developed in consultation with service users and carers together with practitioners, provide in one overarching statement, the essential capabilities required to achieve best practice for education and training of all staff who work in mental health services.
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Contact Details	Peter Lindley NIMHE/SCMH Joint Workforce Support Unit 134–138 Borough High Street London SE1 1LB 020 7403 8790 peter.lindley@scmh.org.uk
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1. Foreword

In 2001, the Workforce Action Team [WAT], set up to consider the workforce implications of the Mental Health National Health Service Framework, [MHNSF] and the NHS Plan [NHSP], commissioned and received two pieces of work: the Capable Practitioner Framework [CPF] and the Mapping of Mental Health Education and Training in England.

The CPF described the capabilities that all staff should be expected to have and what would be expected by some specialists. The Framework was well received in the field and has been variously used to influence curriculum development, training needs analysis and personal development planning. It was, nevertheless, acknowledged to have limitations in content and application, which needed to be addressed.

The outcome of the national Mapping Exercise showed that there were significant gaps in pre and post qualification training of all professional staff in their ability to deliver the MHNSF and the NHSP. Significant omissions included: user and carer involvement, mental health promotion, values and evidence based practice, working with families, multidisciplinary working and working with diversity.

The shift in culture in services towards Choice, person-centeredness and mental health promotion is a key imperative. People who use services and their families continue to report not being listened to, being marginal to assessment and care planning and being rendered helpless rather than helped by service use. Tragic events, evidenced by the Bennett inquiry, illustrate that there is a significant need to ensure that all staff have

training in what is described here as the Essential Shared Capabilities [ESC].

This document clarifies these ESC. They have been developed in consultation with service users and carers together with practitioners, and provide in one overarching statement, the headline capabilities required to achieve best practice for education and training of all staff who work in mental health services.

They are intended to make explicit what should be included as core in the curricula of all pre and post qualification training for professional and non-professionally affiliated staff as well as being embedded in induction and continuing professional/practitioner development.

There are already some effective approaches to training and development on aspects of these ESC's. These will be identified and communicated to practitioners and localities via a Resource Library developed between NIMHE and the Sainsbury Centre for Mental Health [SCMH]. Where gaps are identified, new materials and curricula will be developed to ensure that there are robust approaches for all ten Capabilities.

We need to ensure that these ESC are meaningful and implemented effectively. We are actively discussing a partnership approach, with a focus on Continuous Professional/Personal Development [CPD], between NIMHE and the NHSU.

We are establishing a National Network of Capability Development, to enable practitioners of different disciplines to interact,

share and feed back on the ESC's themselves and the implementation process. We will also be running workshops in NIMHE Development Centre areas, to discuss with key stakeholders, how to make best use of the ESC's.

The ESCs will probably require updating over time and we will be monitoring their use and influence on curricula. The link between them, National Occupational Standards [NOS] and the Knowledge and Skills Framework [KSF] is articulated in this document, to enable staff to make sense of these various initiatives.

This work has been conducted by the NIMHE/ SCMH Joint Workforce Support Unit. The implementation strategy has been devised in collaboration with the NHSU.
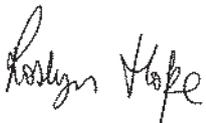
Roslyn Hope
Director
National Workforce Programme
National Institute for Mental Health England

Angela Greatley
Acting Chief Executive
Sainsbury Centre for Mental Health

2. The Ten Essential Shared Capabilities

It is important to note that the ESC are not intended to replace the CPF, the NOS nor the NHS KSF. The links between these are illustrated in Appendix A. The ESC are complementary to these frameworks and provide the mental health specific context and achievements for education, training and CPD at pre-registration/qualification stage.

The Ten Essential Shared Capabilities for Mental Health Practice

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.

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.

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.

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.

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 life-style within and beyond the limits of any mental health problem.

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.

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.

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.

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.

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.

Guidance on how the ESC can be used in practice is contained in Appendix D.

3. Methodology

The aim of the ESC is to set out the shared capabilities that all staff working in mental health services should achieve as best practice as part of their pre-qualifying training. Thus the ESC should form part of the basic building blocks for all staff who work in mental health whether they are professionally qualified or not and whether they work in the NHS, the social care field or the private and voluntary sectors. The ESC are also likely to have value for all staff who work in services which have contact with people with mental health problems.

The development of the ESC is a joint NIMHE and SCMH Project. It builds on the work of the SCMH CPF, copies of which can be downloaded from www.scmh.org.uk.

Whilst elements of the ESC can be found amongst a variety of capability and competency frameworks, what they do not contain is that single, concise list of essential capabilities being asked for by staff and service users.

In 2003, a national steering group was established to guide the development of the ESC (see Appendix C). The ESC were developed through consultation with service users, carers, managers, academics and practitioners. To facilitate this process, a number of focus groups were held across England in order to sample opinion and seek feedback. In the main, they have what might be termed an "outward focus" and are explicitly and deliberately centred upon the needs of service users and carers.

4. Implementation

Although the ESC have been well received, implementation needs to be carefully thought out and executed if they are to become meaningful and influence the practice of individual staff. (See Appendix E).

The ESC are aimed primarily at influencing education and training provision within the mental health community. If they are to do this in any significant way then the whole range of activities within mental health education needs to be influenced.

It is important, therefore, that the ESC are adopted as a framework not only for the development of education curricula but also as a framework for Personal Development Planning [PDP], Training Needs Analysis (TNA) and Joint Education and Training Plans.

Consequently any strategy will need to be multi faceted and be aimed at a range of audiences, including individual clinicians, organisations, professional bodies and education providers.

Future Developments to Support Implementation

- A database of Training and Education resources and curricula will be made available on the NIMHE Knowledge Community web-site.

- A National Electronic Network of Capability Development for practitioners, managers, educators and Users and Carers to feedback and share experiences to be made available on the NIMHE Knowledge Community web-site.

- Work with Workforce Development Confederations [WDC]/Strategic Health Authorities [SHA] to ensure that the commissioning of education and training is consistent with the ESC.

- A Joint project with the NHSU to support NIMHE Regional Development Centres to explore local approaches to implementation, support education providers and provide examples of curricula that are consistent with the ESC.

- Work with the professional bodies to ensure that they support the ESC.

- Build on the existing regional structures of NIMHE, NHSU, WDCs, SHAs and affiliate health and social care organisations to establish capacity to deliver on local implementation of the ESC.

5.   Conclusion

The ESC offer an important step forward in ensuring a comprehensive and inclusive approach to education and training, linked to a common framework for PDP and TNA. The ESC will therefore provide a strategically important integration of education and training with the effective delivery of these essential capabilities in the workplace.
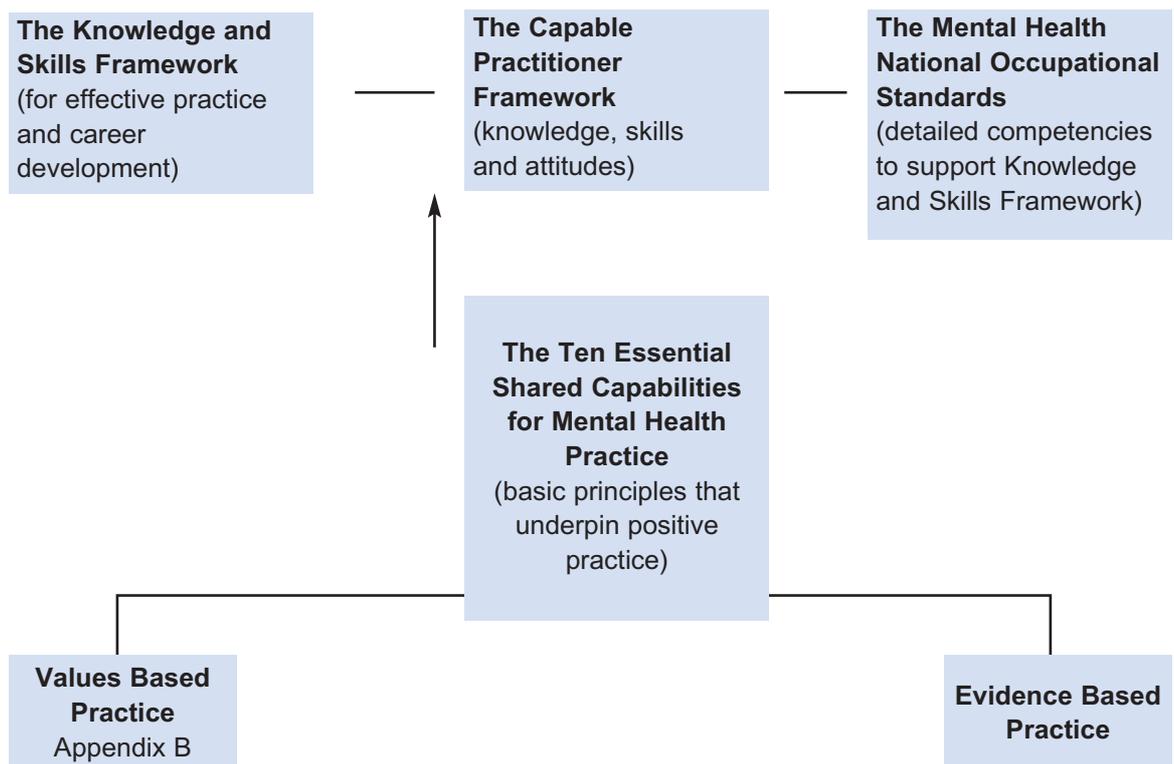
Appendix A

Linking the Essential Shared Capabilities (ESC):

Capable Practitioner Framework (CPF);

The National Occupational Standards (NOS);

and the Knowledge and Skills Framework (KSF)

Members of staff, their immediate line managers or supervisors and the organisations in which they work may feel confused between these various pieces of guidance and ask "How do they all fit together?"; "Which one should I/my staff take (most) notice of?; and "Where do they fit into my career path/development?".

It is important to recognise three things. Firstly, although complementary, all four frameworks were developed separately. This is partly due to the original nature of the way they were commissioned and partly historical. Secondly, they do not all cover the same issues. And thirdly, whilst the ESC, the CPF and the NOS have all been produced specifically for mental

health services across both health and social care as part of helping staff development, the KSF has a NHS focus. The KSF is not mental health specific and is also designed to help provide the basis for an added dimension e.g. pay progression as part of the NHS Agenda for Change initiative using a Skills Escalator approach.

The following figure (Woodbridge and Fulford, 2004), shows the relationship between the four complementary frameworks. As the figure illustrates, the ten ESC, and hence the KSF, CPF and NOS, all draw on both evidence-based and values-based sources. The NIMHE framework for values based practice is given in appendix B.

The Knowledge and Skills Framework (for effective practice and career development)

The Capable Practitioner Framework (knowledge, skills and attitudes)

The Mental Health National Occupational Standards (detailed competencies to support Knowledge and Skills Framework)

The Ten Essential Shared Capabilities for Mental Health Practice (basic principles that underpin positive practice)

Values Based Practice Appendix B

Evidence Based Practice

Essential Shared Capabilities (ESC)

The Aim of the ESC is to set out the shared or common capabilities that all staff working in mental health services should achieve as a minimum as part of their pre-qualifying training. Thus the ESC should form part of the basic building blocks for all mental health staff whether they be professionally qualified or not and whether they work in the NHS or social care field or the statutory and private and voluntary sector.

The Capable Practitioner Framework (CPF)

The CPF describes the inputs and underpinning knowledge, skills and attitudes necessary to become a Capable Practitioner. These capabilities should be developed both as part of pre-and post-qualifying training and Continuing Professional/Personal Development (CPD). The CPF sets out 5 domains from ethical practice; knowledge; process of care; interventions; and applications to specific service settings. This process moves from a base where all of the workforce must develop ethical practice but as one moves along the 5 domains, you find increasing specialisation which will only apply to some staff.

Whilst the CPF is not designed to provide a measurement of output or level of capability at which a role is to be performed, it does provide the foundation upon which a national set of capabilities can be developed.

The Mental Health National Occupational Standards (NOS)

The NOS are designed to provide a measurement of output or performance by setting out detailed descriptions of competence required in providing mental health services in three Key Areas. These are: Operating within an ethical framework – Standard A; Working with and supporting individuals, carers and families – Standards B to J; and Influencing and supporting communities, organisations, agencies and services – Standards K to O.

The expectation is that Standard A will apply to all staff; and broadly speaking, Standards B to J will apply to individual members of staff and/or teams as appropriate. i.e. not all of the Standards will apply to all staff – it depends on the function(s) each member of staff undertakes; and Standards K to O are more about management type functions.

The knowledge and understanding set out in the NOS should be developed both as part of pre-and post-qualifying training and CPD. The fourth and final Stage is to consider and cross-reference to the Knowledge and Skills Framework.

The Knowledge and Skills Framework (KSF)

The KSF is made up of a number of dimensions, 6 of which have been defined as core to all those working in the NHS and 16 which may or may not relate to a person's job.

The KSF is another form of competency framework which staff should take account of in mental health services where it applies. The concept behind the KSF is that as part of pay progression, a member of staff needs to move up a skills escalator so that as they gain more skills and knowledge, this may be reflected in a higher level of pay. Whilst the KSF dimension sets the framework or context for a particular function e.g. assessment of people's health and well being, the evidence for mental health purposes that this function is being carried out effectively, comes from the NOS. In other words, the NOS will provide the detail that a particular dimension in the KSF is being undertaken successfully.

Summary

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. NOS set out the key roles for the delivery of mental health services; the standards to be achieved by way of performance criteria; and the knowledge and understanding required to deliver the key roles. They provide specific evidence in

support of KSF skills escalator as required. The KSF is designed to help in the development and review of staff employed in the NHS and provide the basis of pay progression.

Conclusion

For staff undertaking training, their focus should be on the ESC. For qualified staff having the Ten ESC under their belt, given the importance of the Agenda for Change initiative and the link to annual appraisal of performance, the immediate focus will be to consider which areas of the KSF apply and to measure their detailed progress by way of the NOS.

Appendix B

The National Institute for Mental Health England Framework of Values (Woodbridge & Fulford, 2004)

The NIMHE Values Framework

The National Framework of Values for Mental Health

The work of the NIMHE on values in mental health care is guided by three principles of values-based practice:

1) **Recognition** – NIMHE recognises the role of values alongside evidence in all areas of mental health policy and practice.

2) **Raising Awareness** – NIMHE is committed to raising awareness of the values involved in different contexts, the role/s they play and their impact on practice in mental health.

3) **Respect** – NIMHE respects diversity of values and will support ways of working with such diversity that makes the principle of service-user centrality a unifying focus for practice. This means that the values of each individual service user/client and their communities must be the starting point and key determinant for all actions by professionals.

Respect for diversity of values encompasses a number of specific policies and principles concerned with equality of citizenship. In particular, it is anti-discriminatory because discrimination in all its forms is intolerant of diversity. Thus respect for diversity of values has the consequence that it is unacceptable (and unlawful in some instances) to discriminate on grounds such as gender, sexual orientation, class, age, abilities, religion, race, culture or language.

Respect for diversity within mental health is also:

● *user-centred* – it puts respect for the values of individual users at the centre of policy and practice;

● *recovery oriented* – it recognises that building on the personal strengths and resiliencies of individual users, and on their cultural and racial characteristics, there are many diverse routes to recovery;

● *multidisciplinary* – it requires that respect be reciprocal, at a personal level (between service users, their family members, friends, communities and providers), between different provider disciplines (such as nursing, psychology, psychiatry, occupational therapy, medicine, social work), and between different organisations (including health, social care, local authority housing, voluntary organisations, community groups, faith communities and other social support services);

● *dynamic* – it is open and responsive to change;

● *reflective* – it combines self monitoring and self management with positive self regard;

● *balanced* – it emphasises positive as well as negative values; and

● *relational* – it puts positive working relationships supported by good communication skills at the heart of practice.

NIMHE will encourage educational and research initiatives aimed at developing the capabilities (the awareness, attitudes, knowledge and skills) needed to deliver mental health services that will give effect to the principles of values-based practice.

Appendix C
National Steering Group for ESC

Roslyn Hope (Chair)	Director, National Workforce Programme, NIHME
John Allcock	Associate Director, National Workforce Programme, NIHME
Piers Allott	NIMHE Fellow for Recovery
Ian Baguley	Trent WDC
Alison Brabban	PSI Implementation Group
Sue Brennan	DH Social Care Group
Tom Dodd	NIMHE
Helen Fields	DH HRD-LPD(1)
Barry Foley	New Ways of Working Programme
Judy Foster	TOPSS
Bill Fulford	NIMHE Fellow for Values Based Practice/ University of Warwick
Mary Hopper	DH Older People Branch
Janice Horrocks	NW NIMHE Development Centre
Bob Jezzard	DH COS [C] CHM (3)
Kim Johnson	The Sainsbury Centre for Mental Health
Kim Kalaira	NIMHE Service Improvement
Peter Lindley	The Sainsbury Centre for Mental Health
Sue Merchant	NE London MH Trust
David Morris	NIMHE
Rachel Munton	DH Mental Health Care Group
Melanie Newman	DH HSCD-WD [SCM3]
Marianne O'Hanlon	Mersey Care NHS Trust
Albert Persaud	NIMHE
Chris Pearson	Skills for Health
Diane Ridings	Lewisham NHS Trust
John Rogers	Skills for Health
Caroline Twitchett	DH CAMHS

Ray Wilk	Skills for Health
Jenny Williams	Inequality Agenda Ltd
Roger Wilson	Deputy HR Director, Mersey Care NHS Trust

Professional Associations Advisory Members

Dr Jed Boardman	Royal College of Psychiatrists
Richard Byng	General Practitioner
Fabian Davies	British Psychological Society
Claire Gerada	Director of Primary Care
Sally Feaver	College of Occupational Therapy
Dr Tony Roth	British Psychological Society

Appendix D
Putting the Essential Shared Capabilities into Practice

The following section offers practical examples for each of the ESC.

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.*

This capability concerns the engagement of all those involved in receiving or providing mental health care, maintaining those relationships and bringing them to an appropriate end. Importantly this includes multidisciplinary teamwork, cross boundary work and work with wider community networks.

The focus with clients and their families and carers is on the development of partnership working. It is essential that those people who use services are viewed as partners in care rather than passive recipients of services. In order to achieve this aim, mental health workers will often be required to be assertive in their engagement with and follow up of service users, particularly those with more complex problems.

In order to work in partnership the practitioner will need to:

- Have the ability to explain in an understandable way, their professional role and any parameters that they work within

- Have the ability to communicate with all the stakeholders involved in an individuals care

- Understand their role and that of others within a multidisciplinary setting

- Be able to engage service users in a collaborative assessment process

- Acknowledge the part that families and carers play in the service users support network and be able to engage them as partners in care

- Be able to communicate across disciplinary, professional and organisational boundaries.

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.*

If partnership working is to be a reality then education and training programmes will need to provide a learning environment where existing beliefs about age, race, culture, disability, gender, spirituality and sexuality can be examined and challenged. Any therapeutic interventions need to be set within a framework that acknowledges and respects diversity.

Although all of the areas within this capability are important, and it has been acknowledged that there is discrimination in many services, issues of race and culture require particular attention.

In order to respect diversity the practitioner will need to:

- Understand and acknowledge diversity relating to age, gender, race culture, disability, spirituality and sexuality

- Understand the impact of discrimination and prejudice on mental health and mental health services

- Demonstrate a commitment to equal opportunities for all persons and encourage their active participation in every aspect of care and treatment

- Respond to the needs of people sensitively with regard to all aspects of diversity

- Demonstrate the ability to promote people's rights and responsibilities and recognise the service user's rights to privacy, dignity, respect and confidentiality

- Demonstrate the ability to work as a member of the therapeutic team to contribute to evidence based programmes of care and treatment that are sensitive to diversity

- Provide care and treatment that recognises the importance of housing, employment, occupational opportunities, recreational activities, advocacy, social networks and welfare benefits

- Demonstrate adherence to local, professional and national codes of practice

- Demonstrate effective knowledge of organisational policies and practices to maintain the role and the capacity of the therapeutic team to provide evidence based care that is sensitive to diversity

- Demonstrate a commitment to active participation in clinical supervision and life-long learning.

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.*

There is concern that many mental health professionals understand neither the legal rights of service users under their care nor their own legal and professional obligations to service users. Under this capability would come issues of informed consent, effective communication, de-escalation and control and restraint.

In order to practise ethically the practitioner will need to demonstrate:

- An understanding of and commitment to the legal and human rights of service users and carers

- An understanding of the service user's wider social and support networks and the contribution made by carers, family and friends to the recovery process

- The ability to respond to the needs of people in an ethical, honest, non judgemental manner

- The ability to encourage active choices and participation in care and treatment

- The ability to conduct a legal, ethical and accountable practice that remains open to the scrutiny of peers and colleagues

- The ability to promote service users' (and carers') rights and responsibilities and recognise and maintain their rights to privacy, dignity, safety, effective treatment and care based on the principle of informed consent

- The ability to work as a member of the therapeutic team in making a safe and effective contribution to the de-escalation and management of anger and violence especially through the use of control and restraint techniques

- Adherence to local and professionally prescribed codes of ethical conduct and practice

- Knowledge of policies, practices and procedures concerning the local implementation of mental health and related legislation

- The ability to work within the boundaries of local complaints management systems.

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.*

It is particularly important to understand the nature and consequences of stigma and discrimination. Social inequality and exclusion have a potentially devastating effect on the recovery process and will make it difficult for service users to achieve their potential or take their rightful place in society.

To be able to challenge inequality the practitioner will need to:

- Understand the nature of stigma

- Understand the effects of exclusion and discrimination

- Understand the role that mental health services play in creating and maintaining inequality and discrimination

- Understand the role that services have to play in fighting inequality and discrimination

- Demonstrate the ability to challenge inequality and discrimination within their role

- Demonstrate the ability to communicate their concerns to others within the care system

- Demonstrate the ability to know when there is little more they can do and recognise the limits of their competence.

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 life-style within and beyond the limits of any mental health problem.*

Promoting recovery is the capability that defines the process that service users and providers engage in to enable self-empowerment and self-determination. Recovery is about recovering what was lost: rights, roles, responsibilities, decision making capacity, potential and mental well-being

Recovery is what people experience themselves as they become empowered to achieve a meaningful life and a positive sense of belonging in the community.

To be able to promote recovery the practitioner will need to:

- Understand that recovery is a process that is unique to each person

- Understand the essential role of hope in the recovery process

- Accept that recovery is not about the elimination of symptoms or the notion of cure

- Understand that the planning, arrangement and delivery of support should be determined by the needs of the service user

- Work in a way that is flexible and responds to the expressed needs of the person

- Ensure that all efforts are made to present non-stigmatizing and positive views of people who experience mental health problems

- Engage with external advocacy bodies to ensure that the rights and interests of service users are protected

- Facilitate access to community groups and networks that enable the service user to participate in community activities.

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.*

The focus of this capability is on helping the service user and those involved with them to describe their experiences in such a way as to identify their strengths and formulate their needs. In order for this to be meaningful this must take a whole systems approach and take account of every aspect of the person's life.

In order to practise in such a way, the practitioner will need to:

- Carry out (or contribute to) a systematic, whole systems assessment that has, as its focus, the strengths and needs of the service user and those family and friends who support them

- Work in a way that acknowledges the personal, social, cultural and spiritual strengths and needs of the individual

- Understand how the physical and mental health of an individual can be promoted or demoted and the impact that an individual's health needs, mental or physical, may have on other parts of the system

- Understand the impact that other parts of the system may have on the individual's physical and mental health

- Work in partnership with the individual's support network to collect information to assist understanding of the person and their strengths and needs.

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.*

This capability is concerned with helping the service user to set goals that are realistic, achievable and meaningful, so that the service user and others involved in the persons care will be able to recognise when a particular goal has been achieved.

In order to do this the practitioner will need to:

- Work alongside the service user to help them to describe their goals as precisely as possible in a way that is meaningful to them

- Help the service user to identify and use their strengths to achieve their goals and aspirations

- Identify the strengths and resources within the service user's wider network which have a role to play in supporting goal achievement

- Ensure that any goal setting is driven by the needs of the service user

- Ensure that any goals are achievable and measurable

- Understand the difference between broader long term and short term, more specific goals.

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.*

This capability is concerned with ensuring that people have access to interventions and services that have proven efficacy in addressing specific needs. It is essential that people are able to utilise services that value them and those that support them and that will help to make a positive difference.

To work in this way practitioners will need to:

● Understand the impact of any particular problem on the life of the service user and their family and friends

● Understand the notions of evidence-based and values-based 'best practice' as enshrined in NICE guidance and Psychosocial Interventions training etc

● Have the ability to design, or contribute to the design of, a programme of care based on 'best practice' or the best available evidence

● Understand the role that they may play in a programme of care based on 'best practice'

● Understand the role that others may play in such a programme

● Communicate with all, including service users and carers, who have a part to play in a programme of care.

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.*

This capability focuses on the issues of risk to the individual and society and how this can best be addressed in a manner that values all those concerned.

In order to practise in a way which promotes safety and positive risk taking the practitioner should be able to:

● Demonstrate the ability to develop harmonious working relationships with service users and carers particularly with people who may wish not to engage with mental health services

● Demonstrate and promote understanding of the factors associated with risk of harm to self or others through violence, self-neglect, self-harm or suicide

● Demonstrate the ability to educate users and carers about the role, function and limitations of mental health services in relation to promoting safety and managing risk of harm

● Contribute to accurate and effective risk assessments, identifying specific risk factors of relevance to the individual, their family and carers and the wider community (including risk of self-harm, self neglect and violence to self or others)

● Contribute to the development of risk management strategies and plans which involve the service user and name all the relevant people involved in their care and treatment and clearly identify the agreed actions to be taken and the goals to be achieved

● Contribute, as a member of the therapeutic team, to the safe and effective management and reduction of any identified risks

● Demonstrate knowledge and understanding of national and local polices and procedures for minimising risk and managing harm to self and others.

- Demonstrate knowledge and understanding of the care programme approach and its role in ensuring safe and effective care and treatment for service users and carers, particularly those who have a history of risks to self or others

- Demonstrate understanding of the importance of multi-agency, multi-disciplinary working in promoting safety and positive risk taking

- Demonstrate awareness of the available spectrum of individual and service responses to help manage crises and minimise risks as they are happening e.g. diffusion strategies, crisis response services

- Contributing to use of medical and psychosocial interventions with the expressed goal of managing a person's risk behaviours in the long term e.g. through use of medication, anger management, supportive counselling etc.

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.

This capability focuses on the need for the practitioner to take an active role in their own personal and professional development. In the same way that service users should be viewed as active partners in their care, not passive recipients, practitioners should be active participants in their own development.

In order to meet this capability practitioners will need:

- Access to education and training based on the best available evidence

- A personal/professional development plan that takes account of their hopes and aspirations that is reviewed annually

- To understand the responsibilities of the service in supporting them in meeting the goals set in the development plan

- To understand their personal responsibility to achieve the goals set in their development plan

- The ability to set persona/professional goals that are realistic and achievable

- To recognise the importance of supervision and reflective practice and integrate both into everyday practice

- To be proactive in seeking opportunities for personal supervision, personal development and learning.

Appendix E
Implementation Strategy

The involvement of education and service commissioners and providers, including Human Resource Directors will be key to successful implementation. To support the implementation strategy, a number of pieces of work are being planed and undertaken:

- Discussions are underway to develop an infrastructure to support education and training through partnerships with the NHSU and other key stakeholders

- The ESC are being mapped against the NOS and the KSF. We need to demonstrate consistency and context if we are to avoid confusion

- Work is underway to devise a framework for appraisal and PDP, based on the ESC. This is an opportunity to bring consistency, nationally, to both personal and professional development

- Work is underway to develop criteria for measuring the degree to which the ESC are present within education curricula

- These criteria will become part of the National Continuous Quality Improvement Tool for Mental Health Education. The Quality Improvement Tool will become part of the QAA process

- The ESC, as an integral part of the Education Quality Improvement Tool, will be used to guide the WDC commissioning process. This will ensure that education and training programmes will be consistent with government policy, NICE guidelines and recognised best practice

- Work is underway to develop a web based TNA tool, using the Quality Improvement Tool (including the ESC) that will provide both individual and service level data.

Induction programmes

- Ensure that ESC provides the framework for induction programmes aimed at both health and social care staff

- Provide examples of induction programmes that meet these requirements

- Work with the NHSU to influence the content of relevant common induction programmes

Development programmes for non-professionally affiliated staff

- Ensure that all mental health service providers have access to a framework based on the ESC that will inform their staff development programme

- Work with Support, Time and Recovery sites to ensure that the training of the new workers is consistent with the ESC

- Ensure that the education programmes for the Graduate Workers in Mental Health meet the requirements of the ESC

- Provide a framework for appraisal and Individual Performance Review that is based on the ESC.

Continuing professional development

- Support the development of web-based TNA tool consistent with the ESC

- Provide examples of TNA that are consistent with the ESC

- Support the development of an appraisal tool that is consistent with the ESC

- Support the development of a framework for practice supervision based on the ESC.

Professional Training

- Work with the education sections of the professional bodies to ensure that professional training is consistent with and reflects the ESC

- Work with local networks to ensure that mentors and supervisors are able to support people in training in a way that is consistent with the ESC

- Work with academic institutes, through Mental Health in Higher Education (MHHE), to ensure that ESC are actively addressed in curriculum review and development.

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