Common Core Principles

to support good mental health and wellbeing in adult social care

skillsforcare

Foreword

For many years the priority given to physical health over mental health has been a significant issue for our society. When at least one in four people will experience a mental health problem at some point in their life, making sure they get the support they need to live independent and fulfilled lives is essential in delivering a stronger economy and a fairer society.

Because of this long standing issue, the Deputy Prime Minister and I recently launched *Closing the Gap: Priorities for essential change in mental health* on behalf of the coalition government. The document sets out clearly 25 urgent priorities for changes that are needed in mental health, and the approach we will take to delivering on them.

The quality of the workforce in care and support services is critical to the successful achievement of the priorities. In particular it is vital that the social care workforce are working in ways that support good mental health and wellbeing with everyone who needs care and support.

To support the workforce with this challenge, Skills for Care has worked with the Mental Health Foundation, Public Health England and the Department of Health to develop this set of *Common Core Principles for Supporting Good Mental Health and Wellbeing in Social Care*. The principles have been devised by working with people with care and support needs (including mental health needs) and social care employers.

I hope these principles will be used to support workforce development by social care providers and commissioners, and other partners supporting good mental health and wellbeing.

I encourage all those involved in providing care and support to embed these principles in their culture, their agreements with partner agencies and their own policies and practices.

Norman Lamb
Minister of State for Care for Care and Support

Contents

See also *Implementing the Common core princples for mental health and wellbeing: a guide for employers and managers using the common core principles in adult social care settings.*

Introduction

This guide presents the 10 common core principles to support good mental health and wellbeing in social care settings. They can be used to enable workforce development for any member of staff working in social care. The common core principles are relevant to every setting and provide a basis for a general understanding of promoting good mental health and recognising signs of poor mental health among everyone receiving care and support. They aim to build workers' confidence by identifying good practice underpinned by indicative behaviours. This document also signposts to resources and further reading and these have been included at the end of the guide.

Although the guide is written primarily for the social care sector, the principles and supporting information will also be of interest to those working in any situation where people interact with people needing care and support.

The common core principles are:

Principle 1

Know the key signs of mental illnesses and distress and be able to respond appropriately.

Principle 2

Understand the importance of *good mental health* and *wellbeing* and have good knowledge of how to promote these with people who need care and support.

Principle 3

Promote *dignity* and *respect* by maintaining confidentiality and integrity and valuing the individual's knowledge and experience.

Principle 4

Ensure *equality* and *legal* rights are upheld under the law, especially in relation to the Equality Act 2010 and Mental Capacity Act 2005.

Principle 5

Maintain *safety* and *safeguarding* responsibilities by appropriately assessing risks and supporting where necessary.

Principle 6

Deliver *flexible* and *personalised care* that reflects the individual's identity and preferences.

Principle 7

Enable informed choice and control by appropriately supporting people who need care and support to make well-informed social care and lifestyle decisions building on their strengths and personal resources.

Principle 8

Promote social inclusion by helping people who are being supported to maintain positive relationships and family contact, peer support, active community involvement, and by enabling carer[1] involvement.

Principle 9

Promote creative, cultural and recreational activities that are meaningful to the individual to enable the best possible quality of life and fulfilment.

Principle 10

Enable capacity and confidence-building in people who need care and support to maintain their independence and control by supporting them to manage risk-taking activities, lifestyle decisions and setting goals.

The development process for the principles

The principles have been developed following a literature search and extensive consultation with people who need care and support and their carers. In addition to this the draft principles have been tested with a number of social care employers to ensure they are fit for purpose. Section 2 covers the 10 principles and identifies the indicative behaviours that underpin each principle.

In addition to the 10 principles, two key areas have been highlighted which underpin all of the other principles:

1. *All practitioners* should *actively work together* across agencies, health and social care sectors and communities to ensure consistency and co-ordination in care and safeguarding

2. All practitioners should demonstrate *key personal qualities* relevant to social care.

Multi-agency working is critical to support people who need care and support. Services should appear as joined up as possible, no matter how difficult this maybe. Care and support provided should be designed specifically for the person affected with all practitioners liaising together to ensure personalised care. It should be coordinated and not confused by a succession of professionals and clinical or care procedures. This must include sharing of relevant information (when appropriate) with other practitioners when people's circumstances change. Informed consent (i.e. understanding and knowing what one is agreeing to) is an essential element of this.

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1 'Carer' is used throughout to indicate family or friends who provide social care support, as distinct from social care or health workers.

The key personal values relevant to social care are also critical characteristics that the workforce should have. Evidence from people who need care and support consistently shows that the personal values of social care workers are very important to their experience of receiving good quality social care. Personal values are not the same as principles and it is much more difficult to embed them in working practice. It is therefore very important that a social care workforce is developed that can both individually and collectively demonstrate the personal values that are rated highly by people who need care and support while at the same time understanding their role in terms of delivering a service. Such development will include good recruitment, training, practice development and peer support. Qualities which are particularly important include:

- Empathy

- Compassion

- Caring nature

- Honesty

- Consistency

- Integrity

- Friendliness

- Approachability

- Optimism

- Motivating other people

- Non-judgementalism

- Collaboration
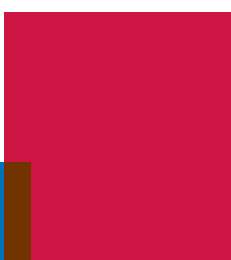
The common core principles to support good mental health and wellbeing in adult social care

Principle 1
Know the key signs of *mental illnesses* and *distress* and be able to respond appropriately.

These might include:

- Self-harm and/or suicidal thoughts

- Unusually low mood (depression) or very lethargic behaviour

- Being unusually sad or angry

- Experiencing delusions or hallucinations (often communicated in terms of very strange thoughts, ideas or beliefs)

- Unusual obsessional thinking or behaviour

- Appearing to lack insight into personal circumstances, needs, etc.

- Very elated mood (excessively happy) for no apparent reason

- Very agitated or excited behaviour for no obvious reason

- Paranoid or violent thoughts directed towards others

- Behaving in ways that are likely to upset or cause distress to others but showing no concern or awareness of this

- Lacking mental capacity to make decisions

- Changes in usual behaviour may be a symptom as well as a result of mental illness

Context

People who need care and support who have longstanding mental illness or mental health problems may experience periods of crisis or distress caused by this. They may also develop a mental illness or mental health problems during the time they are receiving social care because of other disabilities, conditions or problems that they have. The signs of mental illness and distress can include significant changes in people's thoughts, feelings, mood, and behaviour. It is important that people working in social care have some understanding of these signs so they can identify if people they are caring for may have a mental illness or mental health problem and need adjustments to their care and support.

Social care workers should understand that when people with mental illnesses or problems are in crisis or distress and behave in unusual ways this is almost certainly as a result of the illness or problem. Social care workers need to be able to address their own concerns, the person's concerns or the concerns of others (e.g. family and carers) about the person's mental health and provide a timely, appropriate and sensitive response about mental health support options for the person who needs care and support. The term 'recovery' is often used to describe how people can be supported to exercise control over their mental illness or problems and live a good quality of life even if they continue to experience episodes of mental distress.

Social care workers need to be aware and sensitive to that fact that people who need care and support may not describe their distress or difficulties in terms of mental illness. People who need care and support may have experienced stigma and discrimination as a result of being known to have a mental illness or mental health problem, or treatments for their mental health they weren't happy with. For these reasons they may be reluctant to talk about their mental health. Social care workers also need to be careful not to make assumptions about a person's mental health based only on observing these signs, but know how to respond appropriately and raise concerns where necessary. Unusual lifestyles, different values, beliefs, behaviours and customs because of age, ethnicity, gender, sexual orientation, and religion or similar beliefs, or the presence of other disabilities, illnesses or health problems may be the reasons for these signs, rather than a mental illness or mental health problems. Being able to communicate clearly with a person is also very important in helping understand how someone is feeling and to avoid misunderstandings.

Indicative behaviours

- You should be able to identify the signs listed above and always be aware of their potential existence in people you are working with. It is important that you understand that these signs are associated with mental illness or mental health problems, but that they can also be associated with other factors which may require a different response.

- Be able to respond calmly should people who need care and support be showing signs of distress, showing respect and empathy for their description or explanation of what they are experiencing while also being aware and responding appropriately to any risks they pose to themselves, others or yourself.

- Know how and when to signpost a person who needs care and support or their carer to their GP, any specialist mental health services they are in touch with, or emergency services if they appear to be having a crisis or are in distress. Know how to record and report your concerns about the mental health of people you are supporting.

- Understand that mental illnesses can be, but often are not, lifelong conditions. They can be episodic and fluctuating in their nature. This means that people can develop them at any point in their lives, may experience periods of severe distress and crisis but also periods of good mental health, and that with the right support and care people can get better again.

- It is likely that different approaches may be needed at different points to support people with mental illnesses and problems. Recognise that symptoms and wellbeing can fluctuate daily or even more frequently, in some circumstances or for some people.

- Ensure that you support people affected and their main carers in their own homes. You also need to be able to recognise if someone is going into crisis or distress, and ensure that appropriate support is in place.

- Think about the whole person when assessing for signs of mental illness or mental health problems, taking into account their usual interests, beliefs, values, behaviour and home support.

- A person may not realise that their mental health has deteriorated or that their feelings, thoughts or behaviour may be associated with a mental health problem. Having knowledge of how someone usually behaves when they are well can be useful as a comparison if they appear to be becoming unwell (e.g. by unusual behaviour). A person's behaviour can help to show how someone is feeling and/or the thoughts they might be having.

- Contribute to joint crisis planning with people who may need to access acute care again in future, and are being supported to plan for this.

- Understand the person's own perspective on what they need in order to feel safe and secure.

- Signs of mental illness or mental health problems do not necessarily mean that a person is in crisis or distress, so it is important to continue to meet the person's social care needs as required, and know how to promote good mental and physical wellbeing in general, not just focusing on sickness, labels or diagnoses (see Principle 2).

- Recognise that a person who needs care and support may have their own definitions of 'recovery' which should be respected and supported.

- Have knowledge of the Care Programme Approach (CPA) processes and the social care worker's role within CPAs (http://www.rethink.org/diagnosis-treatment/treatment-and-support/cpa). Be aware that crisis planning may be a part of a person's CPA.

- When communicating with a person who may be distressed because of a mental illness or mental health problem:

    - you should take into account their usual communication skills and culture

    - always face the person in conversation and be reassuring in your expressions, tone of voice and words, to reduce frustration

    - use plain vocabulary and avoid jargon

    - take account of any hearing or visual problems or second language difficulties

    - try not to be negative or enter into arguments with the person and also not to say or do anything that might reinforce a person's negative feelings, disturbed or deluded thoughts, or distress.

Principle 2

Understand the importance of *good mental health* and *wellbeing* and have good knowledge of how to promote these with people who need care and support.

Context

Being mentally healthy doesn't just mean that a person has no mental health problem. Mental health is about how each of us thinks and feels, our outlook on life and how we are able to cope with life's ups and downs. Some people prefer to call 'mental health' *'emotional health'* or *'wellbeing'* and it's just as important as good physical health.
If you are in good mental health you can:

■ make the most of your potential

■ cope well with life and life's changes

■ play a full part in your family, workplace, community and among friends.

Remember that we all have times when we feel down, stressed, frustrated or frightened. Most of the time those feelings pass but sometimes they develop into something more serious. Everyone is different, however: some people bounce back from a setback and others are weighed down for a long time. Your mental health doesn't always stay the same. It can change as circumstances change and as you move through different stages of your life.
People with a diagnosed mental illness or mental health problem may experience periods of good mental health and people with conditions such as dementia can also be supported to have good mental health and wellbeing. However, people with long term physical or mental health conditions are at significant risk of having poor mental health. Poor mental health may also be caused by the experience of discrimination, poverty, social isolation, unemployment, and homelessness, as well as the disability or health condition.
Social care workers need to know about the factors that can support and promote good mental health and be able to communicate these to any person who needs care and support, irrespective of their disability, illness or condition, as appropriate. These factors include:

■ Being able to talk about your feelings, problems or concerns.

■ Keeping physically active as much as possible and sleeping well.

■ Being able to participate and contribute in relationships and the community you live in.

■ Eating and drinking sensibly.

■ Being prepared for changes as you grow older-thinking ahead and having a plan.

■ Keeping in touch with others-staying socially 'connected'.

■ Doing things you enjoy and being able to relax.

■ Asking for help and knowing where to find help.

■ Having control over your life and being able to make decisions about things that affect you.

- Having control of your finances and managing your money.

- Being able to solve problems, manage change, think clearly and cope with life's ups and downs.

- Learning new things.

- Feeling valued and respected by the people around you.

- Feeling that there is meaning and purpose in your life and being positive about the future.

Indicative behaviours

You should be familiar with the factors that protect good mental health and wellbeing. You should be able to identify, with people who need care and support, the factors influencing their mental wellbeing and the things they can do to improve it. You should be able to communicate the importance of these factors to people who need care and support, in plain and practical language. This should be in terms which are non-judgemental and guided by a respect for individual choice and control. You should be able to do this irrespective of a person's disability, illness or condition.

You should be able to enable people to take action on the factors affecting them in order to improve their mental wellbeing.

Enable people who need care and support to get hold of up-to-date appropriate information and advice about looking after their mental health, such as the Mental Health Foundation's guides:

- How to look after your mental health
  (http://www.mentalhealth.org.uk/publications/how-to-mental-health/)

- How to look after your mental health in later life
  (http://www.mentalhealth.org.uk/publications/how-to-in-later-life/)

- and the Five ways to wellbeing
  (http://www.neweconomics.org/projects/five-ways-well-being).

Be aware of information and local services that can assist in promoting good mental health such as access to leisure centres, welfare rights advice, opportunities for paid work or volunteering, information about healthy eating, etc., and support people who need care and support to access these as necessary. This may involve attending with people if required.

Principle 3

Promote *dignity* and *respect* by maintaining confidentiality and integrity and valuing the individual's knowledge and experience.

Context

People who need care and support should not be treated with less respect or dignity than anyone else would expect to receive. Social care workers should show the same level of respect and dignity that they would want for themselves or for their loved ones.

Examples of a lack of dignity and respect being experienced can include:

■ not being talked to, asked for their views, or having their views listened to

■ being treated simply as an illness or problem that needs doing something to or performing a task on

■ personal preferences for how care or support is provided being ignored, e.g. privacy when providing personal care

■ differences in values, belief, culture, etc., based upon age, ethnicity, gender, sexual orientation or religious or similar belief being ignored by those providing social care or support.

Care and support that is guided by dignity and respect will have a positive impact on people who need care and support, including their self-esteem, feelings of self-worth and overall mental health and wellbeing. Social care workers should not take an expression of dissatisfaction by a person who needs care and support personally. A lack of knowledge about a person's beliefs and values because of age, ethnicity, gender, sexual orientation or religious or similar belief may mean that other colleagues can advise you or are better placed to provide social care or support to a particular person.

Indicative behaviours

■ Know who people are, acknowledge them by name (making sure that you use the name they prefer you to use) and ask them how they are.

■ Provide introductory information to people who need care and support about the service they are receiving and the people that will be providing their social care services.

■ Recognise the value of the expertise and contributions of the person and involve them from the outset in planning their own care or support.

■ Answer people's questions as openly and honestly as you can, signposting them to other sources of information where necessary.

■ Trust that a person knows themselves very well-listen to and respect what they have to say.

■ Ask the person about their personal preferences about how they like care or support to be given to them.

- Ask the person about their values, wishes and particular beliefs that affect how social care is provided to them.

- Where people who need care and support are unable to express preferences, wishes, beliefs, etc., make sure you have the correct and relevant information from colleagues, family or carers. It may be helpful to consider advocacy if the person lacks mental capacity.

- Make sure that you record any incidents where a person expresses dissatisfaction with the care or support they are receiving and discuss them with your manager. Be open to discussing how someone's beliefs and values may make it challenging for you to provide care or support in a way that they consider to be dignified or respectful.

- Ensure appropriate consent is obtained before sharing personal and contact information with other organisations.

Principle 4
Ensure *equality* and legal *rights* are upheld under the law, especially in relation to the Equality Act 2010 and Mental Capacity Act 2005.

Context

Stigma and discrimination can be very detrimental to people's mental health. Also, people have a right to make decisions about their care and support and to have help in doing this where necessary. However, many people who need care and support may have experienced stigma and discrimination because of their age, ethnicity, gender, sexual orientation, or beliefs and this may be compounded by additional stigma and discrimination if they have a mental illness or mental health problem. Historically, many people using social care have been wrongly excluded from making decisions simply because of their diagnosis or disability even though they are capable of making decisions for themselves. Promoting equality in accordance with the Equality Act 2010 and good practice requires that social care workers readily and fairly facilitate all people who need care and support to access appropriate sources of mental health support as well as other social care they may be using.

Supporting a person to make decisions about their social care for themselves wherever possible, and knowing whether and how to make a decision on their behalf, must follow the legal safeguards in the Mental Capacity Act 2005 (MCA). The MCA emphasises that people should not be assumed to lack mental capacity in making a decision solely because the person is making an unwise decision or because of diagnosis, disability, age, appearance or behaviour. It describes a process for assessing capacity and explains how a decision made on behalf of someone who lacks capacity to make it themselves must be done in their 'best interests'. Mental capacity is decision-specific (i.e. a person's capacity to make decisions must be judged on a decision-by-decision basis) and a person cannot be assumed to lack capacity to make all decisions on the basis of their lacking capacity for any one decision.

Indicative behaviours

■ Show awareness that there is legislation that covers equality and mental capacity issues.

■ Enable equal access to care, information and support appropriate to individual need.

■ Provide equal access to complaints procedures and ensure people who need care and support are not discriminated against when complaints are made.

■ Recognise and account for individual differences in culture, language, circumstances, values, beliefs, age or abilities when providing social care.

■ Be aware that it can be difficult sometimes to ensure that your own personal values, beliefs and prejudices don't inappropriately affect your practice as a social care worker. You may find the circumstances, lifestyle, beliefs, values, and behaviour of people who need care and support disagreeable, but you should not allow this to affect the care or support you are providing or the way in which you provide it. Be open to having behaviour that is driven by your own personal values, beliefs and prejudices challenged constructively by people who need care and support, and by carers, your manager or colleagues.

■ Always start from the position of assuming that people can make their own decisions, including those about social care but provide the appropriate information, help or support if someone requires this to make the decision.

■ Remember that just because a person who needs care and support is making what appears to you an unwise, odd or eccentric decision, it doesn't necessarily mean that they lack capacity to make the decision. Determining a person's mental capacity should not be based on a social care worker's personal values.

■ If you are worried that a person who needs care and support really doesn't have mental capacity to make a decision, including any about their social care, and you are not familiar with the MCA, ask your colleagues or manager for advice and guidance.

■ If you are working with people who often lack capacity to make decisions for themselves, make sure you understand how to correctly assess their capacity and make 'best interests' decisions on their behalf in line with the MCA.

NOTE: This principle links to the 'Time to Change' initiative which is led by Mind and Rethink Mental Illness. It is England's biggest programme to challenge mental health stigma and discrimination. Find out more at http://www.time-to-change.org.uk

Principle 5

Maintain *safety* and *safeguarding* responsibilities by appropriately assessing risks and supporting where necessary.

Context

Although most people who need care and support want to live as independently as possible they may still be vulnerable due to factors such as their illness, disability, age, or frailty. Feeling safe in their own homes and the communities they live in are important factors supporting good mental health and wellbeing for all people who need care and support. Abuse (physical, sexual, emotional/psychological, or financial), intimidation or harassment will have a detrimental effect on a person's mental health and wellbeing and any suspicion or allegation of these must be taken very seriously. People who need care and support with mental health problems may feel unsafe, or be at risk particularly when experiencing a crisis or in distress.

People with mental health problems or cognitive problems (e.g. learning disabilities, dementia) may sometimes make decisions or do things that put themselves at risk from others. Although rare, they may on occasions pose a risk to the safety of others including family members and workers. Unfortunately, there is clear evidence that sometimes health and social care services are provided in ways that put people who need care and support at risk, or that neglect, mistreat or abuse them. Safeguarding therefore is everybody's business.
Safeguarding responsibilities involve assessing, managing and addressing risks to people's health and wellbeing, from the people they are in contact with or the communities they live in. This may also involve having basic skills and knowledge about how to respond to a perceived risk that the person themselves may pose, to themselves or others, and an awareness of the laws relating to safeguarding.

Addressing risks may include challenging instances of poor care. However, safeguarding must be balanced with respecting the independence and privacy of people being supported, and it is important not to be overly or unnecessarily protective of individuals. Assessing and managing risk must incorporate supporting people who need care and support to take risks. It is important to share information about the safety of and risks to any person who needs care and support with other organisations providing support and care, according to local agreements about sharing information.

Indicative behaviours

- Recognise where people are vulnerable or unable to take their own decisions and/or to protect themselves, their property and assets and bodily integrity.

- Show understanding of the different types of abuse that can occur and give rise to safeguarding concerns.

- Have knowledge of how to raise a safeguarding concern.

- Where appropriate, discuss concerns about a person's safety or any risks with the person themselves.

- Make sure that any concerns about a person's safety or risk are shared in any risk assessment process with your manager, colleagues, and other organisations.

- Ensure that when the right to an independent lifestyle and choice is at risk, the individual concerned receives appropriate help, including advice, protection and support from relevant agencies.

- Report any suspicions if there is evidence to indicate that any other service the person is receiving, or individuals they are in contact with, is abusing them or increasing their vulnerability.

- Have an awareness of your organisation's policy for reporting safeguarding concerns and using it appropriately so that vulnerable adults receive the protection of the law and access to the judicial process where necessary.

- Recognise that different safeguarding issues can arise in different settings, e.g. care homes, person's own home, etc.

Principle 6

Deliver *flexible* and *personalised* care that reflects the individual's identity and preferences.

Context

Many people with disabilities, illnesses and long-term conditions needing care and support services have negative past experiences of 'one size fits all' approaches to the support and care they previously received. This is especially so for older people with mental health problems who may have experienced very institutional care if they had long stays in psychiatric hospitals. Some people have experienced very inflexible and rigid services living in the community. Personalisation aims to ensure that services are made to fit around the person rather than fitting the person into services. People receiving publicly-funded social care must be receiving this as a 'personal budget' by which they decide (with support where necessary) how their social care needs will be met. 'Direct payments' are one form of personal budget. People who pay for their own social care will also expect personalised and flexible care. People who lack capacity to make decisions about their social care may have made their wishes known in advance and have a relative or friend who is able to make decisions about their care on their behalf.

This principle promotes good mental health and wellbeing by recognising people as individuals; it promotes the timely provision of flexible and responsive care and support for people in general as well as those with mental health support needs which may fluctuate over time.

Indicative behaviours

- Show that you value communication with the person as an individual—make time to listen and understand.

- Take account of any hearing or visual problems, and second language or communication difficulties. Learn as much as possible about the person's values, life history, identity, and treatment or care preferences.

- Follow up on people's requests for information, services or further support needs.

- It is important to use professional interpreters where there are language barriers, rather than relying on family or friends for translations. This is particularly important for vulnerable people where there may be safeguarding issues or concerns. However, it is also important not to exclude family or friends where they want to assist; the person may want them involved, and they may have important or useful information about the people who need care and support.

- Information should be provided in a timely way. For some people too much information, too soon, can cause distress. For others, delayed or too little information can be frustrating. The amount and timing of information should be tailored to individual need, based upon a good understanding of the person.

- Be willing (if your role allows) to accompany people who need care and support to appointments with other professionals or agencies if they request this, and to be involved in meetings and decisions about their care and support needs. This can be particularly important when a person is newly referred to another service.

- As far as possible, maintain continuity of contact and relationship-building with the person, to foster trust and confidence in the service they are receiving.

- Use plain vocabulary and avoid jargon.

- Remember that just because someone lacks capacity to make decisions doesn't mean that there aren't ways of ensuring that they still receive a personalised service.

- Feed back to your manager if policies and procedures are preventing you from providing a flexible and personalised service.

Principle 7

Enable *informed choice* and *control* by appropriately supporting people who need care and support to make well-informed social care and lifestyle decisions, building on their strengths and personal resources.

Context

Many people needing care and support have experienced a lack of choice and control (see Principle 6). By contrast, these common core principles offer important opportunities to promote good mental health and wellbeing for people who need care and support, particularly by enabling them to take an active role in making their own choices. People may need support and sensitivity to their varying or fluctuating needs. Workers' practice should be informed by the values of respect, dignity, choice and independence for individuals. Best practice encourages and supports individuals to make decisions based on the experience of their needs and enhanced by appropriate professional support and guidance. Practice is based on a shift of values from professionals 'knowing best' to them supporting and empowering individuals to be in control of their own needs. It is therefore important to find ways of helping people towards their own empowerment, regain control, have choices and take initiatives. This will often mean social care workers working in partnership with people who need care and support (and with others working with those people) to support them in developing solutions to problems they are experiencing. Remember also that family members and friends may want to contribute and collaborate in this process as well.

Indicative behaviours

■ Respond positively and supportively to feedback and requests from people who need care and support, and ensure the provision of good information.

■ Try to keep yourself informed about changes to health and social care services, benefits, etc., so you can share this information with people.

■ Care is provided on the assumption that people, irrespective of their needs or circumstances, are usually in the best position to say what their care and support needs are and have a right to be involved in day-to-day care and support decisions.

■ Find out more about how you can demonstrate 'dignity' and 'respect' towards people in your work with them (see Principle 3).

■ If a person lacks capacity to make a decision it is essential that any decisions are made in their 'best interests', in accordance with the Mental Capacity Act 2005 – this is likely to include the person's family and/or friends. (See also Principle 4.)

■ Provide good quality information about availability of services. Where good quality information is not readily available, support the people who need care and support in identifying the required information, or seek it out for them.

■ Find out from the person (and others who are supporting them) how you can work collaboratively or in partnership to support them in developing solutions and coping strategies.

- If the person who needs care and support is unable to express preferences, family or friends may be able to assist or it may be helpful to ensure the person has an advocate.

- Have knowledge of where to find EasyRead versions of factsheets, forms and documents to make them available whenever required by the people who need care and support. Many organisations will have EasyRead documents and forms available to download from their websites.

- Ensure that hand-written communication is legible to the person needing care and support, carers or relevant health or social care staff.

Principle 8
Promote social inclusion by helping people who are being supported to maintain positive relationships and family contact, peer support, active community involvement, and by enabling carer involvement.

Context

Being socially connected and feeling part of the community where you live are essential for good mental health and wellbeing. Many people with disabilities, illnesses and long term conditions, including mental health problems, have experienced social exclusion from the communities they live in, including stigma, discrimination, poverty, unemployment, isolation and loneliness. By supporting people to be more socially included, social care workers can contribute to individuals' overall wellbeing and recovery. This applies to carers as well.

Establishing or maintaining positive relationships is essential to building confidence and life satisfaction. However, people who need care and support may sometimes have "friendships" and relationships with people who also exploit them or abuse them. These can be difficult to deal with if a person has capacity to make decisions to maintain the relationship. If there is evidence of exploitation or abuse then a safeguarding concern may need to be raised (see Principle 5) or, if the person lacks capacity, the MCA could be used.

Clearly, it is important to maintain established friendships and positive relationships with family members. Peer support can be one way of enabling people to become socially connected again with others who have a similar disability, illness or condition. Local organisations and services may run peer support groups. However, it is important that people are not linked together simply because of the reasons they are receiving social care. People may also want to become actively (re)involved in their communities through volunteering opportunities, activities, or paid employment. Carers may also want opportunities for greater social connections and community participation.

Indicative behaviours

- Build up your knowledge of local organisations and services providing opportunities for peer support, community and carer involvement.

- To support people who need care and support and carers to become more socially connected find out from them first what they want to do. Enable people to identify their interests and what they can offer within their community.

- Support people to build positive and trusting relationships with their neighbours and the people living with and close to them.

- Actively promote people's access to means of social support, such as local support groups and community activities. Do the same for carers wherever possible.

- Identify and promote cultural, religious and similar, or volunteering opportunities in accordance with the needs and wishes of the person or carer.

- Where possible and applicable, accompany people who need care and support when exploring new sources of social or peer support, to encourage maintained engagement with the local community.

- People who lack capacity to make decisions about social contact and community involvement may still want to be socially connected, so try and support positive relationships, family contact and community involvement wherever possible.

- If you have safeguarding concerns about the relationships that a person who needs care and support has with somebody, manage these in accordance with Principle 5.

- Be aware of alternative routes to enabling the person to participate in communities, have social interactions, and receive information and social support; social networking sites and online forums such as Twitter and Facebook can be popular routes to promoting engagement, information and services.

Principle 9
Promote creative, cultural and recreational activities that are meaningful to the individual to enable the best possible quality of life and fulfilment.

Context

Activities should offer suitable, sustainable opportunities which are matched appropriately to individual skills, ability and interest. Activities that are too demanding or stressful, or are meaningless or merely token, can be detrimental to a person's recovery from mental health issues or damaging to mental health and wellbeing more generally. Having personal abilities and strengths recognised by others and being involved in group activities can be highly beneficial to mental wellbeing.

Indicative behaviours

- Enable people to identify the interests and skills they would like to pursue or develop.

- Activities should lead to a sense of feeling enabled and empowered.

- Support and enable people to engage in meaningful activities, pastimes and roles which bring them pleasure and enhance their lives.

- Activities should be meaningful in the context of the person's life experiences and skills.

- For activities to be meaningful, they should be age- and culture-appropriate.

- Encourage and facilitate the development and maintenance of lifelong interests and social networks.

Principle 10

Enable *capacity* and *confidence-building* in people who need care and support to maintain their independence and control by supporting them to manage risk-taking activities, lifestyle decisions and setting goals.

Context

Supporting people who need care and support to build on their strengths, skills and abilities can be an important approach to promoting good mental health and wellbeing. There is a risk that people needing care and support are seen only in terms of their disability, illness or condition, and what this means they cannot do, rather than for their actual abilities. Such loss of independence and choice can lead to deterioration in people's self-esteem, mental health and wellbeing. Encouraging and supporting people to continue as much as possible to remain active and do the things they like doing can help to boost their good mental health and wellbeing. It can also support recovery from mental illness, especially where people have been denied opportunities because of assumptions or prejudices regarding mental health problems.

Indicative behaviours

- Work with people to identify their strengths, abilities and skills and enable them to feel worthwhile.

- Enable people to identify the resources they have available to them within their family and community.

- Develop the care plan that takes account of and builds on the strengths that people have.

- Where possible provide information and opportunities for people to share and develop their strengths and skills, for example through volunteering.

- Ensure that you support people in making their own social care and lifestyle decisions.

- Support people who need care and support by helping them outline and attain their goals in achieving and maintaining wellbeing.

- Encourage people to be active participants in the care they receive from you by supporting them to do tasks for themselves wherever possible.

- If your role allows, support people who want to become involved in influencing and contributing to their local services or community.
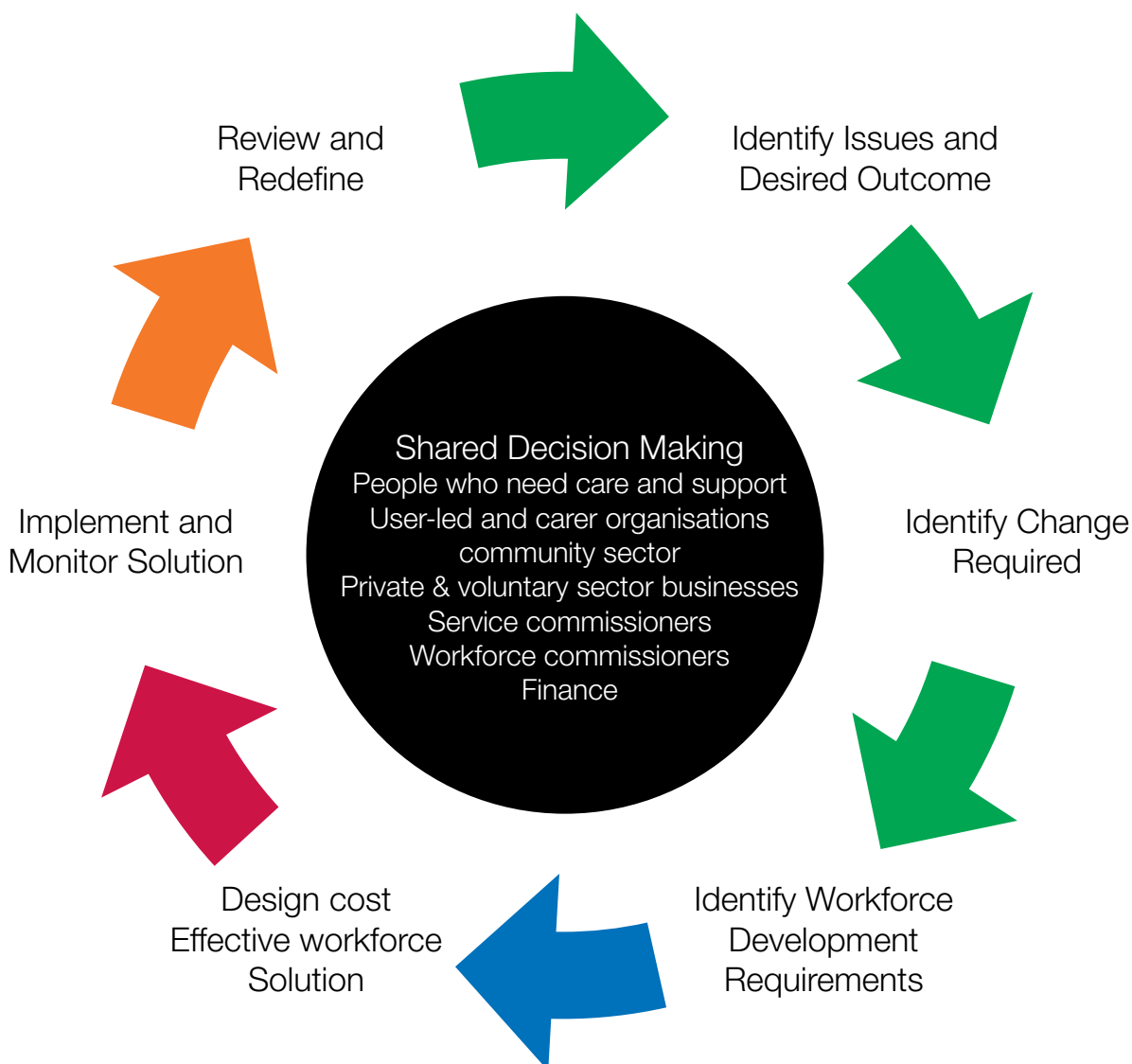
Embedding the common core principles

The principles are based on current policy and best practice. The principles provide a framework for learning and development and form the foundation for good practice across social care settings.

The indicative behaviours demonstrate how the attitudes and actions of individual staff can support people who need care and support and they can be used for setting appraisal objectives for individual workers and designing learning programmes for groups of staff. It is important that the indicative behaviours are applied to specific work contexts and roles, in order to support the development of good practice across an organisation.

Managers may find the Skills for Care 'workforce outcomes measurement model' helpful for planning their workforce's training and development. At the time of publication, this model is still in its discussion stage,

Review and
Redefine

Identify Issues and
Desired Outcome

Implement and
Monitor Solution

Shared Decision Making
People who need care and support
User-led and carer organisations
community sector
Private & voluntary sector businesses
Service commissioners
Workforce commissioners
Finance

Identify Change
Required

Design cost
Effective workforce
Solution

Identify Workforce
Development
Requirements

Reviewing your workplace

The following questions should help you review your workplace and plan the training and development you need to support your workforce to adopt the common core principles. This can be used as a benchmarking record to monitor the improvements and changes that are introduced to the training and development available for the workforce.

Topics to consider	How do these apply in your service?
Based on the needs of people who need your service, describe the ambition for the service and for workforce development in your local context	
Who interacts with the person needing care and support? ■ Which people? ■ Which teams?	
What skills do they need? ■ Indicative behaviours from common core principles ■ Specialist skills in caring for people with mental health and wellbeing needs	
What training and development is currently available? Audit: ■ Content ■ Access ■ Resources ■ Qualifications ■ Outcomes for the person receiving care and support	

Topics to consider	How do these apply in your service?
What training needs to be accessed, designed and delivered? ■ What kind of learning works best for your workforce? ■ Negotiate with training providers - are the programmes built using social care units and qualifications? ■ Use social care units and qualifications to ensure your workforce achieves a recognised standard of skills. ■ Develop your own learning programme - use social care units and qualifications to inform your context-specific competences. NB. For the social care units and qualifications, see www.skillselector.skillsforcare.org.uk	
How will the training and development be delivered? Examples: ■ Corporate induction ■ Local networks ■ Regular staff meetings and training sessions ■ Appraisals ■ Mental health and wellbeing conference for full organisation and partners ■ Others (specify)	

Additional resources & bibliography

(For legislative resources, see list at end).

Age UK. (2010) Agenda for later life, London: Age UK

Association of Directors of Adult Social Services (2012). *Towards excellence in adult social care: Progress with adult social care priorities - Bulletin 1.* (2012) London: ADASS

Bennett, S. (2012) *Stronger partnerships for better outcomes: A protocol for market relations.* UK: Think Local Act Personal

Bowers H, Clark A, Crosby G, Easterbrook L, Macadam A, MacDonald R (2005). Building *Better Services: Through the not-for-profit sector.* National Care Forum

Butler F (2006). *Rights for Real—Older people, human rights and the CEHR. Age Concern*

Care Quality Commission (2013). *Not just a number: Home care inspection programme - National overview.*

Department of Health (2000). *No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse.*

Department of Health (2002). *Women's Mental Health –Into the Mainstream. Strategic Development of Mental Health Care for Women.*

Department of Health (2003). *Care homes for older people—National minimum standards and The Care Homes Regulations 2001.*

Department of Health (2005). *Now I feel tall—What a patient-led NHS feels like.*

Department of Health (2006). *Our Health, Our Care, Our Say: a new direction for community services: A brief guide.*

Department of Health (2007). *Mental Capacity Act (2005) Code of Practice.*

Department of Health (2007). *Putting people first. A shared vision and commitment to the transformation of Adult Social Care.*

Department of Health (2008). *Mental Health Act (2007) Code of Practice—Revised.*

Department of Health (2008). Putting people first—working to make it happen. Adult social care workforce strategy—interim statement.

Department of Health (2009). *Developing the quality and outcomes framework: proposals for a new, independent process.*

Department of Health (2011). *No Health without Mental Health.*

Department of Health (2011). *Working for personalised care: a framework for supporting personal assistants working in adult social care.*

Department of Health (2012). *Transparency in outcomes: a framework for quality in adult social care. The 2012/13 Adult Social Care Outcomes Framework.*

Department of Health (2012). *White Paper & Funding Update: Caring for our future: reforming care and support.*

Duggan, M. (2002). *What is the knowledge base and where does it come from? Social Perspectives Network: Topss England*

Duggan, M., Cooper, A. & Foster, J. (2002). *Modernizing the Social Model in Mental Health: a discussion paper. Social Perspectives Network: Topss England*

English Community Care Association ECCA. (2012). *An ECCA Vision for Social Care*

General Social Care Council (2009). *Professional boundaries in social work: a qualitative study. (2009) London: GSCC*

Health and Care Professions Council (2012). *Standards of Proficiency—Social Workers in England.*

Henwood, H. (2012). *Empowering communities: Community skills development and neighbourhood workforce planning programme reports. Skills for Care*

Hetherington, R. (ed) (2004). *Falling through the gaps—Looking for ways to fill the spaces between mental health services for children, young people and adults. Social Perspectives Network*

In Control (2011).*Total Transformation Project 8: Workforce development.* http://www.in-control.org.uk/resources/procedures,-guidelines-and-templates/workforce-development.aspx

London Borough of Richmond upon Thames (2010). *Richmond adult services workforce strategy.*

Macfarlane A, Maclean M, Patel M, Runnicles D, Oshinaike T, & Smith C (2009). *Older people's vision for long term care.* Joseph Rowntree Foundation

Mental Health Foundation (2008). *Mental health in Scotland: National Standards for Crisis Service. Crisis Services Practice Toolkit.*

Mind (2008). *Reform of the care and support system—Response from Mind.*

Mind (2011). *Listening to experience. An independent inquiry into acute and crisis mental healthcare.*

Mind (2012). *Mental health crisis care commissioning excellence. A briefing for Clinical Commissioning Groups.*

Morris D, Griffiths R, Byle D, Bennett C, Boyle S, Sassoon M, Lea L, Frost R, Robinson S, Hatt R, & Barrett S (2005). *Work for health?* Social Perspectives Network

National Care Forum (2007). *Statement of Best Practice: Key principles of person-centred dementia care.*

National Care Forum (2010). *Law Commission Adult Social Care Consultation.*

National Care Forum. (2012). *Leading the Way: The Distinctive Contribution of the Not-for-Profit Sector in Social Care. Institute of Public Care*

Northern Ireland Association of Social Workers. (2011). *A continuous learning framework for social care workers and post registration training and learning requirements.* Northern Ireland Social Care Council

Rethink (2010). *Recovery insights-Learning from lived experience.*

Rethink (2011). *Refocus: Promoting recovery in community mental health services.*

Social Care Institute for Excellence (2010). *At a glance 29: Personalisation briefing-Implications for social workers in adults' services.*

Shepherd G, Boardman J, & Burns M (2009). *Implementing Recovery. A new framework for organisational change. Position Paper. Sainsbury Centre for Mental Health*

Shepherd G, Boardman J, & Slade M (2008). *Making recovery a reality. Sainsbury Centre for Mental Health*

Skills for Care (2011). *Capable, Confident, Skilled—A workforce development strategy for people working, supporting and caring in adult social care.*

Skills for Care (2012). *Workforce development and people whose behaviour challenges-A review of the evidence.*

Skills for Care and Skills for Health (2008). *Common core principles to support self-care. A guide to support implementation.*

Skills for Care and Skills for Health (2011). *Common core principles for supporting people with dementia-A guide to training the social care and health workforce.*

Skills for Care, Skills for Health, Department of Health (2010). *Common core competences and principles for health and social care workers working with adults at the end of life. To support the National End of Life Care Strategy.*

Social Care Institute for Excellence (2012). *Adult social care workforce intelligence.*

Social Perspectives Network (2002). *Start Making Sense. Developing social models to understand and work with mental distress. Topss England*

Social Perspectives Network (2007). *Whose health, whose care, whose say? The opportunities and challenges of contemporary policy for people with complex mental health needs.*

Stansfield J (2011). *The asset approach to living well.* NHS North West

Tadd W, Hillman A, Calnan S, Calnan M, Bayer A, & Read S (2011). *Dignity in practice: an exploration of the care of older adults in acute NHS Trusts*. NIHR Service Delivery and Organisation Programme

Think Local Act Personal (2012). *Driving up quality in adult social care: Statement of quality assurance principles.*

Time to Change: http://www.time-to-change.org.uk/take-action/work-place

Williamson T (ed) (2009). *Older people's mental health today: a handbook.*

Legislative resources
Care Standards Act 2000
Equality Act 2010
Health and Social Care Bill 2011
Human Rights Act 1998
Mental Capacity Act 2005
Mental Health Act 2007

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