Capabilities for inclusive practice

Department of Health

Social Inclusion
National Social Inclusion Programme

Care Services Improvement Partnership CSIP

In collaboration with

The British Psychological Society

College of Occupational Therapists

RC PSYCH Royal College of Psychiatrists

social care institute for excellence scie

General Social Care Council

Royal College of Nursing

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For Recipient's Use		

Foreword

The workforce is key to opening up life opportunities for people who experience social exclusion. In order to make inclusion a reality for people using mental health services, the National Social Inclusion Programme (NSIP) has worked with core mental health professionals to develop a set of capabilities, capturing best practice in order to drive the transformation of services and promote socially inclusive outcomes.

In producing these capabilities, NSIP have worked closely with the National Institute for Mental Health in England (NIMHE) National Workforce Programme. This has provided the necessary engagement of staff organisations and enabled the work to link in a complementary way with the key workforce development initiatives already underway. Through this collaboration, there is a need to ensure that effective and positive change in the lives of those with whom services work is secured and sustained.

These capabilities for socially inclusive practice are intended to be a resource for reflection, challenge and practice change. Their purpose is to enable the range of organisations and practitioners involved in mental health, whether as commissioners, providers or educators, to make the values of recovery and inclusion a reality. We hope this framework will support people, who use services, to realise their aspirations as contributors to their communities, advancing their choices, independence and participation.

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Executive summary

The National Social Inclusion Programme (NSIP) has coordinated the delivery of the action plan in the Social Exclusion Unit report *Mental Health and Social Exclusion (2004)*. This report showed that many people with mental health problems experience exclusion and lack equal access to a range of opportunities in society, including paid employment, volunteering, housing and education. This is not only unjust but it lowers self esteem and self confidence. However, improving opportunities for people with mental health problems will enhance recovery, bring hope to people and their families, and ultimately reduce dependence as people are enabled to contribute, in multiple ways, to society and their community.

A key action in making this happen is the development of a workforce capable of delivering inclusive opportunities to people using mental health services. Working closely with the National Workforce Programme, NSIP has adapted and developed *The 10 Essential Shared Capabilities* (ESC) which remains valid as a framework for socially inclusive practice.

Consultation on the framework involved a representative from each of the core professional groups in the mental health workforce – nursing, occupational therapy, psychiatry, psychology and social work. A reference group including these professions discussed, reviewed and refined the work, supporting their evolution as a set of inclusion capabilities. The capabilities which include both organisational and individual dimensions, contain ideas for the ways in which they might enhance practice and add value to service development and delivery.

To give the capabilities clear meaning and personal application to the people delivering services the organisational capabilities are mapped to the core and developmental standards of the Healthcare Commission as described in *Standards for Better Health* (2007), and the individual capabilities are mapped to the core dimensions of the *Knowledge and Skills Framework (KSF)* (2004).

Progress in changing practice is best made when people have the opportunity to engage with issues and to contribute their ideas and energy to the formation of a local response. These capabilities can be used by Universities and training bodies, managers and supervisors, training leads, organisational leads, professional bodies, commissioners and practitioners as a resource in that process.

Introduction

The Social Exclusion Unit (SEU) 2004 report *Mental Health and Social Exclusion* showed that many people with mental health problems experience exclusion. Frequently, they do not have equal access to a wide range of opportunities in society, including paid employment and volunteering, housing, lifelong learning, financial services, access to civil rights and social participation. This exclusion may be compounded by other issues, such as gender or race. However improving opportunities for people with mental health problems will enhance recovery, bring hope to relatives and ultimately reduce dependence on the State as people make a positive contribution to society, improve their social networks, pay taxes and make less use of hospital and community services. Since the SEU 2004 report was published the case for action has been strengthened by further policy statements, including *Improving the life chances of disabled people* (2005), the *Disability Discrimination Act* (2005) and the 2006 White Paper *Our health, our care, our say*.

The SEU report included a 27-point action plan which is being coordinated by the National Social Inclusion Programme (NSIP), a cross government team that works nationally and regionally and has made significant progress. One of the action points focuses on the need to develop a workforce that is fully competent to deliver inclusive opportunities to people using mental health services.

The *First Annual Report* (2005) of the NSIP summarises the situation as follows:
"NSIP…has worked closely with the National Workforce Programme to ensure that the development of workforce initiatives are in line with the skills base requirements of social inclusion practice and management. This is focused on appropriate adaptation and development of the 'Ten Essential Shared Capabilities' as a framework for inclusion. …The work with professional networks will support its implementation across professional groups by linking it with a new initiative on inclusion capabilities."

Together with representation from the National Mental Health Workforce Programme, the professions; nursing, occupational therapy, psychiatry, psychology, and social work, which all play a substantial role in mental health services, have each identified a steering group member to work with NSIP on developing these capabilities.

Part of their contribution has been to provide a link into each profession's college, group or network, including the Royal College of Nursing and the Mental Health Nurses Association, the College of Occupational Therapists, the Royal College of Psychiatrists, the British Psychological Society, the Social Care Institute for Excellence and the General Social Care Council. This reflects the importance of promoting inclusive practice in the current workforce, and to influence the training programmes for undergraduates, so that the future workforce values and practices within a socially inclusive framework too.

Also key to this process is that the professional groups have been involved in the national work underway to progress *New Ways of Working-for Everyone* (Published by the National Workforce Programme in April 2007) to influence the direction of the workforce of the future.

To develop the initial work each representative convened a reference group from interested and expert members of their profession. Through a process of consultation with these reference groups this initial work has evolved into a set of social inclusion capabilities with both an organisational and individual approach, with ideas of how they may enhance practice and add value to service development and delivery.

Ten essential shared capabilities

The publication of *The 10 Essential Shared Capabilities* (ESCs) in 2004 identified common ground across practitioners, service users and carers and brought coherence to the array of workforce initiatives in mental health. The ESCs have brought an emphasis on the importance of socially inclusive practice.

Sharing a common set of capabilities creates a shared language and acknowledges the common set of purposes and practices that lie at the heart of all effective work in mental health. It facilitates dialogue about the level and mix of capabilities that compose each role but does not diminish the unique contribution of each profession, grade or individual; nor does it seek rigid uniformity. The term 'capabilities' is used in this document to refer to values, characteristics and skills. This is in line with other current initiatives that emphasise that work in mental health needs to be both evidence-based and value-driven, while organisational development is stimulated by well-articulated and coherent values that increasingly drive clearly defined and effective practices.

Distinctive skills for inclusive practice

This best practice guidance document explores the distinctive skills that explicitly promote socially inclusive opportunities. In doing so, many of the values and skills described in the 10 ESCs are taken for granted. For example, all inclusion work with individuals rests on supporting empowerment, working respectfully with the person and responding positively to diversity and should be present in all services, whether or not they are designed to promote social inclusion. Similarly, there will be a number of features shared by all organisations that support inclusive opportunities: they will be healthy workplaces that continuously strive for excellence; they will harness individual creativity, maintain honest communication and so on. However, these things on their own will not guarantee an inclusive outcome, as additional skills are needed for that. In focusing on inclusion, this guidance lists the distinctive, additional elements that are required, rather than the core skills that one would expect to find in all mental health services, whether they were aiming to promote inclusion or not.

Limitations

Inclusion work is subject to the following limiting factors:

1. The extent to which all staff exercise the *Capabilities of an Inclusive Practitioner* and utilise opportunities to promote and deliver socially inclusive practice. If staff (whatever their profession or non-professional affiliation, grade or role) adopt inclusive values and practices, then people using services will have more opportunities. Practicing inclusively is everyone's job and some staff may have a particularly strong focus on particular inclusive goals.
2. The extent to which the mental health service as a whole demonstrates the *Capabilities of an Inclusive Organisation*. If the service is outwardly focused and builds links with community organisations beyond the welfare system, then individual effort to promote inclusion will flourish. Similarly, if the mental health service values inclusive efforts in its performance management system, then again individual effort will prosper. While a healthy organisation *might* support inclusive opportunities, an unhealthy organisation can never do so over the long term.
3. The extent to which the wider community adopts inclusive values. This will vary from one organisation or group to another and be influenced by the resources, history and culture of that community as well as by its relationship with the local mental health service, and should take account of other excluded communities and groups, such as refugees and travellers. This guidance focuses upon what mental health services can do, although much of what they can do will be done in collaboration with community partners

and some responsibility for the success of inclusive endeavours will remain within the community itself. A critical element will be socially inclusive practices that promote and help to establish community cohesion.

4 It is important to recognise that some practitioners may also experience exclusion, and so organisations need to have clear systems in place to identify and address workforce inequalities.

Everyone's job

The following framework shows quotations from *The 10 Essential Shared Capabilities* that are particularly relevant to social inclusion followed by the *Capabilities of an Inclusive Organisation and the Capabilities of an Inclusive Practitioner*.

Every staff member will have duties in relation to the *Capabilities of an Inclusive Organisation* as everyone is a contributor to the organisational culture and goals. Most staff will have direct or indirect duties in relation to the *Capabilities of an Inclusive Practitioner,* for example, through working directly with users and carers, or supervising staff, or making organisational arrangements to support delivery. Those who have greater seniority will increase the proportion of organisational responsibility in their job role.

To try and give meaning to this work in relation to the actual delivery of services the individual capabilities are mapped to the core KSF dimensions, and the Healthcare Commissions core and developmental standards described in *Standards for Better Health*.

This guidance describes a framework for mental health service communities to work towards adopting. It is aimed at all professional and non-aligned staff working across the full age range – children, adults and older people, and so reinforces the principle that the capabilities are for the whole of the mental health workforce. It is hoped that everyone within and beyond mental health services will rise to the challenge. One of the most significant challenges for individuals is how they continue to develop their own emotional intelligence and resilience when encountering a range of complex situations and relationship dynamics that occur in dealing with people who have mental health issues, for example working with those who have been subject to violence and abuse. This is combined with working across organisational boundaries and systems in a variety of different situations.

Using this framework

Each of the capabilities describes a dimension that could be marked with a scale to show specific levels of achievement. Together these dimensions and performance standards can form an audit framework to assist in the assessment of local capability and also help to inform commissioning and the developing of future capacity within community infrastructures. This could help those responsible for staff to undertake a comprehensive training needs analysis, which in turn can provide substantive information for staff training programmes. By enhancing staff capabilities, it is important that the organisation as part of its overall organisational development programme can develop and maintain the capabilities of an inclusive service. This framework describes the capabilities and suggests where and how they might be used.

At present, local arrangements for inclusion support vary from site to site. For example, a service user might obtain employment support from the local Jobcentre Plus, a supported employment service, an employment specialist based in primary care or the mental health trust, or a member of the Community Team with a lead role in employment support. Managers will need to make a judgement about who does what based on the local population profile and the landscape of provision, expertise, interests and workload. The Creating Capable Teams Approach (CCTA) published by the NIMHE National Workforce Programme in April 2007 can support this process.

The particular role and activities of an individual worker should be shaped by a number of factors, including:

> Their professional training, personal skills and experience.

> Guidance from their professional body about the match of seniority and responsibility in relation to inclusion activities.

> Aligning their personal values and ability to act ethically and with integrity.

> Managing their own emotions (including emotional resilience) and developing their social and emotional intelligence.

This can provide the basis for a framework for practice. For coherent and comprehensive change, socially inclusive practices should be part of the contracting and commissioning arrangements at an individual, team and organisation level. These should be considered in light of the local arrangements between mental health and community organisations, between functional teams within the mental health service, and between individual staff.

The framework has been assembled for professional and organisational groups to use as a range of options for local selection and approval. People who use services need an opportunity to contribute their insights. The voluntary and community sector will have much to contribute alongside their colleagues in statutory services.

Many of the organisational and individual capabilities described in this framework are relevant to other groups at risk of exclusion, such as people with learning or physical disabilities, older people, families at risk and black and minority ethnic groups. Staff involved in these services or in cross-cutting reviews may wish to utilise this work too.

Integrating inclusion capabilities into practice

The best progress is made when people have an opportunity to engage with issues and contribute ideas and energy to the formation of a local response.

Communicating the message of this document may be enhanced by the use of creative media. This might include video accounts from service users. The message needs to be in a variety of formats, to communicate to people who have different learning styles. Case study examples illustrating how organisations and individuals have taken the suggested actions (shown below) forward will help to bring the message to life.

These capabilities can be used (alongside other resources) by:

Universities/training bodies

1. Design and/or amend undergraduate and post-graduate training syllabus.
2. Accredit training programmes.
3. Select suitable students, lecturers and practice placements.
4. Train and accredit lecturers and practice supervisors.
5. Use a variety of media (lectures, posters, video) to inform service users and staff.

Professional and operational managers/supervisors

1. Train supervisory staff.
2. Design job roles, task and job descriptions and select staff.
3. Contribute to assigning worker time and reviewing caseload management.
4. Supervise and appraise staff, and review supervision and appraisal frameworks.
5. Form staff personal development plans.
6. Create and audit Care Plans (e.g. whether plans include inclusion goals).

Training and development leads

1. Audit Continuing Professional Development (CPD) records and staff exit interview records.
2. In conjunction with the CCTA, undertake a skills audit, gap analysis and in-service training and teambuilding programme for individuals and staff teams.
3. Define support competence levels for each team, role and grade of staff (perhaps through the Knowledge and Skills Framework).

Organisational development leads

1. Promote inclusive values and practices (e.g. through the public adoption of these capabilities by key staff within the service).
2. Identify and sponsor committed leadership for social inclusion at the frontline and in senior roles.
3. Recognise, endorse and celebrate good practice at a national and local level.
4. Undertake an audit of values, beliefs and priorities that shape organisational cultures.

Board level leaders

1. Review governance frameworks.
2. Revise the organisation mission and statement of purpose.
3. Build a shared vision for the future of the organisation and its community.
4. Survey current practice and innovation in other partner and potential partner organisations.

Professional bodies

1. Adopt these capabilities as applicable to the whole of the mental health workforce.
2. Show how their code of ethics and professional practice links with the inclusion capabilities.
3. Set the research and practice development agenda.
4. Promote and disseminate best practice through professional networks, conferences and publications.
5. Advise on how expectations and levels of responsibility should vary with the grade, seniority, experience and work setting of the member.
6. Revise the guidance on CPD issued to members.

Commissioners

1. Specify what local services are commissioned (to include both inclusion capabilities and inclusion outcomes).
2. Support service users to design user satisfaction feedback systems.
3. Enable service users and carers to be a part of local commissioning processes.

Practitioners

1. Ensure socially inclusive interventions are built into personal and team objectives.
2. Highlight good and emerging practice both within and beyond the team, service and organisation.
3. Challenge practice which is not inclusive.
4. Contribute to developing a shared vision of local community, through engaging with important individuals and organisations.

Social inclusion capability framework

ESC1 Working in partnership

'Develop and maintain constructive working relationships with lay people and wider community networks.'

We take 'community networks' to include informal friendship networks and formal community organisations that provide access to valued roles in the community – Job Centre Plus, colleges, community associations and the voluntary sector etc. This includes but reaches beyond mental health services and other helping agencies. The terms 'networks', 'organisations' and 'agencies' are used interchangeably.

Standards for better care

Clinical and cost effectiveness, C6, D5b

Accessible and responsive care, C17, C18, D11c

Public health, C22a, D13d

Capabilities of an inclusive organisation/service

- Compared with traditional services, staff resources are invested and more time is dedicated to building relationships with people in community organisations. This activity is valued and monitored.
- Assign staff (such as employment specialists and others) to locate, understand and maintain positive relationships with key contacts in under-represented groups and all the major agencies offering access to valued roles in the community. This includes agencies leading economic and community regeneration.
- Seek opportunities for service users to contribute advice and guidance to the management of community organisations (e.g. service users on the Student Forum at the College).
- Maximise funding and resource opportunities in partnership with universal community agencies to pool budgets, jointly fund projects and create partnership projects that promote inclusive opportunities.
- Build alliances with people involved in community engagement and regeneration.

- Ensure that relevant governance systems are in place and used (e.g. equality schemes).
- Recognise and reward practitioners who consistently work in a socially inclusive way.

Capabilities of an inclusive practitioner

- Work actively to build, maintain and sustain partnerships with other community agencies so as to foster understanding, access resources and create a wide spectrum of opportunities for people with mental health problems. This work is recognised and valued by the mental health organisation.
- Identify and challenge discriminatory attitudes and practices towards people with mental health issues. Promote awareness of and uphold service users' rights to access all organisations.
- Support community organisations to develop new responses as needed (partly through linking with Community Development Workers) so that citizens with mental health problems have fair access and effective support.
- Understand the impact upon service users of the value systems, policies, performance indicators and procedures within community organisations.
- Work in partnership with people who experience mental health problems to deliver mental health and inclusion training to community organisations (perhaps with mental health promotion colleagues). Agree appropriate training messages and learning outcomes with the organisation. Tailor training to the specific audience and compensate for any limitations that accompany the choice of medium, teaching style and key messages.
- In consultation with service users, commissioners, providers and other key stakeholders establish outcome based measures to establish the local impact of interventions/activities.

Links to the core KSF dimensions

1 **Communication**

Effective communication is a two way process. It involves identifying what others are communicating (e.g. through listening) as well as communicating clearly oneself in order to develop mutually beneficial partnerships.

A common language which is jargon free reference mental health issues will need to be agreed and used in order to limit the barriers to effective communication.

Communication should be in a form and manner which encourages the active participation of all involved.

2 **Personal and people development**

Individuals will need to identify and acknowledge gaps in their knowledge of potential community networks and determine how these gaps will be filled.

Practitioners will need to be clear about the concept of 'health promotion' and how this can be incorporated into practice, encouraging others to do the same.

Supporting and developing the mental health knowledge of those colleagues working in community services will be essential if working relationships are to be built on a foundation of mutual understanding.

Practitioners are ideally placed to encourage, engage and support service users and carers in delivering mental health and inclusion training. They must develop a range of training/teaching techniques if they are to contribute to the training of a wide range of partnership organisations.

3 **Health, safety and security**

Support and advice can be offered to community partners enabling individuals and services to learn healthier, safer and more secure ways of working with this client group. Offering information and advice on how to reduce risk will encourage greater confidence across partnership networks, thus encouraging fairer access and effective support.

4 **Service improvement**

Everybody has a role in supporting the implementation of new ways of working and implementing policies as well as improving services.

Developing and sustaining partnerships will foster a culture of mutual support and development ensuring resources for service improvement are used creatively and the spectrum of opportunities maximised.

5 **Quality**

Effective team working is an important aspect of maintaining high quality practice. As a member of the 'community network team', this relies on, amongst other things, individuals presenting a positive impression of their service, recognising, respecting and promoting the different roles and diversity of services and raising quality issues with partners.

6 **Equality and diversity**

It is the responsibility of every individual to act in ways that support equality and diversity.

An inclusive practitioner also needs to develop an increasing understanding of the nature and complexity of equality and diversity in order that they can become more proactive and challenging in the promotion of equality and diversity.

ESC2 Respecting diversity

'Work in ways that respect and value diversity including age, race, culture, disability, gender, spirituality and sexuality.'

'Understand the impact of discrimination and prejudice on mental health and mental health services.'

'Provide care and treatment that recognises the importance of housing, employment, occupational opportunities, advocacy, social networks and welfare benefits.'

Standards for better care

Clinical and cost effectiveness, C6, D2b

Governance, C7e, D5

Patient focus, C13, D8, D9a/b

Accessible and responsive care, C17, C18, D11b

Care environment and amenities, D12a

Public health, C22a/c, D13b/c

Capabilities of an inclusive organisation/service

- Alongside colleagues in public health, identify under-served groups in the community and successfully compensate with outreach so that the whole community has equal access to mental health service information, opportunities, goods, services, and employment.
- In addition to on-site activities, deliver surgeries, support and supervision sessions in other helping agencies (such as GP surgeries) and in valued community venues, especially in settings that reach under-served groups (such as youth centres).
- Provide support for user-led services and community groups, including accommodation, adequate funding, advice and supportive relationships.
- Promote socially inclusive practices within the community and maximise funding/resource opportunities to develop and maintain community cohesion.
- People from all backgrounds have opportunities to develop socially inclusive practices.
- Racism is unacceptable and a sense of belonging and contributing is promoted.
- There is a common and shared understanding of the value that difference has to creating a strong and socially inclusive society.

Capabilities of an inclusive practitioner

- Undertake specific searches for community resources which are targeted at minority and under-served groups (search for resources that target minority and under-served groups, whether or not they have a mental health difficulty).
- Respond sensitively to the cultural norms of community organisations. This includes those that serve specific communities and the ways in which; for example, the workplace or sports culture differs from a care setting.
- Actively work to link and align activities of other agencies that may be active in supporting social inclusion and focus attention on community cohesion.
- Have a strong social awareness of the diversity of customs and practices and values in different social communities and across rural and urban environments.
- Develops strong and positive relationships with people from different backgrounds both in the workplace and in the communities in which they serve.
- Continuously work to develop their emotional and social intelligence.

Links to the core KSF dimensions

1 **Communication**

Non verbal communication i.e. the way we appear and how we conduct ourselves is as important as the content and delivery of what we say.

Sensitivity and an appreciation of the cultural norms of community resources and organisations must be demonstrated by communicating with people in a form and manner that is consistent with their level of understanding, culture, background and preferred ways of communicating.

2 **Personal and people development**

Practitioners must dedicate time to seeking out and becoming informed of resources which can support individuals and their uniqueness.

Practitioners must dedicate time to gaining a greater breadth of knowledge of the cultural norms of specific local communities.

Psychology

In Nottinghamshire Healthcare NHS Trust, Bob Diamond has been using his expertise in Community Psychology to arrange training on social inclusion and support the development of Community Mental Health Teams through monthly group supervision. These discussions utilise written summary information on themes such as recovery, inclusion and the Essential Shared Capabilities to prompt reflection on case studies brought by group members. For example, a recent discussion explored how a Care Coordinator might work with a service user who consistently rejected all attempts to be 'included' in mainstream settings, preferring instead to maintain his identity as a mental health service user and his social network formed within the service.

Contact: Bob.diamond @nottshc.nhs.uk

(continued overleaf)

Psychology (continued)

This focus on workforce development illustrates a number of inclusion capabilities:

ESC2 staff considered the impact of discrimination and prejudice upon one person using services.

ESC3 recognise the rights and aspirations of service users.

ESC4 promote support between people who use services.

ESC7 care plans are unique.

ESC10 participate in professional development and reflective practice.

3 **Health, safety and security**
A knowledge and appreciation of the cultural norms of specific local communities will reduce the risk of offending or misreading situations, thus reducing the likelihood of antagonism or incident.

4 **Service improvement**
Applying, understanding and learning of diversity issues by adapting ones own practice, and making constructive suggestions as to how services can be changed to better respect diversity, will inevitably lead to service improvement.

5 **Quality**
Contributing to a system which encourages participation by all and relies on individuals assuming responsibility for delivering high quality in all areas of practice.

Individuals representing their service and the user population they serve must remain mindful of presenting a positive impression, showing respect and sensitivity for the cultural norms and practices of community organisations.

6 **Equality and diversity**
Recognising and valuing difference relies on individual practitioners creating and contributing to a working culture and practices that recognise, respect, value and harness difference.

ESC3 Practicing ethically

'Recognise the rights and aspirations of service users and their families, acknowledging power differentials and minimising them whenever possible.'

'Demonstrate an understanding of the service user's wider social networks and the contribution made by carers, family and friends to the recovery process.'

Capabilities of an inclusive organisation/service

- Arrange services so that getting help is offered in a manner that nurtures (rather than disrupts) personal roles and relationships beyond the service system. This includes, but goes far beyond, inviting service users to book their own appointment and review times. This will create an environment where inclusive practitioners will be able to 'understand the importance of informal relationships'.
- Use sensitive knowledge and information with integrity.
- Recognise there are both rational and emotional elements within relationships formed with partners and stakeholders.
- Design services so that packages of care can be personalised to each service user, rather than offering a limited repertoire of standardised options. This includes the promotion of direct payments and individual budgets.
- Ensure that mental health services have access to expertise (such as employment support specialists and others), but that inclusion is recognised as part of everyone's job, rather than being left to inclusion specialists.
- The vision and mission statements of the mental health service show that inclusion is a core value.
- Reconciles the organisations purpose with the needs of the community and the people it serves.

Standards for better care

Clinical and cost effectiveness, C5c, C6, D2a/b/c

Governance, C7e, D5a/b

Patient focus, D9a/b

Accessible and responsive care, C17, D11b

Care environment and amenities, D12b

- Has systems and processes in place which ensure that the behaviour of the organisation is open to scrutiny and that its people act with probity and proper consideration for the environment in which they deliver services.
- Complies with emerging good/positive social inclusive practices.

Capabilities of an inclusive practitioner

- Understand the importance of informal relationships, strengths and aspirations in the service user's recovery process and show this in assessment and planning processes, such as through the Care Programme Approach.
- Provide information, opportunities to visit and try out participation in a variety of community settings, along with personalised support, so that people with mental health problems can make informed choices about their own community participation within a wider approach to empowerment.
- Balance accountability to the service user, employing agency, wider community and professional body so that service user's rights and wishes are respected. This may mean that staff are more accountable to service users than was the case in the past. It also means acknowledging and working constructively with the inherent tensions of exercising legal powers and duties in a way that helps the person make their own choices and retain control of their own lives as far as possible.
- Manages the boundaries between formal and informal roles. This includes the ability to: relate to service users in a public place; support service users to develop connections with other citizens; provide support to community organisations; and enable service users to appropriately move beyond the service and its risk assessments and confidentiality protocols. This is likely to be more complex than was the case when buildings, uniforms and user-only groups assisted boundary-keeping.
- Is self aware of own limitations in terms of knowledge skills and experience.

- Is self regulatory when dealing with difficult situations and dysfunctional relationships.
- Recognises when their own values are in conflict with those of other people and has insight into how this may impact on their practice.
- Is emotionally resilient when dealing with relationship issues.
- Their actions and behaviour are transparent and they are clear about their intentions and how to respond appropriately.
- Has highly developed personal insight into how their values are reflected in the way in which they conduct themselves with others.

Links to the core KSF dimensions

1 **Communication**

'Listening' and truly 'hearing' the voice of the individual will better inform the direction of care.

Practitioners need to effectively manage the barriers to effective communication which might be environmental (e.g. noise, lack of privacy), personal (e.g. the health and wellbeing of the people involved) or social (e.g. conflict, violent and abusive situations, ability to read and write in a particular language or style) in order that the service user is fully supported on their journey of recovery.

Clarity and confidence in articulating one's own role and managing boundaries will be essential if practitioners are to effectively advocate on behalf of individuals and are to contribute to decision making, balancing a number of different interests and complexities.

2 **Personal and people development**

An increased knowledge and skills base which promotes and enables working within a recovery framework will be essential for all practitioners.

3 **Health, safety and security**
Whilst is it essential for practitioners to monitor and maintain the health, safety and security of others, working within a recovery framework promotes positive risk taking and skills in supporting others to manage risks more effectively, within healthy and safe practices, will be crucial.

Individual practitioners will need to feel competent and confident in utilising robust risk assessments and risk management plans if individuals are to be encouraged to retain greater control over their lives.

4 **Service improvement**
Practitioners have an individual and collective responsibility to modernise service delivery.

Inspiring and working collectively with others will enable strategy and direction to be taken forward into service improvements.

5 **Quality**
Individuals will need to ensure they are clear about their role in relation to the individual and in relation to others involved in the individual's care, including those within the individual's wider social network.

6 **Equality and diversity**
Equality is about creating a fairer society where everyone can participate and has the opportunity to fulfill their potential.

Individual practitioners must consider their own behaviour and its effect on others.

ESC4 Challenging inequality

'Recognise and understand the devastating effect that social inequality and exclusion can have on the recovery process that makes it difficult for service users to achieve their potential or take their rightful place in society.'

'Challenge and address the causes and effects of stigma, discrimination, inequality and exclusion upon service users, carers and mental health services.'

'Create, develop and maintain valued social roles for people in the communities they come from.'

Capabilities of an inclusive organisation/service

- Recognise the processes and explanations within services that may disempower and harm users and compensate with empowering approaches. Service users gain a sense of power and agency, including the opportunity to influence the mental health organisation (by sitting on Local Implementation Teams and other planning groups).
- Develop services that assist people to stay at home rather that go to hospital, stay in their neighbourhoods rather than move out of the area and receive services on a voluntary rather than a compulsory basis. Where people are already in hospital, out of area or detained, make strenuous efforts to maximise independence.
- Commissioners select services that challenge or redress inequality.
- Staff and service users who challenge injustice, inequality and discrimination are effectively supported to deal with the pain that this can engender.
- Promote support between people who use services so that there are opportunities for peer education, mutual self-help and joint political action (perhaps through an advocacy group that is funded to work within and beyond the mental health service).

Standards for better care

Clinical and cost effectiveness, D2a/b/c

Governance, C7e, C8a, D5b, C13a, D10

Accessible and responsible care, C17, C18, D11b/c

Care environment and amenities, D12a

Public health, C22a, D13a/d

- Create structures that support user involvement in decision-making, user-run services, and user directed care (such as individualised funding).
- Promote the maintenance and further development of positive roles and relationships between people who use services and other citizens based on shared interests.
- Ensures that people are treated with dignity and respect and all actions and interventions are agreed and transacted accordingly.
- Seeks opportunities to strengthen the links within different community and social settings.
- Promotes participation based on person centred approaches.

Capabilities of an inclusive practitioner

- Demonstrate an understanding of people with mental health problems, particularly as this relates to access to community inclusion. This includes recognition of the feelings of distress and shame that can be caused by discrimination and how negative reputations can develop and be sustained, and how they can be dismantled.
- Recognise the processes of ignorance, fear, abuse of power, stigmatisation and institutional discrimination within communities that lead to the exclusion of people with mental health issues.
- Understand and use knowledge of legal rights and obligations to challenge injustice and discrimination and support individuals, families and the community.
- Support service users to obtain and retain an included life on their own terms (as evidenced in care and support plans). This includes identifying ways in which community facilities might accommodate the individual by adjusting expectations, increasing feedback and support, and changing physical aspects or procedures in the community setting. It also includes the need to identify strategies for the individual to maintain or regain roles and relationships through the development of specific skills, disclosing personal information and arranging support from a variety of sources.

- Recognises and understands other people's rational and emotional behaviour and seeks to understand their intentions in order to respond appropriately.
- Manages self and supports other to deal effectively with emotional behaviour especially when dealing with people who are frightened, angry, stressed or confused.

Links to the core KSF dimensions

1 **Communication**

Individual practitioners have a responsibility to advocate in a range of ways on behalf of the service users they work with.

The individual practitioner will be required to constructively manage barriers to effective communication to ensure clarity and understanding of the individual's needs and desires.

Confidence and competence in independent decision making, as an autonomous practitioner, within a multi-disciplinary and multi-skilled team will be essential, as will the ability to articulate decisions.

Individual practitioners will need to develop the confidence and skills for sharing decision making with others, including users of services and their families.

They will need confidence and competence in order to advocate on behalf of the individual when they have experienced stigmatisation, discrimination and exclusion.

2 **Personal and people development**

As well as clinical skills, practitioners will need to acquaint themselves with the principles which underpin the delivery of qualitative mental health services such as recovery and social inclusion.

In developing this knowledge, they will also need to truly appreciate the experiences of inequality which systems can often inadvertently create and maintain. It is the service user's own experience which will provide the most insightful learning opportunity for the practitioner.

Nursing

In Leicestershire, nursing staff at the Glenvale acute day hospital offer short term and intensive intervention to people in crisis as an alternative to hospital admission.
Each staff member holds responsibility for one of the following areas of community participation: employment, education, volunteering, arts, sports and faith communities. This ensures that initial assessments include these areas of life, promote retention of these roles whilst the person deals with the crisis, and improves links between the day hospital and mainstream community organisations.

Contact: Martin.wyburn @leicspart.nhs.uk

(continued overleaf)

Nursing (continued)

Redesigning roles in this way will give rise to a number of inclusion capabilities:

ESC1 assign staff to locate, understand and maintain positive relationships with key contacts in agencies offering access to valued roles in the community.

ESC4 support service users to obtain and retain an included life on the own terms.

ESC5 provide information about a wide range of opportunities in the community.

ESC6 carry out interventions in a way that equips the person to define and reach towards their life ambitions in the community of their choice.

ESC7 support service users to participate in mainstream community settings.

ESC8 job roles clearly include promoting social inclusion.

3 **Health, safety and security**

Whilst practitioners should actively challenge procedures and protocols, both within their own workplace and in other services, which can result in the individual experiencing inequality, it would be negligent not to appreciate, respect and follow those procedures and policies which have to be in place to ensure healthy, safe and secure working practices.

Whilst sharing information with community colleagues may assist them in better accommodating an individual, practitioners must remain mindful of policies and procedures regarding confidentiality.

4 **Service improvement**

The individual practitioner must assume personal responsibility for improving service delivery, supporting others effectively, as current practice is challenged and changed, and should also proactively work with others to overcome problems and tensions which might arise.

5 **Quality**

Practitioners will need to be sufficiently skilled in order to manage or challenge quality issues which have resulted in the service user experiencing stigmatisation, discrimination or exclusion.

6 **Equality and diversity**

Practitioners will need to work closely with other community services, sharing information and knowledge regarding mental health issues which will help them adapt and improve their work practices and which will ensure greater provision of socially inclusive and accessible services to those who experience mental health difficulties.

ESC5 Promoting recovery

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

'Work in partnership to provide care and treatment that enables service users and carers to tackle mental health problems with hope and optimism and to work towards a valued lifestyle within and beyond the limits of any mental health problem.'

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

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

Capabilities of an inclusive organisation/service

- Service users are employed in the service (perhaps with rates monitored through the Human Resources and Occupational Health services), sit on management teams and monitor quality (with local arrangements specified in quality assurance and governance frameworks).
- Support the development of a mentally healthy community. Commission an appropriate level of mental health promotion activity. This will expand the range of respectful and relevant opportunities available to service users and inclusive practitioners.
- Ensure compilation and access to an up-to-date database of community-based opportunities.
- Create and maintain a culture of hope (evidenced through cultural audits of the service, perhaps within Investors in People or mechanisms for monitoring service user opinion).
- Design mental health buildings and processes in a way that reflects service users as citizens (e.g. by the provision of private space on inpatient wards where the person can spend time with their family).

Standards for better care

Client and cost effectiveness, C6, D2b/c

Governance, D5a/b, D7

Patient focus, C13a, D8, D9a/b, D10

Accessible and responsive care, C17, D11b

Care environment and amenities, C21, D12a/b

Public health, C22c

- Commissioners select services that are person centred and promote recovery through socially inclusive practices.
- Services are designed to produce impact measures (e.g. through the recovery pathway and evidence socially inclusive practices). This aims to build a body of evidence to inform future service developments.

Capabilities of an inclusive practitioner

- Support service users to clarify their aspirations, celebrate their successes, find strength in their resilience in the face of adversity, tackle their mental health problems and plan their recovery journeys (as revealed in assessment and care planning documentation).
- Demonstrate emotional resilience when coping with your own sensitivities and emotions during times of stress, uncertainty or change.
- Exercise a hopeful and optimistic approach toward both service users (recovery and social inclusion is within the reach of everyone) and communities (discrimination can be overcome, opportunities for participation can be found or created, other citizens can offer a respectful welcome).
- Demonstrate knowledge of a wide range of opportunities in the community.
- Provide information about current opportunities for community participation to service users in an attractive and accessible manner.
- Understand and use a range of approaches to matching individuals with community opportunities and adapt as the 'degree of fit' changes over time.
- Promote opportunities for service users to create and develop friendships with other citizens. Identify factors that enhance 'friendship-friendly' organisations.
- View service users' lives as bigger than the services that they receive. Deliver support in a way that promotes the service user's citizenship and community participation, and enhances independence from formal services in as many life areas as possible.

Links to the core KSF dimensions

1 **Communication**
Greater consideration of the content of communications should be given in order that hope and optimism are conveyed within the parameters of the reality of the situation.

2 **Personal and people development**
Practitioners who are accomplished in working within a recovery framework should support and facilitate colleagues in order that a 'recovery' culture develops and flourishes.

3 **Health, safety and security**
As practitioners increasingly work 'off-site' as they seek to support the integration of the service user within their community, they will need to ensure they understand the need for and conform to policies, procedures and guidelines which are designed to promote and protect their health, safety and security such as 'Lone Working Policies', 'Community Visiting Policies', and 'Security of Premises' procedures.

4 **Service improvement**
Acquiring a broad knowledge base of the range of opportunities available in the community promotes choice and empowerment for the service users. It is also the responsibility of the practitioner to avail themselves to colleagues, sharing information in order that all service users accessing the service are fully appraised of available opportunities and are not limited to an individual's knowledge of local resources.

5 **Quality**
If the service user is to feel empowered and a qualitative experience realised, individual practitioners will need to fully engage with a service user on their journey of recovery, appreciating the individual's strengths and aspirations and will need to create/facilitate opportunities which promote choice.

6 **Equality and diversity**
Treating others with respect and dignity relies upon acknowledgment of differing perspectives.

Individual practitioners will need to develop skills which focus on an individual's ability rather than disability, to consider creative opportunities rather than limited availabilities.

ESC6 Identifying people's needs and strengths

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

'Agree health and social care needs in the context of the preferred lifestyle and aspirations of service users, their families, carers and friends.'

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

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

Standards for better health

Clinical and cost effectiveness, C6, D2b/c

Governance, C7e, D9a/b, D10

Patient focus, C13, D9a/b, D10

Accessible and responsive care, C17, C18, D11b/c

Care environment and amenities, D12a

Public health, C22a/b, C23, D13a/b/c

Capabilities of an inclusive organisation/service

> Documentation and practice in initial assessments, eligibility decisions and reviews of intervention pays attention to people's life ambitions and current assets. This includes a focus on job retention and retention of other roles and relationships, especially in early intervention, crisis resolution and inpatient services.

> Family, friends and other acquaintances contribute to initial and repeat assessments.

> Value and harness the contribution of service users to community life: as employees, volunteers, buddies, mentors, friends and informal acquaintances. In some areas these options will need to be promoted through the development of specific projects.

> The local suicide prevention strategy takes full account of the social inclusion agenda.

> Ensure primary healthcare needs and mental health needs are addressed simultaneously with supporting the preferred lifestyle and aspirations of the service user.

Capabilities of an inclusive practitioner

- Recognise that people are more complex than our assessments show. Recognise the multiple levels of exclusion and inclusion that might be explored (e.g. a service user has good access to mental health services, but is in conflict with neighbours. He has a part-time job and talks to his old school friend about his feelings that his Jewish faith isolates him from his work colleagues).
- Gather information about the service user's gifts, talents and strengths.
- Use initial and repeat assessments that have been developed with the service user and other people in their life to discover the extent of inclusion that a person currently experiences, possible interests and skills to guide inclusion planning, and to identify blockages to inclusion. Carry out interventions in a way that equips the person to make their own choices, manage their own recovery, define and reach towards their own life ambitions in relationship with others and the communities of their choice. Provide just enough support.

Links to the core KSF dimensions

1 **Communication**

The development of basic counselling skills will be essential to improve effectiveness. Listening and questioning skills as well as non verbal skills and body language will be essential if the individual worker is to elicit a fuller picture of the service user's life, the context in which they exist, their strengths and aspirations.

Practitioners must work hard to develop and use language which instills hope and optimism.

2 **Personal and people development**

Assuming greater responsibility for personal development will include a more reflective approach and ongoing self evaluation.

Practitioners will need to develop a comprehensive understanding (acquiring knowledge and skills) in order that they can undertake assessments and deliver interventions within a recovery and social inclusion framework.

Social work

Amanda Hesford is Head of Social Work at Devon Partnership Trust and is planning a Board-level review of the balance of work of the whole mental health service. This will encompass the mission of the service, its culture, investment, workforce skills and development, partnership with community organisations and experiences of people using the service.

Contact: Amanda.Hesford @devonptnrs.nhs.uk

(continued overleaf)

Social work (continued)

This review could assist the Trust to work towards all the Capabilities, so the following highlights are singled out:

ESC2 deliver surgeries, support and supervision sessions in a range of community venues in order to serve hard-to-help groups.

ESC3 arrange services so that getting help is offered in a way that nurtures rather than disrupts personal roles beyond the service system.

ESC4 develop services that assist people whenever possible to stay at home rather than go to hospital, leave their home area or be detained.

ESC7 expand supported employment, links with education and leisure and supported living.

ESC8 monitor social inclusion outcomes.

ESC10 promote social inclusion as a core value in the organisation.

3 **Health, safety and security**
In order to 'provide just enough support' to service users, individual practitioners will need to ensure that they operate within work areas and practices which maintain good health, safety and security.

4 **Service improvement**
There is an ever increasing body of literature which addresses and promotes the recovery framework and social inclusion. Individual practitioners will need to make constructive suggestions, as a result of acquired and applied learning in these areas and gathering feedback from those using mental health services, in order that good practice from elsewhere can lead to local service improvements and developments.

5 **Quality**
Lack of involvement and shared decision making with users of services leads to poor quality service delivery. This essential shared capability demands that individual practitioners not only work collaboratively with the service user, rather that they equip the person to feel confident in directing and defining their own care.

6 **Equality and diversity**
'Providing just enough support' will require individual practitioners to value and harness the difference and individuality of service users in order to understand, appreciate, respect and support the choices they may wish to make.

ESC7 Providing service user centred care

'Negotiate achievable and meaningful goals; primarily from the perspective of service users and their families.

Influence and seek the means to achieve these goals and clarify the responsibilities of the people who will provide any help that is needed, including systematically evaluating outcomes and achievements.'

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

Capabilities of an inclusive organisation/service

- Audits show that care plans are unique and support the person to establish and maintain their life in the mainstream community rather than offering a standard package of service in a segregated setting.
- The mix of disciplines, grades and individual staff skills is arranged to ensure that health and social care needs can be met alongside their inclusion needs (e.g. access to skilled advice on lifelong learning as well as symptom management).
- Commission services to: expand supported employment; link with education and leisure providers; replace congregate residential care with Supported Living; and build community capacity.

Capabilities of an inclusive practitioner

- Work positively and creatively with the service user and their family, including at those times when their goals are in conflict.
- Assess the individual qualities of each community opportunity.
- Support service users to participate in mainstream community settings to a maximum extent as a full and equal member of the setting.

Standards for better health (core and developmental)

Governance, D5a, D6

Patient focus, D8, D9a/b, D10

Accessible and responsive care, C17, D11a/b/c

- Provide support to people in the community agency in order to facilitate inclusion.
- Assist service users to transfer from the formal support of a mental health worker to the natural support of reciprocal and informal relationships with people from their local community.
- Ensure that language is clear and accessible to service users and carers.
- Enable service users to articulate goals that are meaningful to them.

Links to the core KSF dimensions

1 **Communication**

The practitioner will need sufficient communication skills to liaise with a number of agencies, building on sound working relationships in order that a smooth transition for the service user, from mainstream mental health services to community services is ensured.

The practitioner may need to assume role of 'broker' or intermediary, requiring tact, clarity of thinking, persuasion and diplomacy, when the aspirations and goals of the individual service users might not be shared by their family or social networks.

Individual practitioners will be required to constructively manage barriers to effective communication to ensure clarity and understanding.

2 **Personal and people development**

Practitioners will need to 'think outside the box', critiquing the way they conduct their practice, identifying how evidence-based practice could be incorporated into their own practice and then evaluating the outcome.

3 **Health, safety and security**

Practitioners need to ensure that the working practices of other services are safe in relation to the user engaging with the community service and disengaging from mental health services.

4 **Service improvement**
The greater the engagement of the practitioner with community partners, especially those who do not specifically provide services for mental health users, the more successful promotion of inclusion and the broader the spectrum of choice for the service user.

5 **Quality**
All practitioners must ensure rigorous evaluation of goals and outcomes of the individual's care plan.

Individual practitioners will need the skills and be given the support to identify ineffective quality systems and approaches.

6 **Equality and diversity**
Through the development of creative and innovative care plans, service users' unique needs and qualities will be considered when accessing a range of services. Practitioners will need to equip themselves with knowledge of the less well known agencies and not rely on outdated knowledge of a few tried and tested services in order that services can match the diversity of each individual.

ESC8 Making a difference

'Facilitating access to and delivering the best quality, evidence-based, values-based health and social care interventions to meet the needs and aspirations of service users and their families and carers.'

'To work in this way practitioners will need to understand the role of evidence-based and values-based 'best practice' as enshrined in NICE guidance and Psychosocial Interventions training etc.'

Standards for better health (core and developmental)

Clinical and cost effectiveness, C5a/c/d, D2a/d

Governance, C7a

Public health, C22c, D13a/b/c/d

Capabilities of an inclusive organisation/service

- Staff job advertisements, job descriptions, person specifications, Continuous Professional Development portfolios, supervision, training and research records reveal that the work is about health, social care and social inclusion interventions and outcomes.
- Track the delivery of health, social care and social inclusion interventions and outcomes through assessment documentation, case records, performance monitoring, audit and service level agreements.
- Utilise community level indicators (such as measures of economic activity, social capital and community well-being) in service design and monitor staff activity in relation to work with community organisations as well as with service users.

Capabilities of an inclusive practitioner

- Utilise a thorough knowledge of how to become involved in community life and how relationships are built and maintained.
- In partnership with community members, conduct reviews of inclusion arrangements and revise support plans accordingly.

- Understand the concepts of both social inclusion and social capital and incorporate insights into work with service users and community organisations (this is more likely to be successful where the organisation recognises the importance of community well-being).
- Within the context of personal reflective practice, analyse the processes and strategies used to promote inclusion and extend personal repertoire of effective skills.
- Recognise the healthy and inclusive elements of the service user's current life and help them to sustain these.
- Collect evidence, on a regular basis, of what works for service users and carers.

Links to the core KSF dimensions

1 **Communication**

Service users themselves often report that practitioners focus on limitations and weaknesses when developing care plans. This approach is a wasted opportunity as there is a richness of information to be gathered from understanding the health and inclusive elements of an individual's current life, their aspirations and previous successes. Practitioners must develop a language which instills hope, engendering optimism with all those involved in the individual's care.

2 **Personal and people development**

A repertoire of knowledge and skills will be required to facilitate a socially inclusive approach and to ensure that appropriate resources are accessed and that the service user experiences optimum choice.

Practitioners must endeavour to maintain an up-to-date knowledge base of evidence-based interventions, NICE Guidelines and best practice and should evaluate its integration into their practice.

3 **Health, safety and security**

Practitioners can contribute to the development of policies and protocols within their service and those of other services, ensuring they minimise risks to the health, safety and security of service users and colleagues.

Psychiatry

During an A level psychology class, students needed to undertake some work to help them understand the difficulties associated with a diagnosis of schizophrenia. One member of the class happened to be the daughter of a Consultant Psychiatrist, who agreed to spend two hours with the students discussing mental health.

Contact: Lindsey.Kemp @icc.wkent.mht.nhs.uk

This simple, everyday story illustrates a number of inclusion capabilities:

ESC1 Building on informal and personal connections. Almost every school in the area will have parents who are employees of the mental health service.

ESC1 Delivering mental health training – and this is especially valuable to train young people at a time in their lives when risk of mental health problems amongst their peer group is high.

ESC3 Acknowledge the contribution made by carers, family and friends to the recovery process. Assisting friends to provide informed support provides a useful contribution to early intervention.

4 **Service improvement**
A systemic approach to the evaluation of services including working collaboratively (such as participation on Steering Groups, attendance at partnership meetings, working closely with other agencies etc) will facilitate greater cohesive service improvement.

Individuals must enable and encourage others to understand and appreciate the influences of best practice on the service and why improvements are made.

5 **Quality**
Individual practitioners will contribute to improving quality of service provision by increasing their knowledge and application of evidence-based interventions and values-based practice.

6 **Equality and diversity**
The individual practitioner will need to be able to identify and take action when their own or others' behaviours undermines equality and diversity.

The individual practitioner must be able to support the service user who may need assistance in exercising their rights or enabling them to make the best use of their abilities.

When necessary, they must feel equipped to actively challenge individual and organisational discrimination.

ESC9 Promoting safety and positive risk taking

'Empowering the person to decide the level of risk they are prepared to take within their health and safety. This includes working with the tension between promoting safety and positive risk-taking, including assessing and dealing with possible risks for service users, carers, family members and the wider public.'

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

Capabilities of an inclusive organisation/service

- Adopt a positive approach to risk-taking in the delivery of healthcare, social care and inclusion support, so that everyone has a reasonable chance to enjoy good health, develop skills, earn a wage and live as safely as they wish.
- Align the organisation's vision statement, policies and practices on disclosure, risk, lone working and working hours so that they support inclusive practice.
- Align staff working hours to facilitate service users' participation in community opportunities (e.g. support for leisure activities during evenings and weekends rather than just within office hours).

Capabilities of an inclusive practitioner

- Acknowledge and respond to the trauma and distress caused by exclusion. Include 'risk of exclusion' in risk assessments by ensuring that risk assessments are hopeful rather than pessimistic, informed by the service user's ambitions and increase rather than decrease opportunities for recovery and a valued lifestyle. In this way, the principle of the 'least restrictive alternative' is complemented with the principle of the 'most inclusive alternative'.
- Work as part of a team and be creative, flexible, innovative, tenacious and supportive.
- Work flexible hours as needed to support the inclusive aspirations of service users.

Standards for better health (core and developmental)

Safety, C1a, D1

Governance, D6, D7

Care environment and amenities, D12a/b

Links to the core KSF dimensions

1 **Communication**
Promoting and ensuring safety and the management of risk relies on honest and open communication networks.

Individual practitioners must ensure that accurate and complete records and communications are consistent with legislation, policies and procedures.

They will also need to support others to make difficult decisions.

2 **Personal and people development**
Individual practitioners must ensure that they have an understanding of the factors associated with risk or harm to self and others.

They will need to equip themselves with knowledge and skills which will facilitate and promote a positive approach to risk taking including developing a comprehensive knowledge and skills base in relation to identifying and managing risk.

3 **Health, safety and security**
Skills will need to be developed in identifying how best to manage risk within the working environment.

Skills will also be required in supporting others to manage risks more effectively.

4 **Service improvement**
As an effective team member, one must enable and encourage others to alter their practice, to share achievements (thus creating a work culture of optimism and hope) and to challenge tradition.

Changing practice successfully relies heavily on working increasingly closely with service users and the public.

5 **Quality**
It is important that the individual practitioner works within the limits of their own competence and levels of responsibility and accountability, referring issues beyond these limits and consulting with other relevant people to ensure opportunities are maximised safely for service users.

As an effective team member one can support and enable others to problem solve and address issues.

6 **Equality and diversity**
Efforts must be made to provide a range of options, which positively address issues of diversity, for service users to engage in.

ESC10 Personal development and learning

'Keeping up-to-date with changes in practice and participating in life-long learning, personal and professional development for one's self and colleagues through supervision, appraisal and reflective practice.'

'In order to meet this capability practitioners will need a personal/professional development plan that takes account of their hopes and aspirations that is reviewed annually.'

Capabilities of an inclusive organisation/service

- Support staff via work/life balance, mentoring and a positive, encouraging culture to learn and solve problems using imagination and creativity.
- Utilise thorough management, supervision, mentoring and training systems to identify and meet staff development needs so that healthcare, social care and social inclusion needs can be met.
- Exercise effective arm's length management for staff working independently in the community.
- Promote inclusion as a core value in the organisation.
- Assist the development of knowledge about how to support inclusive aspirations and lifestyles of service users.

Capabilities of an inclusive practitioner

- Develop several possible explanations for what is happening in the service user's life and reflect on these. Understand competing definitions, philosophies and practices of inclusion and recognise the competition between inclusion and other viewpoints and priorities.
- As needed, work in a wide variety of community locations rather than just in one office or workplace.
- Often work on a 1:1 basis with service users and with people from community organisations.

Standards for better health (core and developmental)

Clinical and cost effectiveness, C5b/c

Governance, C8b, C10a/b, C11a/c, D4b/c, D7

Patient focus, C14b/c

Accessible and responsible care, C17

Occupational therapy

Thinkarts is a project launched by North East London Mental Health NHS Trust that provides arts-related events, projects and vocational opportunities for people who use mental health services, carers and volunteers.

Individuals are supported to form a collective of artists able to respond to requests from the community. Thus they link user groups to commercial businesses, education facilities to charities, and mental health projects to other groups, such as those for refugees. Some service users have progressed from volunteering to being paid for their work.

Thinkarts also provides open forums in community-based arts venues, exhibition visits and art projects, many of which are run with professional artists, poets, signwriters and so on.

(continued opposite)

- Engage in independent decision-making alongside appropriate consultation with colleagues or managers and reference to practice guidance.
- Design personalised support arrangements for service users that are unlike those developed for others, monitor their effectiveness, adapt them as needed and learn from the process.
- Find out what works by harnessing the insight and contribution of service users, other citizens and researchers.

Links to the core KSF dimensions

1 **Communication**

Individual practitioners will need to demonstrate sensitivity in what and how they communicate with service users in community locations. It will require an increased awareness of how one relates to a service user or their family in a public place.

2 **Personal and people development**

As a minimum, all individual practitioners must engage in reflective practice, supervision and a development review process.

It is important that the aspirations and hopes of the practitioner are also acknowledged.

There is a need to increase the knowledge and skills base by learning from the unique relationship and experience of working with service users, their communities and colleagues.

Individual practitioners must recognise the benefits of engaging service users in developing and improving their personal practice by encouraging and facilitating feedback on their performance.

3 **Health, safety and security**

Individual practitioners will need to ensure that they appraise themselves of the health, safety and security issues associated with various community locations, in order that work with the service user takes places in the most appropriate environment.

4 **Service improvement**
The experience of the service user will greatly improve if they receive an individually tailored package of care. In turn, being able to review and learn from the process will improve the delivery of the broader service – sharing with colleagues can further enhance their practice.

5 **Quality**
Engaging with service users and their communities lends itself to systems working, assists the bridging of gaps between mental health and non mental health services and facilitates a 'seamless' approach.

6 **Equality and diversity**
Equal opportunities are about addressing representation and balance. The practitioner will need to elicit those personal qualities and attributes of the service user which they want to be considered as priority in developing their care plan and will need to address them (e.g. accessing services for women only, engaging with services which can accommodate those with responsibilities for children, identifying services which can support the individual's cultural or religious beliefs).

Occupational therapy (continued)
Volunteers support thinkarts by organising and setting up exhibitions, producing design graphics, and co-facilitating workshops. The Serpentine Art Gallery, public transport services and local further education college have been mainstream venues for their work. The project aims to produce and circulate a monthly newsletter to its mailing list of 3000 people and organisations.

Contact: vivienne.wheeler @nelmht.nhs.uk

As a single project, Thinkarts demonstrates the following inclusion capabilities:

ESC5 promote opportunities for service users to create and develop friendships with other citizens.

ESC6 value and harness the contribution of service users to community life.

ESC9 by providing a number of options for involvement, people using the service can self-manage risks whilst pursuing opportunities for social inclusion and community contribution.

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Material from other publications has been substantially re-ordered and extended in this document, so references are not individually cited in the body of the table, but sources are acknowledged here.

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Useful websites and contacts

www.socialinclusion.org.uk www.scie.org.uk ccacwi@lincoln.ac.uk (10 ESCs)

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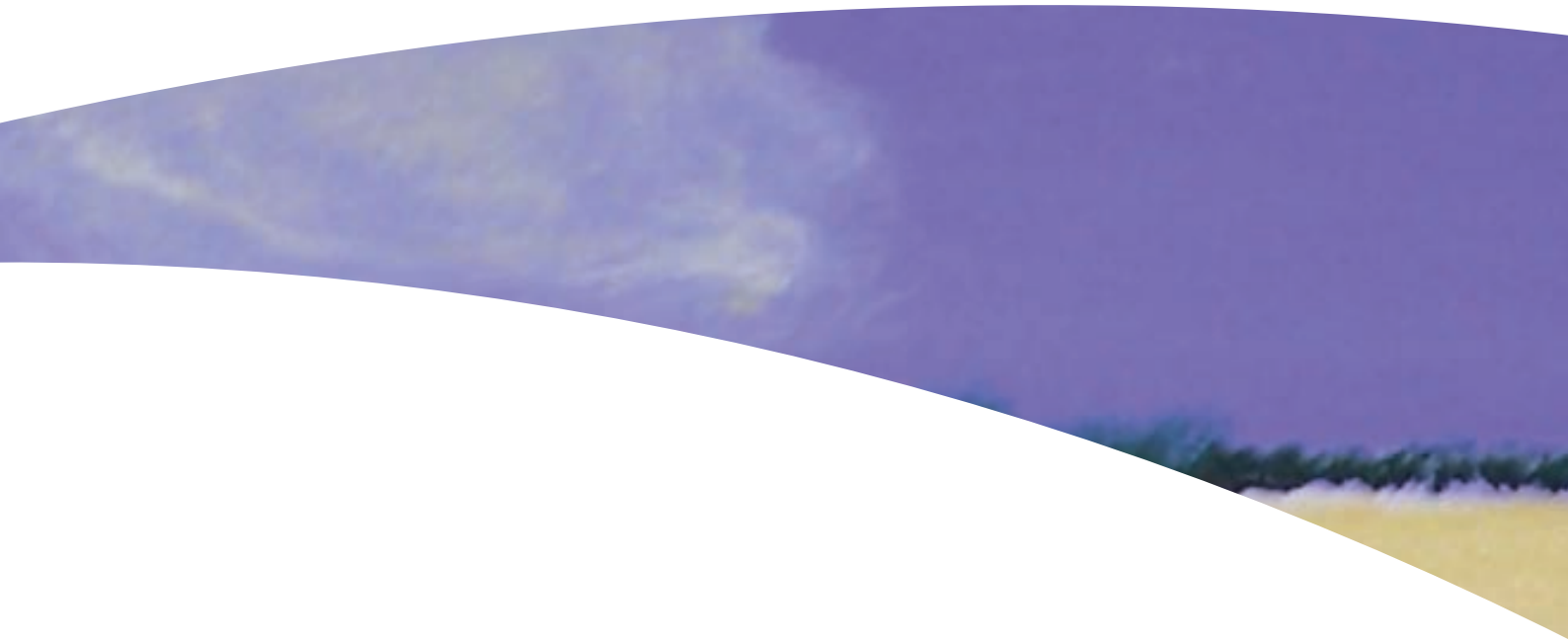

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