

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

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 worker 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 professionals to recognise the boundaries of their own competence and not attempt to practise an intervention for which they do not have appropriate training, supervision or (where applicable) specialist qualification	
An ability for professionals 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
	for professionals to inform users of services when the task moves beyond their competence, in a manner that maintains their 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 have put a user of services or another colleague at risk of harm, by:	
	acting immediately to address the situation (unless there are clear reasons why this is not possible)
	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 them	
An ability to consult or collaborate with other professionals when additional information or expertise is required	

### Ability to gain consent from clients

An ability to help users of services make an informed choice about a proposed intervention by setting out its benefits and its risks, along with providing this information in relation to any alternative interventions	
An ability to ensure that the user of services grants explicit consent to proceeding with an intervention	
Where a client declines or withdraws consent, and if their presentation means intervention without consent is not warranted, an ability to respect the individual's right to make this decision	

If an individual 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
	attempt to obtain consent, although this may not be possible
	ensure the individual is fully safeguarded

**Ability to manage confidentiality**

An ability to ensure that information about the user of services 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 users of services are 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 the users of services
	to those tasks for which permission has been given
An ability to ensure that data is 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 an individual or others (e.g. family members, significant others, 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 interest 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 suicide risk (e.g. the degree of planning; the suicide method that has been 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/significant others, or providing them with non-person-specific 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 (e.g. by discussing the case without revealing the person's identity)	

### **Ability to maintain appropriate standards of conduct**

An ability to ensure that users of services are treated with dignity, respect, kindness and consideration
An ability for professionals to maintain professional boundaries, e.g. by:
ensuring that they do not use their position and/or role in relation to the user of services to further their own ends
not accepting gifts, hospitality or loans that may be interpreted as attempting to gain preferential treatment
maintaining clear and appropriate personal and sexual boundaries with users of services, their families and significant others
An ability for professionals to recognise the need to maintain standards of behaviour that conform with professional codes both in and outside the work context
An ability for professionals to accurately represent their qualifications knowledge, skills and experience

### **Ability to maintain standards of competence**

An ability to take into account the best available evidence of effectiveness when employing therapeutic approaches
An ability to maintain and update skills and knowledge, through participation in continuing professional development
An ability to recognise when fitness to practice has been called into question and report this to the relevant parties (including both local management and the relevant registration body)

### **Documentation**

An ability to maintain a record for each user of services, which:
is written promptly
is concise, legible and written in accessible language
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 users of services 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. when correcting a factual error)
An ability to ensure that records are stored securely, in line with local and national policy and guidance

### **Ability to communicate**

An ability to communicate clearly and effectively with users of services, and other practitioners and services
An ability to share knowledge and expertise with professional colleagues for the benefit of the user of services

### **Ability appropriately to delegate tasks**

When delegating tasks, an ability to ensure that these are:
delegated to individuals with the necessary 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 outcomes

An ability to provide appropriate supervision 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 users of services**

An ability to promote the health and well-being of users of services, their families and significant others in the wider community by, e.g.:

listening to their concerns

involving them in plans for any interventions

maintaining communication with colleagues involved in their care

An ability to draw on knowledge of local services to advocate for users of services 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/or to follow local complaints procedures), and:

an ability to ensure that any subsequent care is not delayed or adversely affected by the complaint or complaint procedure

## 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 professionals and family members/significant others informed.

This applies both to individuals who are at risk of suicide or self-harm.

Decisions about issues of confidentiality and consent may be influenced by judgments regarding the individual's capacity. Capacity is referred to in this section but is considered 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 of 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 individuals have a right to withdraw or limit consent at any time

### Knowledge of capacity\*

An ability to draw on knowledge relevant to the capacity of individuals to give consent to an intervention, including:

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

that a child under the age of 16, who can 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, and:

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 can be found 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 carer with parental rights and responsibilities, and:

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

### **Ability to gain informed consent to an intervention from individuals and their significant others**

An ability to give individuals the information they need to decide whether to proceed with an intervention, e.g.:

what the intervention involves

the potential benefits and risks of the proposed intervention

what alternatives are available to them

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

Where users of services have a disability, an ability to ensure that information is provided in an accessible form (e.g. using an interpreter for people with a hearing impairment)

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

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

An ability to draw on knowledge that, even where 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 individual to whom the information relates

any individuals who have provided relevant information on the understanding it is to be kept confidential

An ability to draw on knowledge that confidence is breached if the sharing of confidential information is not authorised by the individuals 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

### **Sharing information to maintain safety**

An ability to draw on knowledge that it is appropriate to breach confidentiality when withholding information could:

place an individual or others (e.g. family members, significant others, 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 interest 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 suicide or self-harm (e.g. the degree of planning; the suicide method that has been 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/significant others, or providing them with non-person-specific 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 (e.g. by discussing the case 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. users of services, significant others and other professionals) the limits of confidentiality and circumstances in which it may be breached (e.g. when an individual 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
there is a change in the relationship between the agency and the individual
there is 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 the individual'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
understand and can consider the alternative courses of action open to them
express a clear personal view on the matter (not 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**

An ability to ensure that when decisions are made to share information, the practitioner draws on knowledge of information sharing and guidance at national and local level, and:

shares it only with the person or people who need to know

ensures that it is necessary for the purposes for which it is being shared

checks that it is accurate and up to date

distinguishes fact from opinion

understand the limits of any consent given (especially if the information has been provided by a third party)

establishes whether the recipient intends to pass the information on to other people, and ensures that the recipient understands the limits of any consent that has been given

ensures that the person to whom the information relates (or the person who provided the information) is informed that information is being shared, where it is safe to do so

An ability to ensure that information is shared in a secure way that is 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 because of an 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 the capacity of young people to give consent to an intervention, and:
that people over the age of 16 are presumed to have capacity to give or withhold consent unless there is evidence to the contrary
that a child under the age of 16 who is able to understand and make their own decisions about an intervention is able to give or refuse consent
that the capacity to give consent is a 'functional test' and is not dependent on age, and:
that a child who is able 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
take account of their wishes and feelings
take account of 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 peoples' lives (e.g. safety/risk taking, appraisal of their health needs), and:
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 judgments regarding capacity take into account any factors that make it hard for the person to understand or receive communication, or for them to make themselves understood, and:
an ability (where possible) to identify ways to overcome barriers to communication
An ability to maximise the likelihood that the person understands the nature and consequences of any decisions they are being asked to make, e.g. by:
speaking at the level and pace of the person's understanding and 'processing' speed
avoiding jargon

repeating and clarifying information, and asking the person 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 the person has significant cognitive impairments and/or memory problems, e.g.:
---

where a person is able to make a decision but is 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 the person's 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 because they relate to the practitioner's capacity to value diversity and maintain an active interest in understanding how people who use services may experience specific beliefs, practices and lifestyles, and to consider any implications for the way in which an intervention is carried out.

There are, of course, many ways in which professionals and the people they work with may vary in beliefs, practices and lifestyles. Some may not be immediately apparent, leading to an erroneous assumption that they do not exist. It is also the person's sense of the impact of specific beliefs, practices and lifestyles that is important, and the meaning these have for them, rather than the factors themselves. Almost any encounter requires the professional to carefully consider potential issues relating to specific beliefs, practices and lifestyles, and their relevance to the intervention being offered.

Finally, it is worth bearing in mind that (because issues of specific beliefs, practices and lifestyles often relate to differences in power and to inequalities) professionals need to be able to reflect how power dynamics play out, in the context of the service they work in and when working with users of services and their families, carers and significant others.

### Stance

An ability to draw on knowledge that in 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 in users of services and their families, carers and significant others, and hence:

workers should equally value all people for their particular and unique constellation of characteristics, and be aware of (and challenge) stigmatising and discriminatory attitudes and behaviours in themselves and others

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

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

An ability to draw on knowledge that it is the individualised impact of background, lifestyle, beliefs or religious practices that is critical
An ability to draw on knowledge that the demographic groups included in discussion of 'different' beliefs, practices or lifestyles are usually those who are potentially subject to disadvantage and/or discrimination, and it is this potential for disadvantage that makes it important to focus on this area
An ability to draw on knowledge that users of services will often be a member of more than one 'group' (e.g. a gay person from a minority ethnic community) and that the implications of each combination need to be held in mind by the professional

An ability to maintain an awareness of the potential significance for practice of social and cultural variation across a range of domains, but including:
ethnicity
culture
gender and gender identity
religion or belief
sexual orientation
socioeconomic deprivation
socioeconomic status
age
disability
For all people with whom the professional works, 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 that may impact on access to the service**

An ability to draw on knowledge of cultural issues that commonly restrict or reduce access to interventions, e.g.:
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/unless problems become more severe)
stigma or shame and/or fear associated with being diagnosed with a mental health disorder
preferences for gaining support via community contacts/contexts rather than through 'conventional' referral routes (such as their 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 impact on development and on mental health
An ability to draw on knowledge of the impact of factors, such as socioeconomic disadvantage or disability, on practical arrangements that impact on attendance and engagement (e.g. transport difficulties or poor health)

**Ability to communicate respect and valuing of clients, significant others and families**

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 the social and cultural background of users of services, 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 users of services and their families/significant others to develop an understanding of their culture and world view, and the implications of any culturally specific customs or expectations for a therapeutic relationship and the ways in which problems are described and presented, and:			
<table border="1"> <tr> <td>an ability to apply this knowledge to identify and formulate problems, and intervene in a way that is culturally sensitive, culturally consistent and relevant</td> </tr> <tr> <td>an ability to apply this knowledge in a manner that is sensitive to the ways in which users of services interpret their own culture (and hence recognises the risk of culture-related stereotyping)</td> </tr> </table>	an ability to apply this knowledge to identify and formulate problems, and intervene in a way 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 users of services interpret their own culture (and hence recognises the risk of culture-related stereotyping)	
an ability to apply this knowledge to identify and formulate problems, and intervene in a way 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 users of services interpret their own culture (and hence recognises the risk of culture-related stereotyping)			
An ability to take an active and explicit interest in the user of service's experience of the beliefs, practices and lifestyles pertinent to their community:			
<table border="1"> <tr> <td>to help them to discuss and reflect on their experience</td> </tr> <tr> <td>to identify whether and how this experience has shaped the development and maintenance of their presenting problems</td> </tr> <tr> <td>to identify how they locate themselves if they 'straddle' cultures</td> </tr> </table>	to help them to discuss and reflect on their experience	to identify whether and how this experience has shaped the development and maintenance of their presenting problems	to identify how they locate themselves if they 'straddle' cultures
to help them to discuss and reflect on their experience			
to identify whether and how this experience has shaped the development and maintenance of their presenting problems			
to identify how they locate themselves if they 'straddle' cultures			
An ability to discuss the ways in which individual and family relationships are represented in the user of service's culture (e.g. notions of the self, models of individuality and personal or collective responsibility), and to consider the implications for organisation and delivery of any interventions			

### **Ability to adapt communication**

Where the professional does not share the same language as users of services, an ability to identify appropriate strategies to ensure and enable their full participation in the assessment or intervention, and:
where an interpreter/advocate is employed, an ability to draw on knowledge of the strategies that need to be in place for an interpreter/advocate to work effectively and in the interests of the user of services
An ability to adapt communication with users of services who have a disability (e.g. using communication aides or by altering the language, pace and content of sessions)

### **Ability to employ and interpret standardised assessments/measures**

Where standardised assessments/measures are employed in a service, an ability to ensure that they are interpreted in a manner that considers the demographic membership of the user of services and their significant others, e.g.:
if the measure is not available in their first language, an ability to take into account the implications of this when interpreting results
if a bespoke translation is attempted, an ability to cross-check the translation to ensure that the meaning is not inadvertently changed
if standardised data (norms) are not available for the person's demographic group, an ability to explicitly reflect this issue in the interpretation of results

### **Ability to adapt psychological interventions**

An ability to draw on knowledge of the conceptual and empirical research-base that informs thinking about the impact of social and cultural factors on the effectiveness of psychological interventions
Where there is evidence that specific beliefs, practices and lifestyles are likely to impact on the accessibility of an intervention, an ability to make appropriate adjustments to the intervention and/or the manner in which it is delivered, with the aim of maximising its potential benefit
An ability to draw on knowledge that culturally adapted treatments should be judiciously applied, and are warranted if:
evidence exists that a particular clinical problem encountered by a person is influenced by membership of a given community
there is evidence that people from a given community respond poorly to certain evidence-based approaches

### **Ability to demonstrate awareness of the effects of the professional's own background**

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

**Ability to identify and to challenge inequality**

An ability to identify inequalities in access to services and take steps to overcome these, including:
an ability to consider ways in which access to, and use of, services may need to be facilitated for individuals with whom the professional is working (e.g. home visiting, flexible working, linking families with community resources)
where it is within the remit/role of the professional, an ability to identify groups whose needs are not being met by current service design/procedures, to identify potential reasons for this, and to identify and implement potential solutions

## Ability to operate within and across organisations

Effective delivery of competences relating to work with and within organisations depends on their integration with the other core competences and, in particular, those relating to confidentiality and consent.

Similar principles apply when working with fellow professionals from within an organisation and from other organisations.

### Knowledge of the responsibilities of each professional and of other services

An ability for professionals to draw on knowledge of the specific areas for which they and members of their service are responsible (in relation to assessment, planning, intervention and review)

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

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

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

### 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 it will benefit the welfare of the user of services, and:

an ability to determine when work across agencies is an appropriate response to the needs of the user of services

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

agencies who are already involved with the care of the user of services and (where relevant) their families, carers and significant others

agencies whose involvement is important or critical to the welfare and well-being of the user of services and (where relevant) their families, carers and significant others

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 of relevant legislation

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

In relation to work that involves 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 clinical risk

An ability to draw on knowledge of local procedures when users of services fail to 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 user of services is at risk of harm, including:

procedures for making a referral to other agencies

procedures for sharing concerns with other agencies

An ability to draw on knowledge of 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 the user of services\*:

in relation to sharing information across agencies

to secure and record their consent to share information

An ability to draw on knowledge of when it is appropriate to share information without the consent of the user of services

An ability to collate relevant information gathered from other agencies and enter this into a paper or electronic record

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/or when requests for sharing information should be refused

An ability to ensure that information sharing is necessary, proportionate, relevant, accurate, timely and secure

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 assure effective communication with professionals in other agencies by:

ensuring that their perspectives and concerns are listened to

ensuring that one’s own perspective and concerns are listened to

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

where there are differences in perspective or concern, identifying and acting on any implications for the delivery of an effective intervention

An ability to provide timely written and verbal communication:	
	an ability to be 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 co-ordinated	
An ability to agree aims, objectives and timeframes for each agencies' 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 regularly to review the outcomes for the user of services in relation to the specified objectives	

### **Recognising challenges to interagency working**

An ability to recognise when effective inter-agency 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 professionals (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 one is at risk of working beyond the boundaries of one's professional reach	

## Ability to make use of supervision

'Supervision' is understood differently in different settings. Here, supervision is defined as an activity that gives practitioners the opportunity to review and reflect on their clinical work. This includes talking about areas that are experienced as difficult or distressing for the practitioner. Usually, supervisors will be more senior and/or experienced practitioners, though 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 users of services

## Ability to work collaboratively with the supervisor

An ability to work with the supervisor to generate an explicit agreement about the parameters of supervision (e.g. setting an agenda, being clear about the roles of supervisor and supervisee, the goals of supervision and any contracts which specify these factors)

An ability to help the supervisor be aware of your current state of competence and your 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, avoidant, 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 and then apply the supervisor's feedback to your 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

An ability to take the initiative in relation to learning, by identifying relevant papers or books based on (but independent of) supervisor suggestions, and to incorporate the materials into your 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)
---