

Knowledge of organisational policies and procedures relevant to self-harm and suicide

An ability to draw on knowledge of the ways in which national and local policies* apply to the organisation and its response to, and responsibilities for, people who are self-harm and/or are suicidal, and that:

identify the expected range of responses to self-harm and suicide - for example, how the organisation and its practitioners will:

minimise physical opportunities to people to engage in self-harm and suicidal behaviours (e.g. by identifying and removing potential ligature points)

respond to and support those who present with self-harm or suicidal behaviour

record (and, where required, share) information about courses of action taken or advice given to people who self-harm and/or are suicidal

support, supervise and train personnel who offer direct support to people who self-harm and/or are suicidal

review and learn from serious incidents (e.g. a death by suicide)

describe procedures for communication within the organisation and with partner services

identify the responsibilities of practitioners at each level of the organisation (and so identify limits to responsibility and procedures to be followed when these are reached)

An ability for the organisation to ensure that new members of staff receive an induction that:

enables them to learn how relevant policies and procedures that apply to their practice

identifies the principles that underlie policies and procedures (with the aim of making implementation responsive to individuals rather than procedural)

An ability for the organisation to make appropriate arrangements to maintain practitioners' awareness of current policies and procedures

* For example:

[Suicide Prevention Strategy](#)

[NICE guidelines on suicide, self-harm, depression](#)

[The Five Year Forward View](#)

Local authority guidance for developing plans to respond to self-harm and suicide

Local guidance developed for a service or for an organisation

Ability to recognise and respond to concerns about child protection

Knowledge of policies and legislation

An ability to draw on awareness of national and local child protection standards, policies and procedures
An ability to draw on knowledge of contractual obligations, legislation and guidance which relate to the protection of children and young people
An ability to draw on knowledge of local policies and protocols regarding:
confidentiality and information-sharing
recording of information about young people and their families
An ability to draw on knowledge of the statutory responsibilities of adults (e.g. parents, carers, school staff) to keep children and young people safe from harm
An ability to draw on knowledge that practitioners are responsible for acting on concerns about a child or young person even if they are not directly responsible for their care

Knowledge of child protection principles

An ability to draw on knowledge of the benefits of early identification of at-risk children and young people and families and carers who can then receive appropriate and timely preventive and therapeutic interventions
An ability to draw on knowledge of the importance of maintaining a person-centred approach, which ensures a consistent focus on the welfare of a child or young person and on their feelings and viewpoints

Ability to draw on knowledge of the ways in which neglect and abuse presents

An ability to draw on knowledge of the concept of significant harm:
a threshold that justifies intervention in family life in the best interests of children and young people
An ability to draw on knowledge that there are no absolute criteria for significant harm, but that this is based on consideration of:
the degree and extent of physical harm
the duration and frequency of abuse and neglect
the extent of premeditation
the presence or degree of threat
the actual, or potential, impact on a child's or young person's health, development or welfare
An ability to draw on knowledge that significant harm can be indicated by a 'one-off' incident, a series of 'minor' incidents and an accumulation of concerns over time
An ability to draw on knowledge that abuse and neglect take many forms and include:
physical abuse
emotional abuse
sexual abuse and sexual exploitation
neglect

Ability to recognise possible signs of abuse and neglect

An ability to recognise behaviours shown by children and young people that may indicate abuse or neglect, and which may require further investigation, for example a child or young person who:
appears to be frightened or intimidated by an adult or peer
acts in a way that is inappropriate to their age and development
An ability to recognise possible signs of physical abuse, for example:
explanations which are inconsistent with an injury
unexplained delay in seeking treatment
parents or carers who seem uninterested or undisturbed by an accident or injury
repeated or multiple bruising or other injury on sites unlikely to be injured during everyday activities or accidents
An ability to recognise possible signs of emotional abuse, for example:
indicators of serious attachment problems between parent and child
markedly aggressive or appeasing behaviour towards others
indicators of serious scapegoating within the family or care environment
indicators of low self-esteem and lack of confidence
marked difficulties in relating to others
An ability to recognise possible behavioural signs of sexual abuse, for example:
inappropriate sexualised conduct (e.g. sexually explicit behaviour or conversation inappropriate to a child's or young person's age)
self-harm and suicide attempts
involvement in sexual exploitation or indiscriminate choice of sexual partners
An ability to recognise possible physical signs of sexual abuse, for example:
genital discomfort
blood on underclothes
pregnancy
An ability to recognise that allegations of sexual abuse by children or young people may initially be indirect (to test the practitioner's response)

Ability to respond where a need for child protection has been identified

An ability to ensure that actions taken in relation to child protection are consistent with relevant legislation and local policies and procedures
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Ability to report concerns about child protection

An ability to report concerns about risk to appropriate agencies and to share information with relevant parties, with the aim of drawing attention to emerging concerns
An ability to follow local referral procedures to relevant agencies for investigation of concerns or signs of abuse or neglect
An ability to record information, setting out the reasons for concern and the evidence for it
An ability to contact and communicate with all those who are at risk, ensuring that they understand the purpose for the contact with, and referral to, other agencies
An ability to follow local and national procedures where there is difficulty contacting a child or young person and their family and there is a concern that they are missing from

the known address

An ability to follow guidelines on how confidentiality and disclosure will be managed

Ability to record and report on actions that the practitioner is responsible for

An ability to document decisions and actions taken, the evidence for taking these decisions, what further help is required and how this will be actioned

Interagency working

An ability to draw on knowledge of the roles and responsibilities of other services available to a child or young person and their family or carers

An ability to collaborate with all potentially relevant agencies when undertaking assessment, planning, intervention and review

An ability to ensure that there is timely communication with all agencies involved in the case, both verbally and in writing

An ability to escalate concerns within one's own agency or between agencies (e.g. when the implementation of the child protection plan is problematic or to ensure sufficient recognition of risk factors and/or signs of abuse)

Ability to seek advice and support

An ability for the practitioner to make use of support from other members of staff in order to manage their own emotional responses to providing care and protection for children and young people

An ability to recognise the limits of one's own expertise and to seek advice from appropriately trained and experienced individuals (such as senior colleagues, social workers and other child protection experts)

Ability to recognise and respond to concerns about safeguarding

An ability to draw on knowledge that safeguarding concerns can arise across the lifespan, from infancy through to old age
An ability to draw on knowledge of factors that make adults vulnerable, such as mental health or physical health problems, communication difficulties or dependence on others
An ability to draw on knowledge of type of abuse and neglect that could trigger a safeguarding concern, such as:
physical abuse
domestic violence
psychological abuse
financial or material abuse or exploitation
sexual abuse or exploitation
neglect
abuse in an organisational context
An ability to identify signs or indicators that could flag the need to institute safeguarding procedures
An ability to draw on knowledge of national guidance and legal frameworks regarding responsibility for acting on safeguarding concerns
An ability to act on knowledge of local agencies and local procedures for invoking, investigating and acting on safeguarding concerns
An ability to approach the management of safeguarding procedures in a way that protects a person's safety and does so in a manner that is compassionate, empathic and supportive

Ability to operate within and across organisations

Effective delivery of competences relating to work with and within organisations depends on their integration with competences relating to confidentiality and consent.

Similar principles apply when working with individuals from both within an organisation and from other organisations.

Knowledge of the responsibilities of practitioners, their service and other services

An ability for practitioners to draw on knowledge of the specific areas for which they and members of their own service are responsible

An ability to draw on knowledge of the roles, responsibilities, culture and practice of practitioners from other agencies

An ability to draw on knowledge of the range of agencies who are working with service users and their families and carers, including community services

An ability to draw on knowledge of local pathways of care, and the inclusion and exclusion criteria that are applicable

Knowledge of the rationale for working across organisations

An ability to draw on knowledge that the principal reason for working across organisations is when there are indications that working in this way will benefit the person

an ability to determine when work across agencies is an appropriate response to the needs of a person

An ability to draw on knowledge of the importance of collaborating with:

agencies who are already involved with the care of a person and (where relevant) their family or carers

agencies whose involvement is important to the welfare and wellbeing of a person and (where relevant) their family or carers

An ability to draw on knowledge of the importance of communicating with colleagues from other agencies at an early stage, before problems have escalated

Knowledge of local policies and relevant legislation

An ability to draw on knowledge of local policies on confidentiality and information sharing both within the team and between different agencies

In relation to work that involves children or young people, an ability to draw on knowledge of national and local child protection standards, policies and procedures

An ability to draw on knowledge of national and local policies and procedures regarding the assessment and management of risk

An ability to draw on knowledge of local procedures when a person does not attend appointments, and where this has implications for planning care across agencies

Knowledge of interagency procedures

An ability to draw on knowledge of procedures for raising concerns when a person is at risk of harm, including procedures for:
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making a referral to other agencies

sharing concerns with other agencies

An ability to draw on knowledge of any common recording procedures across agencies (e.g. shared IT systems/databases)

Information sharing within and across services

An ability to judge on a case-by-case basis the benefits and risks of sharing information against the benefits and risks of not sharing information

An ability to discuss issues of consent and confidentiality with a person*:

in relation to sharing information across agencies
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to secure and record their consent to share information

An ability to draw on knowledge of when it is appropriate to share information without a person's consent

An ability to collate and record relevant information gathered from other agencies
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An ability to evaluate information received from other agencies, including:

distinguishing observation from opinion

identifying any significant gaps in information

An ability to share relevant information with the appropriate agencies (based on the principle of a 'need to know')

an ability to assess when sharing of information is not necessary and when requests for sharing information should be refused

An ability to ensure that information sharing is necessary, proportionate, relevant, accurate, timely and secure
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An ability to record what has been shared, with whom and for what purpose

An ability to seek advice when in doubt about sharing information

*Detailed consideration of consent and confidentiality can be found in the relevant section of the competence framework.

Communication with other agencies

An ability to ensure effective communication with practitioners in other agencies by:

listening to their perspectives and concerns
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ensuring one's own perspective and concerns are listened to

explicitly acknowledging areas where there are common perspectives and concerns and where there are differences

identifying and acting on any implications of differences in perspective or concern for the delivery of an effective course of action

An ability to provide timely written and verbal communication:
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an ability to hold in mind the fact that professional terms, abbreviations and acronyms may not be understood or interpreted in the same way by workers from different agencies

An ability to identify potential barriers to effective communication and, where possible, to develop strategies to overcome these

Coordinating work with other agencies

An ability to contribute to interagency meetings at which work across agencies is planned and coordinated
An ability to agree aims, objectives and timeframes for each agency's assessment and/or intervention
An ability to explain to workers in other agencies:
the model being applied
any assumptions that are made by the model and that may not be obvious to, or shared with, workers in other agencies
An ability to regularly review the outcomes for a person in relation to the specified objectives

Recognising challenges to interagency working

An ability to recognise when effective interagency working is compromised and to identify the reasons for this, for example:
institutional/systemic factors (such as power differentials or struggles for dominance of one agency over another)
conflicts of interest
lack of trust between practitioners (especially where this reflects the 'legacy' of previous contacts)
lack of clarity about who takes responsibility in each agency
An ability to recognise when another agency has failed to respond appropriately to a request, referral or concern and to address this directly
An ability to recognise when an individual is at risk of working beyond the boundaries of their professional reach

Knowledge of, and ability to operate within, professional and ethical guidelines

The standards of conduct set out in this document are expected of all practitioners working with people who self-harm or are suicidal. They apply to a wide range of professionals as well as those who do not have a core profession, but who would be expected to adhere to the internal operating procedures of their organisation.

An ability to draw on knowledge that ethical and professional guidance represents a set of principles that need to be interpreted and applied to unique situations
An ability to draw on knowledge of mental health legislation relevant to professional practice
An ability to draw on knowledge of the relevant codes of ethics and conduct that apply to all professions and to the profession of which the practitioner is a member
An ability to draw on knowledge of local and national policies in relation to:
capacity and consent
confidentiality
data protection

Autonomy

An ability for practitioners to recognise the boundaries of their own competence and to not attempt to practise an intervention for which they do not have appropriate training, supervision or (where applicable) specialist qualification
An ability for practitioners to recognise the limits of their competence, and at such points:
an ability to refer to colleagues or services with the appropriate level of training and/or skill
an ability for practitioners to inform a person when the task moves beyond their competence, in a manner that maintains the person's confidence and engagement with services

Ability to identify and minimise the potential for harm

An ability to respond promptly when there is evidence that the actions of a colleague has put a person or another colleague at risk of harm by:
acting immediately to address the situation
reporting the incident to the relevant authorities
cooperating with internal and external investigators
When supervising colleagues, an ability to take reasonable steps to ensure that they recognise the limits of their competence and do not attempt to practise beyond those
An ability to consult or collaborate with other professionals when additional information or expertise is required

Ability to gain consent

An ability to help a person make an informed choice about a proposed course of action by setting out its benefits and its risks, along with providing information about any alternatives

An ability to ensure that a person grants explicit consent to proceeding with a course of action

In the event of consent being declined or withdrawn, and where the nature of a person's presentation means intervention in the absence of consent is not warranted, an ability to respect their right to make this decision

In situations where a person withholds consent but the nature of their presentation warrants an immediate intervention:

an ability to evaluate the risk of the intervention and, where appropriate, proceed as required

an ability to attempt to obtain consent, although this may not be possible

an ability to ensure the person is fully safeguarded

Ability to manage confidentiality

An ability to ensure that information about a person is treated as confidential and used only for the purposes for which it was provided

When communicating with other parties, an ability to:

identify the parties with whom it is appropriate to communicate

restrict information to that needed in order to act appropriately

An ability to ensure that a person is informed when and with whom their information may be shared

An ability to restrict the use of personal data for:

the purpose of caring for service users

those tasks for which permission has been given

An ability to ensure that data are stored and managed in line with the provisions of data protection legislation

Sharing information to maintain safety

An ability to draw on knowledge that it is appropriate to breach confidentiality when withholding information could:	
	place a person or others (e.g. family, carers, professionals or a third party) at risk of significant harm
	prejudice the prevention, detection or prosecution of a serious crime
	lead to an unjustified delay in making enquiries about allegations of significant harm to others
An ability to judge when it is in the best interests of a person to disclose information, taking into account their wishes and views about sharing information, holding in mind:	
	that disclosure is appropriate if it prevents serious harm to a person who lacks capacity
	the immediacy of any suicide risk (e.g. the degree of planning, the type of suicide method planned or already attempted, circumstances such as being alone, refusing treatment, drinking heavily, or being under the influence of drugs)
An ability to draw on knowledge that the duty of confidentiality does not preclude listening to the views of family members or carers or providing them with general information about managing a crisis or seeking support	
An ability to judge when sharing information within and between agencies can help to manage suicide risk	
An ability to discuss concerns about disclosure with colleagues without revealing the person's identity	

Ability to maintain appropriate standards of conduct

An ability to ensure that people who self-harm or are suicidal are treated with dignity, respect, kindness and consideration	
An ability for practitioners to maintain professional boundaries, for example by:	
	ensuring that they do not use their position and/or role in relation to a person to further their own ends
	not accepting gifts, hospitality or loans that may be interpreted as a way for the person to gain preferential treatment
	maintaining clear and appropriate personal and sexual boundaries
An ability to recognise the need to maintain standards of behaviour that conform with professional codes both in and outside the work context	
An ability for practitioners to represent their qualifications, knowledge, skills and experience accurately	

Ability to maintain standards of competence

An ability to maintain and update skills and knowledge through participation in continuing professional development

Documentation

An ability to maintain a record for each person, which:

is written promptly

is concise, legible and written in a style that is accessible to its intended readership
--

identifies the person who has entered the record (i.e. is signed and dated)

An ability to ensure that records are maintained after each contact with a person or with professionals connected with them

An ability, where necessary, to update existing records in a clear manner that does not overwrite existing elements (e.g. to correct a factual error)

An ability to ensure records are stored securely, in line with local and national policy and guidance

Ability to delegate tasks appropriately

When delegating tasks, an ability to ensure that these are:

delegated to individuals with the level of competence and experience to complete the task safely, effectively and to a satisfactory level

completed to the necessary standard by monitoring progress and outcome
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An ability to provide appropriate support to the individual to whom the task has been delegated

An ability to respect the decision of any individual who feels they are unable to fulfil the delegated task through lack of skill or competence

Ability to advocate for service users

An ability to work with others to promote the health and wellbeing of a person, their family and carers in the wider community, for example by:

listening to their concerns

involving them in plans for any interventions

maintaining communication with colleagues involved in their care
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An ability to draw on knowledge of local services to advocate for service users in relation to access to health and social care, information and services

An ability to respond to complaints about care or treatment in a prompt, open and constructive fashion (including an ability to offer an explanation and, if appropriate, an apology, and to follow local complaints procedures)
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an ability to ensure that any subsequent care is not delayed or adversely affected by the complaint or complaint procedure
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Knowledge of legal frameworks relating to working with people who self-harm and/or are suicidal

An ability to draw on knowledge that work with people who self-harm or are suicidal is underpinned by legal frameworks

An ability to draw on knowledge that the sources and details of law may vary across the four home nations of the UK

an ability to draw on knowledge of the relevant legislation and policies that apply to the settings in which interventions take place

Mental health

An ability to draw on knowledge of mental health legislation

Capacity and informed consent

An ability to draw on knowledge of the legal framework that determines the criteria for capacity and informed consent

Data protection

An ability to draw on knowledge of legislation that addresses issues of data protection and the disclosure of information

Equality

An ability to draw on knowledge of equality legislation designed to protect people from discrimination when accessing services (including the statutory requirement for service providers to make reasonable adjustments for people with disabilities)

Resources

Mental health legislation

Mental Health Act 1983:

<https://www.legislation.gov.uk/ukpga/1983/20/contents>

Mental Health (Care and Treatment) (Scotland) Act 2003:

<https://www.legislation.gov.uk/asp/2003/13/contents>

Outline guides:

www.mind.org.uk/help/rights_and_legislation/mental_health_act_1983_an_outline_guide

www.scotland.gov.uk/Publications/2005/07/22145851/58527

www.scotland.gov.uk/Resource/Doc/196881/0052725.pdf

Capacity and consent

Mental Capacity Act 2005:

<https://www.legislation.gov.uk/ukpga/2005/9/contents>

Mental Welfare Commission for Scotland:

www.mwcscot.org.uk/the-law/

Age of Legal Capacity (Scotland) Act 1991:

<https://www.legislation.gov.uk/ukpga/1991/50/contents>

National Society for the Prevention of Cruelty to Children. Gillick competency and Fraser Guidelines:

www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines/

Confidentiality

Department of Health (2003), Confidentiality: NHS Code of Practice:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4069253

Data protection

Data Protection Act 2018:

<https://www.legislation.gov.uk/ukpga/2018/12/contents>

Equality

The Equality Act 2010:

<https://www.legislation.gov.uk/ukpga/2010/15/contents>

Human rights

Human Rights Act 1998:

<https://www.legislation.gov.uk/ukpga/1998/42/contents>

Knowledge of, and ability to work with, issues of confidentiality and consent

All professional codes relating to confidentiality make it clear that where there is evidence of imminent risk of serious harm to self or others, confidentiality can be breached and relevant practitioners and family members and carers informed. This applies both to people who are at risk of self-harm or suicide.

Decisions about issues of confidentiality and consent may be influenced by judgements regarding a person's capacity. Capacity is referred to in this document, but it is discussed in more detail in the relevant section of this framework.

Knowledge of policies and legislation

An ability to draw on knowledge of local and national policies on confidentiality and information sharing, both within and between teams or agencies

An ability to draw on knowledge of the application of relevant legislation relating to legal capacity

Knowledge of legal definitions of consent to an intervention

An ability to draw on knowledge that valid legal consent to an intervention is composed of three elements:

the person being invited to give consent must be capable of consenting (legally competent)

the consent must be freely given

the person consenting must be suitably informed

An ability to draw on knowledge that a person has a right to withdraw or limit consent at any time

Knowledge of capacity*

An ability to draw on knowledge relevant to capacity to give consent to an intervention:

that young people aged 16 or over are presumed to have capacity to give or withhold consent, unless there is evidence to the contrary

that a child under 16, who is able to understand and make their own decisions, is able to give or refuse consent

that the capacity to give consent is a 'functional test' and is not dependent on age

that a child with sufficient capacity and intelligence to understand the nature and consequences of what is proposed is deemed competent to give consent

*Competences relevant to the assessment of capacity are detailed elsewhere in the relevant section of this framework.

Knowledge of parental rights and responsibilities

An ability to draw on knowledge that if a child is judged to be unable to consent to an intervention, consent should be sought from a parent or carer with parental rights and responsibilities

an ability to seek legal advice about specific circumstances when consent can be accepted from a person who has care or control of the child, but who does not have parental rights or responsibilities

Ability to gain informed consent to an intervention

An ability to give a person the information they need to decide whether to proceed with an intervention, such as:

what the intervention involves

the potential benefits and risks of the intervention

what alternatives are available to them

An ability to use an interpreter when a person's first language is not that used by the practitioner and their language skills indicate that this is necessary

If a person has a disability, an ability to ensure that information is provided in an accessible form (e.g. using an interpreter for people with hearing impairments)

An ability to invite and actively respond to questions about the proposed intervention

An ability to address any concerns or fears about the proposed intervention

An ability to draw on knowledge that even when consent has been granted it is usual to revisit this issue when introducing specific aspects of an assessment or intervention

Ability to draw on knowledge of confidentiality

An ability to draw on knowledge that a duty of confidentiality is owed to:

the person to whom the information relates

anyone who has provided relevant information on the understanding it is to be kept confidential

An ability to draw on knowledge that confidence is breached when the sharing of confidential information is not authorised by the person who provided it or to whom it relates

An ability to draw on knowledge that there is no breach of confidence if:

information was provided on the understanding that it would be shared with a limited range of people or for limited purposes, and information has been shared in accordance with that understanding

there is explicit consent to the sharing of information

Sharing information to maintain safety

An ability to draw on knowledge that it is appropriate to breach confidentiality when withholding information could:	
	place a person or others (e.g. family members, carers, professionals or a third party) at risk of significant harm
	prejudice the prevention, detection or prosecution of a serious crime
	lead to an unjustified delay in making enquiries about allegations of significant harm to others
An ability to judge when it is in the best interests of the person to disclose information, taking into account their wishes and views about sharing information, holding in mind:	
	that disclosure is appropriate if it prevents serious harm to a person who lacks capacity
	the immediacy of any risk of self-harm or suicide (e.g. the degree of planning, the type of suicide method planned or already attempted, circumstances such as being alone, refusing treatment, or drinking heavily or being under the influence of drugs)
An ability to draw on knowledge that the duty of confidentiality does not preclude listening to the views of family members/carers or providing them with general information about managing a crisis or seeking support	
An ability to judge when sharing information within and between agencies can help to manage suicide risk	
An ability to discuss concerns about disclosure with colleagues without revealing the person's identity	

Ability to inform all relevant parties about issues of confidentiality and information sharing

An ability to explain to all relevant parties (e.g. a person, their family or carers and other professionals) the limits of confidentiality and circumstances in which it may be breached (e.g. when the person is considered to be at risk)	
An ability to inform all relevant parties about local service policy on how information will be shared and to seek their consent to these procedures (e.g. the ways information about the assessment and intervention will be shared with referrers)	
An ability to revisit consent to share information if there is:	
	significant change in the way the information is to be used
	a change in the relationship between the agency and the person
	a need for a referral to another agency who may provide further assessment or intervention
An ability to draw on knowledge that safeguarding needs usually take precedence over issues of consent and confidentiality	

Ability to assess the capacity to consent to information sharing*

An ability to gauge a person's capacity to give consent by assessing whether they:
have a reasonable understanding of what information might be shared, the main reason(s) for sharing it and the implications of sharing or not sharing the information
appreciate and can consider the alternative courses of action open to them
express a clear personal view on the matter (as distinct from repeating what someone else thinks they should do)
are reasonably consistent in their view on the matter (i.e. are not changing their mind frequently)

*Competences relevant to the assessment of capacity are detailed elsewhere in the relevant section of this framework.

Ability to share information appropriately and securely

When decisions are made to share information, an ability to draw on knowledge of information sharing and guidance at a national and local level, and:
share it only with the person or people who need to know
ensure that it is necessary for the purposes for which it is being shared
check that it is accurate and up-to-date
distinguish fact from opinion
understand the limits of any consent given (especially if the information has been provided by a third party)
establish whether the recipient intends to pass it on to other people, and ensure they understand the limits of any consent that has been given
ensure that the person to whom the information relates (or the person who provided the information) is told that information is being shared, where it is safe to do so
An ability to ensure that information is shared in a secure way and in line with relevant local and national policies

Knowledge of, and ability to assess, capacity

Knowledge of how capacity is defined

An ability to draw on knowledge that assessment of capacity refers to a specific issue at a specific point in time
An ability to draw on knowledge that relevant legislation on capacity applies to people over the age of 16 who (by reason of mental health problems or inability to communicate because of physical disability) may be deemed to lack capacity if they meet one or more of the following criteria, and are incapable of:
acting, or
making decisions, or
communicating decisions, or
understanding decisions, or
retaining the memory of decisions
An ability to draw on knowledge relevant to capacity to give consent to an intervention:
that young people aged 16 or over are presumed to have capacity to give or withhold consent, unless there is evidence to the contrary
that a child under 16 who is able to understand and make their own decisions is able to give or refuse consent
that the capacity to give consent is a 'functional test' and is not dependent on age:
a child with sufficient ability to understand the nature and consequences of what is proposed is deemed competent to give consent
An ability to draw on knowledge that where a person is judged not to have capacity, any actions taken should:
be of benefit to them
be the least restrictive intervention
consider their wishes and feelings
consider the views of relevant others
encourage independence
An ability to draw on knowledge that capacity should be assessed in relation to major decisions that affect people's lives (e.g. safety/risk-taking, appraisal of their health needs)
an ability to draw on knowledge that capacity is not 'all or nothing' and may vary across time and across specific areas of functioning
An ability to draw on knowledge that incapacity can be temporary, indefinite, permanent or fluctuating, and that it is important to consider the likely duration and nature of the incapacity
An ability to draw on knowledge that diagnosis alone cannot be used to make assumptions about capacity

Assessment of capacity

An ability to ensure that judgements regarding capacity consider any factors that make it hard for a person to understand or receive communication or to make themselves understood
an ability to identify ways to overcome barriers to communication (where possible)
An ability to maximise the likelihood that a person understands the nature and consequences of any decisions they are being asked to make, for example, by:
speaking at the level and pace of their understanding and 'processing' speed
avoiding jargon
repeating and clarifying information, and asking them to repeat information in their own words
using 'open' questions (rather than 'closed' questions to which the answer could be 'yes' or 'no')
using visual aids
An ability to determine capacity where a person has significant cognitive impairments and/or memory problems, for example:
if they are able to make a decision but unable to recall it after an interval, asking for the decision to be made again, using the consistency of their response as a guide to capacity
deciding when further formal assessment is required in order to determine capacity

Ability to work with difference

There are many factors that need to be considered in the development of culturally competent practice, and finding a language that encompasses all of them is a challenge. For example, issues in relation to gender, disability or sexual orientation may vary according to a specific cultural group. Nonetheless, the competences required to work in a culturally competent manner are probably similar. They relate to the capacity to value diversity and maintain an active interest in understanding the ways in which people who use services may experience specific beliefs, practices and lifestyles, and considering any implications for the way in which an intervention is carried out.

Issues of specific beliefs, practices and lifestyles often relate to differences in power and to inequalities. As such, professionals need to be able to reflect on the ways in which power dynamics play out, in the context both of the service they work in and when working with people.

Stance

An ability to draw on knowledge that when working with specific beliefs, practices and lifestyles, it is stigmatising and discriminatory attitudes and behaviours that are problematic, rather than any specific beliefs, practices and lifestyles, and therefore:

An ability to value equally all people for their particular and unique characteristics and an awareness of stigmatising and discriminatory attitudes and behaviours in themselves and others (and the ability to challenge these)

An awareness that there is no 'normative' state from which people may deviate, and therefore no implication that a 'normative' state is preferred and other states are problematic

Knowledge of the significance for practice of specific beliefs, practices and lifestyles

An ability to draw on knowledge that the demographic groups included in discussion of 'different' beliefs, practices or lifestyles are usually those that are potentially subject to disadvantage and/or discrimination
An ability to draw on knowledge that a person will often be a member of more than one 'group' (e.g. a gay person from a minority ethnic community); as such, the implications of combinations of lifestyle factors needs to be held in mind
An ability to maintain an awareness of the potential significance for practice of social and cultural variation across a range of domains, including:
ethnicity
culture
gender and gender identity
religion and belief
sexual orientation
socioeconomic deprivation
class
age
disability
An ability to draw on knowledge of the relevance and potential impact of social and cultural factors on the effectiveness and acceptability of an assessment or intervention

Knowledge of social and cultural factors which may have an impact on access to the service

An ability to draw on knowledge of cultural issues that commonly restrict or reduce access to interventions, for example:
language
marginalisation
mistrust of statutory services
lack of knowledge about how to access services
the range of cultural concepts, understanding and attitudes about mental health that affect views about help-seeking, treatment and care
stigma, shame and/or fear associated with mental health problems (which makes it likely that help-seeking is delayed until or unless problems become more severe)
stigma or shame and/or fear associated with being diagnosed with a mental health disorder
preferences for gaining support in the community rather than through 'conventional' referral routes (such as GP)
An ability to draw on knowledge of the potential impact of socioeconomic status on access to resources and opportunities
An ability to draw on knowledge of the ways in which social inequalities affect development and mental health
An ability to draw on knowledge of the impact of factors such as socioeconomic disadvantage or disability on practical arrangements that influence attendance and engagement (e.g. transport difficulties, poor health)

Ability to communicate respect and valuing of a person and their family or carers

Where people from a specific sociodemographic group are regularly seen within a service, an ability to draw on knowledge of relevant beliefs, practices and lifestyles
An ability to identify protective factors that may be conferred by membership of a specific sociodemographic group (e.g. the additional support offered by an extended family)
An ability to take an active interest in a person's social and cultural background and hence to demonstrate a willingness to learn about their sociocultural perspectives and world view

Ability to gain an understanding of the experience of specific beliefs, practices and lifestyles

An ability to work collaboratively with people in order to develop an understanding of their culture and world view, and the implications of any culturally-specific customs or expectations for the ways in which problems are described and presented
an ability to apply this knowledge in order to intervene in a manner that is culturally sensitive, culturally consistent and relevant
an ability to apply this knowledge in a manner that is sensitive to the ways in which people interpret their own culture (and therefore recognises the risk of culture-related stereotyping)
An ability to take an active and explicit interest in a person's experience of the beliefs, practices and lifestyles pertinent to their community to:
help them discuss and reflect on their experience
identify whether and how this experience has shaped the development and maintenance of their presenting problems
identify how they locate themselves if they 'straddle' cultures

Ability to adapt communication

Where the practitioner does not share a person's language, an ability to identify appropriate strategies to enable their full participation in the assessment or intervention
where an interpreter/advocate is employed, an ability to draw on knowledge of the strategies that need to be in place for them to work effectively and in the person's interests
An ability to adapt communication with people who have a disability (e.g. using communication aids or by altering the language, pace and content of sessions)

Ability to demonstrate awareness of the influence of the practitioner's own background

An ability for practitioners of all backgrounds to draw on an awareness of their own group membership and values and how these may influence their perceptions of a person, their problem and the therapeutic relationship
An ability for practitioners to reflect on power differences between themselves and a person

Ability to make use of supervision

'Supervision' is understood differently in different settings. Here, it is defined as an activity that gives practitioners the opportunity to review and reflect on their work. This includes talking about areas that the practitioner finds difficult or distressing. Usually supervisors will be more senior and/or experienced practitioners, although peer supervision can also be effective. This definition distinguishes supervision from line management or case management.

An ability to hold in mind that a primary purpose of supervision and learning is to enhance the quality of the treatment received by service users

Ability to work collaboratively with the supervisor

An ability to work with the supervisor to agree the parameters of supervision (e.g. agreeing the areas that need to be discussed, being clear about the respective roles of supervisor and supervisee, the goals of supervision and any contracts that specify these factors)

An ability to help the supervisor be aware of one's current state of competence and any training needs

An ability to present an honest and open account of the work being undertaken

An ability to discuss work with the supervisor as an active and engaged participant, without becoming passive or avoidant, or defensive or aggressive

An ability to present material to the supervisor in a focused manner, selecting (and concentrating on) the most important and relevant issues

Capacity for self-appraisal and reflection

An ability to reflect on the supervisor's feedback and to apply these reflections in future work

An ability to be open and realistic about your capabilities and to share this self-appraisal with the supervisor

An ability to use feedback from the supervisor to further develop the capacity for accurate self-appraisal

Capacity for active learning

An ability to act on suggestions regarding relevant reading made by the supervisor, and to incorporate this material into practice

Ability to use supervision to reflect on developing personal and professional roles

An ability to use supervision to discuss the personal impact of the work, especially where this reflection is relevant to maintaining the likely effectiveness of the work

An ability to use supervision to reflect on the impact of the work in relation to professional development

Ability to reflect on supervision quality

An ability to reflect on the quality of supervision as a whole and (in accordance with national and professional guidelines) to seek advice from others where:

there is concern that supervision is below an acceptable standard

the supervisor's recommendations deviate from acceptable practice

the supervisor's actions breach national and professional guidance (e.g. abuses of power and/or attempts to create dual [sexual] relationships)

Responding to, and learning from, incidents at an organisational level

Responding to a suicide

An ability to provide guidance and support for all employees affected by a person's suicide
An ability to maintain services and to provide stability and appropriate information to staff, other service users and their families and carers
An ability to appoint appropriate individuals to investigate the circumstances leading up to the death
An ability to offer support to individuals and teams who worked with the person who has died, aimed at helping them review the death, discussing their reactions and feelings and receive help if necessary
An ability to communicate with other service users involved and affected by the death (e.g. providing clinical follow-up and support)

Family and carer engagement and communication

An ability to ensure that the terms of reference of any investigation explicitly include arrangements for engaging and communicating with the family or carers of the person who has died
An ability to ensure that the people making contact are suitable to take up this role (e.g. have the appropriate communication skills and an appropriate level of authority)
An ability to ensure that information is provided to the family or carers of the person who has died in a timely and compassionate manner (in line with the duty of candour)
An ability to put in place appropriate support for family or carers of the person who has died
Where a person's family includes children and young people, an ability to signpost or to put in place developmentally appropriate support for them, and to support the family or carers to care for them

Establishing an independent review

An ability to identify an independent team with relevant experience, expertise and authority, including external membership where appropriate, which is empowered to:
investigate the circumstances of the death
compile a record of a person's care and service use
write a clear report
An ability to ensure that reviews are set up, completed and disseminated in as timely a manner as is practicable

Competences for the investigating team

An ability for the investigating team to:	
	review relevant documentation
	identify the agencies and services with which the person was in contact
	interview members of the staff teams with whom a person was in contact
	review and evaluate the course and quality of care or service provided
	review legal and ethical matters, particularly those concerning sharing of information within and between services
	seek the views of the person's family, carers and significant others
An ability to review the degree to which the service is operating in line with national and local guidance designed to reduce the risk of suicide, such as:	
	maintaining safe staffing levels
	maintaining a consistent staff group who are familiar with the people in their care (by minimising staff turnover)
	putting in place appropriate training for staff carrying out critical tasks (such as direct observations, search and restraint)

Clinical policies relating to the management of self-harm and suicide

An ability to review policies relevant to the safe management of people who self-harm or are suicidal, such as:	
	care planning
	risk assessment
	routine search
	use of restraint
	use of seclusion
	use of observation
An ability to determine the ways in which these policies are implemented in practice (including arrangements for regular staff training)	

Use of information and reporting systems

An ability to draw on knowledge of the information systems used in the workplace and the reporting arrangements used locally and nationally to record and flag serious incidents	
An ability to examine information and reporting systems to ascertain the degree to which:	
	staff in the organisation routinely and systematically record information and particularly information potentially relevant to the management of self-harm and suicide (e.g. risk assessments, communication with other parts of the service or with other services)
	the organisation follows up and acts on reports of adverse events and potential areas of concern (e.g. use of seclusion and restraint)
	reporting of serious incidents to national external bodies is appropriate (e.g. CQC, NHS Improvement)

Effectiveness of leadership

An ability to identify how information about potential adverse events or areas of concern is considered by senior leaders in the organisation, for example:

whether, how and at what level the organisation receives, takes account of and responds appropriately to information about serious incidents, unexpected deaths and previous incident reports

An ability to assess the quality of reports of previous investigations (such as serious incidents), for example, considering:

the standard of investigation

the quality of the report

the appropriateness of the actions it recommended

An ability to determine whether and how recommendations from previous investigations have been implemented

Dissemination

An ability to draw on knowledge of the ways in which reports can be disseminated so as to be helpful to front-line staff and those close to the person (by giving them access to the report, by presenting its findings or otherwise providing a full account of the circumstances leading up to the death)

An ability to report both in writing and to present information verbally to relevant parties

An ability to recommend that reports are disseminated in a timely manner to:

all staff who can potentially learn from them, for example:

managers

staff (including front-line clinical staff, particularly those with whom the person was in contact)

other partners (such as local services or local agencies)

the person's family or carers

Providing support for staff after a death by suicide

This section focuses on the competences associated with supporting individuals and teams after a person has died by suicide. Separate sections detail competences associated with the formal inquiry that constitutes an organisational response to suicide.

Because the response to suicide is as much institutional as individual, the competences in this section refer both to the response expected of an organisation and the individual competences of those offering support to staff.

An ability to ensure that all relevant staff are informed after a suicide and that support is offered in a timely manner

An ability to ensure that working arrangements are adjusted so that all staff who wish to attend meetings are able to do so

An ability to identify a moderator (a neutral expert with experience and expertise in working with suicide postvention, with either individuals or groups)

An ability for the moderator to establish boundaries to any discussions and ensure that there is clarity about confidentiality

Working with individuals and teams

An ability to provide information about the 'normal' consequences of a suicide

An ability to help staff discuss their emotional reactions to the death, and to:

identify and discuss the breadth of emotions evoked by a suicide (e.g. sorrow, guilt, anger, disappointment, compassion, relief)

identify and discuss emotions related to their sense of the role they played in the person's treatment (e.g. a sense of failure, incompetence, fear, shame)

discuss the ways in which they are managing feelings about the death (e.g. denial of feelings or feeling overwhelmed)

discuss (and so recognise) limits to the control that they had over the person's behaviour

recognise that (at least in the short term) the death is likely to affect their work and their sense of professional identity

verbalise fears of disciplinary or legal action

An ability to help staff reconstruct the known circumstances and behaviour of the person before suicide, and to discuss:

how they understand the person's decision to die

their sense of involvement with the person and their view of themselves after the suicide (including, for example, potential feelings of guilt or a sense of failure)

accusations of blame towards individuals or groups seen as responsible for the person's welfare

an ability to contain accusations of blame against others (e.g. by distinguishing between feelings of guilt and actual responsibility for the person)

Where a staff member has found the body, an ability to organise or provide appropriate support (e.g. where there is evidence of trauma)

Working with teams

An ability to draw on knowledge that the reactions of different members of the team will vary and be influenced by their:

- relationship with the person
- understanding and knowledge of the person
- understanding and anticipation of the event
- personal traits and life experience
- professional experience

An ability to draw on knowledge that because different team members will vary in the extent and depth of their reactions, the support offered (to the team as a whole and to individual members) needs to reflect this, for example:

- by offering individual as well as group support
- by being sensitive to what each team member knows, and what level of detail they need to know (e.g. if detailing the manner of the death is potentially traumatising, or where the family has indicated a wish to restrict information about the manner of death)

An ability to extend support to staff (such as administrative staff or cleaners) who had no formal role in caring for the person who has died, but whose duties brought them into regular contact with them