

Ability to undertake a comprehensive biopsychosocial assessment

This section should be read in conjunction with the other areas of assessment included in this framework (risk assessment and management, and assessing the person's functioning in multiple systems)

An ability to draw on knowledge that a comprehensive assessment should usually employ a range of methods (including clinical interview, standardised instruments and clinical records) in order to gain a clear picture of the nature and long-term history of the client's problems

an ability to draw on knowledge of standardised measures that can contribute to the assessment process (e.g. instruments oriented towards diagnosis, functioning or to the assessment of health-related specific difficulties)

an ability to draw on knowledge of the importance of attending to the client's history as well as their current presentation (e.g. noting where their current presentation is at odds with their history)

An ability to draw on knowledge that the process of an interview (such as the ways in which the client relates to the interviewer) may be a helpful guide to interpersonal issues relevant to the client's presentation

An ability to draw on knowledge of relevant explanatory models of 'functional' somatic syndromes, and a capacity to use these models to understand the client's presentation

Knowledge of physical health conditions

An ability to draw on knowledge of physical health conditions with which clients are presenting, including:

the physical symptoms that clients usually experience

diagnostic criteria, including:

physical health disorders (e.g. Diabetes)

positive diagnostic criteria for "functional" disorders (such as Chronic Fatigue, or Fibromyalgia), such that these are not construed as diagnoses of exclusion

investigations that are routinely carried out in relation to a specific problem

any physiological mechanisms known to account for the presentation

the medical interventions commonly employed to manage them (including any adverse impacts, such as side-effects of medications or complications from surgery)

An ability to integrate knowledge of the ways in which both psychological and physiological mechanisms contribute to client presentations, and how these can interact, e.g.:

low mood leading to reduced physical activity, resulting in deconditioning

symptom exacerbation leading being interpreted catastrophically and leading to high levels of anxiety

Engaging the client in the assessment process

An ability to adapt sessions to take account of any physical or cognitive impairments that impact on the client's capacity to engage with the assessment process
An ability to draw on knowledge that, for some clients, a referral to psychological services will be experienced as an invalidation of their own account of their problems
An ability to help the client feel validated, for example:
by focusing upon physical health problems before exploring psychological issues or concerns
by demonstrating knowledge about the nature of the client's diagnosis, and hence conveying a sense that the therapist can address their concerns
by explicitly empathising with their concerns about physical symptoms, and the impact this has on their lives
by conveying a belief in the reality of symptoms
by helping them to discuss symptoms that may be embarrassing to them
by indicating that it is common for physical symptoms to have an adverse impact on mood and on levels of stress

An ability to draw on knowledge that the process of assessment needs to be responsive to any process issues that threaten the integrity of the assessment – for example, where there is evidence that:
the client has negative expectations base on prior experiences with the health system
the client perceives the clinician as an authority figure who is judging them
the client expects the clinician to fail them
the client is unclear or unhappy about the referral, and hence reacts to the questions they are being asked with confusion or hostility
An ability to monitor and address any process issues that arise (e.g. identifying and addressing the client's anger, suspicion or doubts about the relevance of the assessment)
An ability to convey a sense that assessment is a collaborative process, for example by:
ensuring that the structure of the interview is appropriately flexible, and is responsive to emerging content and concerns
actively sharing a developing sense of understanding with the client, and inviting their reaction and comment

Assessing physical symptoms

An ability to help the client convey their "global" experience of their presenting problem(s)
An ability to help the client discuss the history of the presenting problem(s), including their onset and subsequent development
An ability to gain a detailed picture of the full range of physical symptoms that the client finds troubling, including:
the precise nature of the symptoms (including their frequency, severity and duration)
any fluctuations/ patterns in the symptoms, and the client's perception of factors that influence this
any changes in general health (e.g. appetite, weight, sleep, libido, capacity for exercise)
any changes or difficulties in cognition (such as memory and concentration)
An ability to gain a detailed picture of the history of medical interventions and the client's perception of their outcome

Assessing the client's "account" of their presenting condition(s)

An ability to develop a clear sense of the client's 'account' of their condition(s) by helping them to discuss the ways in which they account for:
the onset and development of their health problems
the ways in which the condition and symptoms are maintained
An ability to help the client to discuss their beliefs:
about how their physical problems should be managed, and by whom
about how their physical condition will develop, and what this implies for their future
about the 'label' given to their condition
about any alternative diagnoses that they perceive as accounting for their condition (and hence their beliefs about prognosis and suitable interventions)

Assessing psychological functioning

An ability to gain an overview of the impact of physical health problems on the client's psychological functioning (e.g. their mood, or their level of worry and anxiety)
An ability to gain an overview of the client's present life situation, including:
their coping mechanisms (e.g. their capacity to tolerate stress) and usual level of functioning
their belief system and the ways in which they construe and interpret their world
their capacity for introspection and self-objectivity (e.g. for reflective functioning and mentalisation)
An ability to gain an overview of the client's interpersonal functioning, including:
current interpersonal functioning, including social support available to the client
the quality of any current or past relationships with current and past significant others
the impact of current difficulties on the client's social and personal network
An ability to gain an overview of the client's occupational history (including their perception of any problems in engaging with or sustaining meaningful occupation)

An ability to gain an overview of any past history of mental health difficulties (including any help the client has received to manage these, and their experience of this help)
An ability to identify and (where there are indications of its relevance to the intervention) discuss any significant issues in the client's history (e.g. childhood sexual or physical abuse or neglect, significant losses or separations, exposure to trauma)

An ability to assess and to respond to indicators of risk of suicide*
An ability to assess and to respond to indicators of risk of harm to others*

* risk assessment competences are detailed separately in the relevant section of this competence framework

Assessing the impact of the physical condition on functioning

An ability to help the client identify the ways in their physical health condition adversely impacts on their day-to-day functioning, for example, its impact on:
interpersonal relationships
personal and family relationships
their capacity to work or study
leisure activities
their capacity for independent living
the goals to which they aspire (their 'life-goals')

Assessing help-seeking and contact with, and treatment from, health professionals

An ability to identify somatic complaints for which the client is currently (or has previously) sought help (including childhood illnesses and operations)	
An ability to identify the investigations that have been undertaken and to establish:	
	the significance of any clinical findings and test results (e.g. whether they are normal or abnormal, or rule in or out specific diagnoses)
	whether the investigations are appropriately comprehensive
	whether or not further investigations are necessary
An ability to discuss with the client their experience of contact with health professionals e.g.:	
	what they have found helpful and what they have found unhelpful
	the ways in which information about their health condition has been conveyed
	their understanding of the outcomes from investigations and interventions
An ability to identify the medical regimen being followed (both current and in the past), and its impact on the condition for which it has been prescribed, and:	
An ability to help the client discuss whether and how they follow the medication regimen, and the factors that influence this (e.g.: positive or negative experience of the regimen, or beliefs about its efficacy)	

Assessing the problem in the context of the client's system

An ability to discuss with the client the ways in which the behaviour and reactions of others influences their symptoms, disability and distress	
	an ability to gauge the beliefs and attitudes of significant others and the ways in which these beliefs influence and interact with those of the client
An ability to help the client discuss their feelings and beliefs about the impact of their condition(s) on others, and the way in which this influences their responses (e.g. feeling that they are a burden to others, and so making them reluctant to ask for help).	

Assessing the client's resources and coping strategies

An ability to identify the resources that the client draws on in order to manage, or cope with, their problems, including:	
	their personal resources and coping strategies
	interpersonal and community resources

Helping the client to articulate their aims for the intervention

An ability to help the client to articulate the goals they would like to achieve from an intervention	
	an ability to help the client identify goals that are specific, realistic and achievable

Discussing the outcome of the assessment with the client

An ability to discuss the assessment with the client in a manner which:
demonstrates an understanding of the subjective distress experienced by the client and the client's perspective on the issues
brings a coherence to their symptoms and disparate experiences (e.g. by linking any account to examples from their own experience and history)
helps the client to reflect on the relevance of, and their reactions to, the account that emerges from the assessment
engenders hope (through indicating the possibility that the intervention can bring about change)

An ability to assess and respond to the client's attitude about, and motivation, for an intervention
Where assessment indicates that adjunctive or alternative interventions are appropriate, an ability carefully to discuss the rationale for re-referral in order to ensure that the client does not experience this as a rejection, or as a cause for further hopelessness

Risk assessment and risk management

Assessment of clinical risk

In the context of conducting a comprehensive assessment, an ability to carry out an in-depth structured risk assessment which combines information from clinical interviews, measures, observations and other agencies, comprising:

- the development of a good working alliance with the client, and relevant members of their network (e.g. their partner, family or professional carers).
- a systematic assessment of the demographic, psychological, social and historical factors known to be risk factors for self-harm, self-neglect, harm to others or harm to self
- an ability to identify the client and relevant other's views in relation to risk, including their view of possible trigger factors to harmful events, and ideas about interventions or changes in their environment that might be helpful in reducing the risk of future harm
- an ability to consider how the client's state of mind may affect their perception, understanding and behaviours in relation to risk
- an ability to identify the extent to which others living with or involved with the client's care are able to assess and manage risks.

An ability to integrate a risk assessment with any prior knowledge of the individual client and their carers/ family and their social context, including their strengths and any resilience factors

An ability to identify risk of self-harm or self-neglect related to the physical health condition e.g.:

- despair about the long-term outcome of the physical health condition
- distress leading to shortfalls in self-management of the condition

An ability to conduct a risk assessment to gauge:

- how likely it is that a harmful/negative event will occur
- the types of harmful/negative events
- how soon a harmful/negative event is expected to occur.
- how severe the outcome will be if the harmful/negative event does occur.

Ability to develop a risk management plan

An ability to develop a risk formulation which estimates the risk of harm by:

- identifying factors which are likely to increase risk (including predisposing, perpetuating and precipitating factors)
- identifying factors which are likely to decrease risk (i.e. protective factors)

An ability to create a risk management plan, in collaboration with the client and others who will be relevant to its enactment, and which:

- is closely linked to the risk formulation.
- takes into account the views of the client and relevant others.
- identifies the actions to be taken by the client, relevant others and relevant services, should there be an acute increase in risk factors
- explicitly weighs up the potential benefits and harms of choosing one action or intervention over another.
- details interventions or supports that reduce or eliminate risk factors for the harmful/negative event(s).
- details interventions or supports that encourage the strengths and resilience factors within the client and their support system.
- manages any tensions arising from restrictions the plan might place on the autonomy of the client

An ability to identify when it is appropriate to employ interventions that involve an element of risk (e.g. where allowing scope for client autonomy results in increased adherence to the risk plan, and this potential positive benefit is judged to outweigh the risk).

An ability to use the risk formulation to judge whether and when to schedule a reassessment with the client and relevant others.

An ability to communicate the risk management plan to clients and relevant others , including information on the potential benefits and risks of a decision, and the reasons for a particular plan.

Equality and Diversity

An ability to consider whether any assumptions or stereotypes about particular demographic groups (rather than knowledge of researched risk factors) lead to underestimation or over-estimation of actual risk.

Interagency working

An ability to collaborate with all potentially relevant agencies when undertaking a risk assessment

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

An ability to communicate the risk management plan to other agencies including information on the potential benefits and risks of a decision, and the reasons for a particular plan.

An ability to maintain a clear and detailed record of assessments and of decisions regarding plans for managing risk, in line with local protocols for recording clinical information

an ability to identify and record the actions individuals within each agency will be undertaking

An ability to escalate concerns (within own or other agencies) when the implementation of the risk management plan is problematic.

An ability to refer to, and to work with, more specialised agencies (e.g. inpatient units or forensic teams) in line with local referral protocols.

Ability to seek advice and supervision

An ability to recognise the limits of one's own expertise and to seek advice from appropriate individuals e.g.:

supervisors and/or other members of the clinical team.

specialist self-harm teams

Caldicott Guardian (regarding complex confidentiality issues).

social workers (e.g. where there are possible child protection issues)

Ability to assess the client's functioning within multiple systems

Assessment competencies are not a 'stand alone' description of competencies, and should be read as part of the competency framework for individuals with persistent physical symptoms.

Effective delivery of assessment competencies depends critically on their integration with the knowledge and skills set out in the core competency and generic therapeutic competency columns

The competences set out in this section describe the assessment of the multiple "systems" within which clients (and all of us) live and operate. An understanding of systems pertinent to the client is relevant to clinicians from all therapeutic backgrounds, not just those who are practising using a formal model of Systemic Therapy.

A substantial body of systemic theory and research informs the practice of more specialised family therapy assessments and interventions. These are described elsewhere in the framework for Systemic Psychotherapy (available at: www.ucl.ac.uk/clinical-psychology/CORE/competence_frameworks.htm).

Knowledge of the relevance of systems and the basic principles of social constructionism

An ability to draw on knowledge of the basic principles of social constructionism:

that people understand themselves and the world around them through a process of social construction

that meaning is generated through social interactions, and the language used in different social interactions

that power relationships (e.g. an individual's position in a system) and different cultural contexts (such as gender, religion, age, ethnicity) have an important influence of the development of meaning, relationships, feelings and behaviour

An ability to draw on knowledge that the patterns of relationships within healthcare systems may play a significant role in shaping clients understanding of, and attitudes towards, the management of their health condition e.g.:

the degree to which clients have been involved in decisions about their healthcare, including referrals and medical regimens

the extent to which clients have been fully informed about clinical findings and test results

An ability to draw on knowledge that healthcare systems can be empowering or disempowering, and that clients behaviours may reflect their prior experience of healthcare

Assessment

An ability to draw on knowledge that the multiple contexts in which the client is located need to be considered in any assessment, and that these could include:

- significant relationships (e.g. partner, family, close friends peer group)
- school or college
- place of employment
- social and community settings
- professional network(s) involved with the client
- the client's cultural setting
- the client's socio-political environment
- the client's involvement with a patient or user organisation
- the client's involvement with employment and benefit agencies

an ability to draw on knowledge that these different contexts are connected and are likely to interact

An ability to draw on knowledge of the contexts/environments of which the client is a part and which may be relevant to their attitudes towards healthcare (e.g. the beliefs and practices of their family, or the beliefs associated with their faith community).

An ability to engage with, and gather information from, significant members of the systems relevant to the client, including for example:

- the client's partner and family
- non-professionals who have an active role in caring for the client
- other professionals (including other team members, referring agencies, and services involved with the client)

An ability (in conjunction with the client and members of relevant 'systems') to identify:

- perceived problem areas and the beliefs concerning them
- the potential strengths of the client (and the wider system) which may support therapeutic change
- the solutions that have been tried or have been considered
- the achievements in the client's life

An ability to draw on knowledge that different members of the system will describe the client differently, as:

- there are always multiple perspectives and descriptions of any interaction/relationship.
- the client's behaviour is influenced by the different set of contextual factors present in each setting.

Ability to develop a formulation

Formulation competencies are not a 'stand alone' description of competencies, and should be read as part of the competency framework for individuals with personality disorder.

Effective delivery of formulation competencies depends critically on their integration with the knowledge and skills set out in the core competency column, generic therapeutic competency column as well as assessment activities set out in the assessment column

Knowledge

An ability to draw on knowledge that the aim of a formulation is to explain the development and maintenance of the client's difficulties, and that formulations:	
	are tailored to the individual client and their significant others/family
	comprise a set of hypotheses or plausible explanations which draw on theory and research to explain the details of the clinical presentation obtained through an assessment
An ability to draw on knowledge that models of formulation include:	
	"generic" formulations, which draw on biological, psychological and social theory and research
	"model-specific" formulations, which conceptualise a presentation in relation to a specific therapeutic model (e.g. a cognitive- behavioural model) and which usually overlap the generic formulation
An ability to draw on knowledge that formulations should be reviewed and revised as further information emerges during ongoing contact with the client and their significant others/family.	

An ability to draw on knowledge that a generic formulation usually includes consideration of:	
	factors that might predispose to the development of both helpful and unhelpful beliefs and coping strategies in relation to physical health (e.g., childhood illness, illness and trauma in family etc)
	risk factors that might predispose to a vulnerability to manage a physical illness (e.g. childhood neglect, trauma or abuse)
	precipitating factors that might trigger the onset or exacerbation of difficulties, such as:
	acute life stresses such as illnesses or bereavements, or developmental transitions such as leaving school or college
	physiological events such as a physical injury or viral illness
	maintaining factors that might perpetuate unhelpful coping strategies once they have developed e.g.,:
	loss of social roles due to illness
	reinforcement of unhelpful coping behaviours by others or by "unintended" positive outcomes from the illness
	attentional biases
	unhelpful symptom-related beliefs
	low mood

protective factors that might prevent a problem from becoming worse or may be enlisted to ameliorate the presenting problems (e.g. good family communication)

An ability to draw on knowledge that one of the main functions of a formulation is to help guide the development of an intervention plan.

an ability to draw on knowledge that the intervention plan usually aims to reduce the effects of identified maintaining factors, and to promote protective factors.

Ability to construct a formulation:

An ability to draw on background knowledge when constructing the formulation, including

theory and research that identifies biological, developmental, psychological and social factors that help to understand the development of presenting difficulties

theory and research that identifies biological, psychological and social factors associated with the adoption of adaptive coping strategies

An ability to evaluate and integrate assessment information obtained from multiple sources and methods, and to identify salient factors which significantly influence the development and maintenance of the presenting problem(s), including:

the client's perception of the most significant issues

the client's explanation for the presenting problem(s)

the client's interpretation of their symptoms, and the impact this has on the ways in which they manage their condition, and respond to medical regimens

An ability to construct a collaborative formulation that:

clearly acknowledges the client's perceptions of the factors pertinent to their presentation

provides the client with a rationale for considering alternative perspectives that may lead to more adaptive coping

Ability to feedback the results of the assessment and formulation and agree an intervention treatment plan with all relevant parties

Assessment feedback competencies are not a 'stand alone' description of competencies, and should be read as part of the competency framework for individuals with persistent physical symptoms.

Effective delivery of assessment feedback competencies depends critically on their integration with the knowledge and skills set out in the core competency and generic therapeutic competency columns as well as the assessment activities set out in the assessment column

Ability to provide feedback on the assessment and formulation

Ability to provide information on the assessment and formulation

An ability to discuss the role of a formulation with the client ,and to help them consider how they would like information about the assessment and the formulation to be conveyed e.g.:

identifying the most effective methods of conveying information (e.g. verbal, written summaries, diagrams etc)

if significant others/family have been directly involved in the assessment, identifying whether and how information is to be conveyed to them

An ability to outline the presenting problem(s), as seen by the client (and if relevant, by significant others/family)

An ability to maintain an empathic and supportive stance when talking about the presenting problems.

An ability to describe predisposing, precipitating and maintaining factors for the presenting problem(s), explicitly linking this description to information gathered during the assessment

An ability to discuss any diagnostic terms, including information on aetiology, epidemiology and the usual course of the condition

An ability to discuss protective factors and strengths shown by the client and significant others/family

Ability to adapt feedback

An ability to adapt the pace, amount of information and level of complexity to:

the client's level of understanding and cognitive capacity

the client's emotional readiness to accept the information

An ability to match feedback to the client's current level of understanding (e.g. by explicitly and frequently checking their understanding)

An ability to adapt written information (e.g. for people with a sensory disability, or who have limited reading ability)

Ability to seek the views of the client and relevant others

An ability to check regularly that the client (and where relevant significant others/ family) understand what is being said to them, and seeking their viewpoint regarding the information being conveyed
An ability to ensure that sessions are structured so as to allow time for questions or comments
An ability to help the client (and where relevant significant others/family feel comfortable and confident to ask questions (e.g. by responding positively to questions, validating the appropriateness of questions, or actively prompting for questions)
An ability to provide answers to questions in an honest and straightforward manner: an ability for the therapist to be clear when they need more information in order to answer questions, and to seek this information from an appropriate authority or source

Ability to work towards and negotiate an agreed formulation

An ability to identify and to consider the reasons for any significant differences between the client's and the clinician's view of a diagnosis or formulation, including whether:
the assessment has fully explored and taken into account the client's beliefs about the factors which account for the maintenance of their presenting difficulties
the assessment and formulation has taken into account the social, cultural and physical context and their influences on the client's/ family's belief system.
information has been clearly explained in a sensitive non-blaming manner that highlights the client's strengths as well as difficulties.
the links between contextual factors and the client's behaviour have been made clear.
there are factors in the client's presentation and history that may make it less likely that they would agree with specific aspects of the formulation.
the proposed formulation is at variance with the account offered by other professionals

Ability to plan an intervention that draws on the agreed formulation

An ability to plan an intervention that draws on the formulation constructed with the client (and where relevant significant others/ family) and which:
includes their ideas about how aspects of themselves, or their environment could change.
acknowledges (and accommodates) any doubts or uncertainties about the way forward

Knowledge

An ability to draw on knowledge of:
the physical condition(s) with which the client presents
research into the efficacy of psychological, psychosocial and pharmacological interventions, and the possible side-effects or negative effects of interventions.
the range of psychological interventions offered by the service and by other statutory and non-statutory agencies to whom the client could be referred.

Ability to identify potential interventions

An ability to draw on the formulation and decisions regarding diagnosis to identify the indicated evidence-based interventions, including an ability to identify:

whether “parallel” interventions are appropriate (e.g. offering group psychoeducation as well as an individual therapy)

where interagency working is appropriate (e.g. with social services)

Ability to promote informed choice and agree a plan for intervention

An ability to provide information on the various options for intervention, including information on their likely efficacy

An ability to discuss any negative effects or side-effects of the intervention(s)

An ability to seek the client’s views on each intervention option.

An ability to gauge client’s motivation and preference for particular intervention options.

An ability to discuss whether the client anticipates any difficulties with engaging with an intervention(s), including their likely attendance.

An ability to reach agreement on an appropriate intervention plan

An ability to help the client identify goals for the intervention(s) that are:

explicitly defined

realistic (in the sense of being achievable)

prioritised, usually starting with problems/ areas of functioning most likely to be amenable to change

If significant others/ family are directly involved, an ability to identify goals that are shared by the client and others/ family, and to identify any areas where they have different goals

An ability to reach agreement on the sequencing and timing of intervention(s)

An ability to plan the length of the intervention and/or to set a review date

An ability to include evaluation procedures in the intervention plan, for example:

an ability to record the client’s identified goals for an intervention(s), with the aim of evaluating whether they have been met by review dates or at the end of the intervention.

an ability to identify suitable pre- and post-intervention measures and any arrangements required for their administration.

an ability to select measures that are relevant to changes in the management of the physical condition targeted by the intervention

an ability to identify potential confounds introduced by the physical health condition (e.g. somatic examples of distress in measures of depression)

Ability to collaboratively engage the client with the treatment model and treatment options

An ability to engage the client in a collaborative discussion of the treatment options open to them, informed by the information gleaned through assessment, the formulation emerging from the assessment, and the client's aims and goals
--

An ability to convey information about treatment options in a manner that is tailored to the client's capacities and that encourages them to raise and discuss queries and/or concerns
--

An ability to provide the client with sufficient information about the treatment and intervention options open to them, such that:
--

they are aware of the range of options available to them
--

they are in a position to make an informed choice from among these options
--

An ability to ensure that clients have a clear understanding of the models or approaches being offered to them (e.g. the broad content of each intervention and the way an intervention usually progresses)

While maintaining a positive stance, an ability to convey a realistic sense of:

the effectiveness and scope of the intervention

the limitations of the intervention (i.e. what may change, and what is unlikely to change as a consequence of the intervention)

any challenges associated with the intervention

An ability to use clinical judgment to determine whether the client's agreement to pursue an intervention is based on a collaborative choice (rather than being a passive agreement, or as an agreement which they experience as imposed on them)

an ability to identify when the client's understanding is at odds with the proposed intervention model, and to maintain a collaborative discussion in order to reach agreement over how to proceed
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Ability to co-ordinate casework across different agencies and/or individuals

Competences associated with the coordination of casework are not ‘stand alone’ competencies and should be read as part of the competency framework for individuals with persistent physical symptoms.

The principles set out in this document apply both to intra- and inter-agency working, and hence to work with both fellow-professionals and professionals from other agencies.

Effective delivery of these competences depends on their integration with many areas of the framework, but the section on confidentiality and consent will be especially pertinent.

General principles

An ability to draw on knowledge that a focus on the welfare of the client should be the overarching focus of all intra- and interagency work
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An ability to ensure that communication with professionals both within and across agencies is effective by ensuring:
--

that their perspectives and concerns are listened to
--

that there is explicit acknowledgement of any areas where perspectives and concerns are held in common, and where there are differences

where differences in perspective or concern are identified, an ability to identify and act on any implications for the delivery of an effective intervention
--

Case management

Receiving referrals from other professionals/agencies

An ability to recognise when the referral contains sufficient information to make an informed decision about how to proceed with the client (including response to risk and identification of care pathways)
--

where there is insufficient information, an ability to identify the information required and to request this from the referrer and/or partner agencies
--

An ability to draw on knowledge of local policy and procedure to select the appropriate “pathway” to ensure the case is allocated at an appropriate risk/response level

Initial contact phase (initiating cross-agency casework)

An ability to establish which partner agencies are also involved with the client	
An ability to establish/clarify the roles/responsibilities of other agencies in relation to the various domains of the client's life	
An ability to discuss issues of consent and confidentiality in relation to the sharing of information across agencies with the client and to secure and record their consent to share information.	
An ability to identify and record which service, and which individuals within that service, will carry a "co-ordination" role for the overall plan	
An ability to gather relevant information from involved agencies and to enter this into the client's record	
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 share assessment information in a manner which helps partner agencies to:	
	understand the approach that is being followed with the client
	understand and recognise any areas of risk
	understand any implications of this information for the work in which they are engaged
	understand the potential impact of interventions on the client's functioning, and the ways in which this may manifest in other settings
	understand what it means for the client to have an involvement with multiple agencies
Where there are indications that agencies may employ different language and definitions, an ability to clarify this in order to identify:	
	the reasons for any concerns
	the professionals and agencies who are best placed to respond to these concerns
	the outcomes which are being sought from any planned response
An ability to draw on knowledge of custom and practise in each agency in order to ensure that there is a clear understanding of the ways in which each agency will respond to events (e.g. their procedures for following-up concerns, or for escalating their response in response to evidence of risk)	
An ability to co-ordinate with other agencies using both verbal and written communication, and to agree with them:	
	the tasks assigned to each agency
	the specific areas of responsibility for care and support assumed by each agency, and by individuals within each agency
An ability for all individuals within a team to recognise when they are at risk of working beyond the boundaries of their clinical expertise and/or professional reach	
Where a common assessment framework is used across agencies, an ability to:	
	record relevant information in the shared record
	make active use of the shared record (to reduce redundancy in the assessment process)
	maintain a shared record of current plans, goals and functioning

Involving the client and (where relevant) their family

An ability to ensure that the client (and where relevant, their family) are informed of any interagency discussions and the associated outcomes.
Whenever possible, an ability to include the client and/or their family in any interagency meetings.
An ability to support clients and/or families in making choices about how they use or engage with the partner agencies involved.

Referring on for parallel work

An ability to draw on knowledge of local referral pathways (i.e. the individuals to approach and the protocols and procedures to be followed)
In relation to any agency to whom clients are referred, an ability to draw on knowledge:
of the agency's reach and responsibilities
of the agency's culture and practice
of the extent to which the agency shares a common language and definitions to those applied in those services making the referral
An ability to communicate the current intervention plan, and update other agencies with any changes as the intervention proceeds (including any implications of these changes for the work of other agencies)
An ability to communicate a current understanding of the client's difficulties, and to ensure that this is updated when additional information emerges.
An ability to maintain a proactive approach to monitoring the activity of other agencies and to challenge them if they do not meet agreed responsibilities
Where appropriate, an ability to act as a conduit for information exchange between agencies
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 (e.g. where this reflects the 'legacy' of previous contacts)
An ability to detect and to manage any problems that arise as a result of differing custom and practice across agencies, particularly where these differences have implications for the management of the case
an ability to identify potential barriers to effective communications, and where possible to develop strategies to overcome them
An ability to identify transitions that have implications for the range of agencies involved (e.g. moving out of area) and to plan how these can be managed, to ensure:
continuity of care
the identification of and management of any risks
the identification and engagement of relevant services
An ability to be aware when the client's needs (in the domains of health, , physical, emotional, social functioning) are not being met by the current intervention, and where the involvement of other agencies would be beneficial to the client's welfare

Discharge and monitoring phase

An ability to inform all relevant agencies where there is an intention to discharge the client
An ability to ensure all partner agencies are aware of current risk levels and have appropriate plans and monitoring in place
An ability to inform partner agencies of the circumstances under which links with current services should be reinstated
An ability to take a proactive stance in relation to monitoring the functioning of clients after discharge has taken place (and to reconnect with them if functioning deteriorates)
An ability to ensure those partner agencies involved have plans for monitoring the wellbeing of the client